Grand Junction Area Unhoused Needs Assessment

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Author Information and Acknowledgements

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Data collection protocols for this project were reviewed and approved by WCG IRB, a private Institutional Review Board, under project number 20232932.

This report represented the completion of a two-phase project. In collaboration with OMNI institute, the second phase of the project builds upon the findings from the Unhoused Needs Assessment to identify and prioritize strategy recommendations for the City of Grand Junction and partners to address the needs identified.

Executive Summary

In June 2023, the City of Grand Junction and partners launched an Unhoused Needs Assessment to understand the current and projected needs of people experiencing houselessness (PEH) and the housing and supportive service agencies that support PEH in Grand Junction and the surrounding communities within Mesa County. The City of Grand Junction contracted with JG Research and Evaluation to complete the assessment and identify key housing and service gaps, barriers, and capacity to meet existing and future needs. The assessment will be used to inform community strategies to ensure that the experience of houselessness in the Grand Junction area is rare, brief, and non-recurring.

The assessment team utilized multiple methods of data collection and analysis to generate a comprehensive understanding of the needs of PEH and the agencies that serve them. Data collected included interviews with agency staff and individuals with lived experience of houselessness, a community survey, administrative service provider data, and secondary population data.

Key findings from the Unhoused Needs Assessment include:

Unhoused and at-risk population in Mesa County

- **The population of individuals estimated to be unhoused in Grand Junction is 2300.**
- **Available data suggests that the majority of PEH in the area are unsheltered and chronically unhoused.**
- **Between 2016 and 2021, the median rent-to-income ratio for Mesa County residents increased by 24% and is approaching the cost-burdened threshold of 30%.**
- **Areas within Mesa County whose residents face the highest risk of houselessness include central Grand Junction, Fruita, and Southeast Grand Junction/Riverside.**

Housing and supportive services

- **There is a high need for transitional and permanent supportive housing.**
- **PEH and service providers expressed interest in designated areas for legal camping and safe parking.**
- **There is a significant shortage of subsidized affordable housing, especially in Clifton.**
- **Participants identified behavioral health services (e.g. mental health and substance use) as the highest priority need under supportive services.**
- **Challenges meeting their basic needs (e.g. food, water) and accessing transportation were commonly noted by PEH.**
- **Reducing the number of hospitalizations among PEH through prevention and diversion services could result in significant long-term cost savings.**

Barriers in unhoused care system function

- **Service providers face barriers related to funding, staff capacity, and community support.**
- **Consistency of data collection and coordination across services is currently limited, resulting in inefficiencies in service delivery and resource utilization.**
- **PEH experience barriers accessing housing and supportive services as a result of the cost of housing, service requirements and restrictions, and stigma.**

Engagement with law enforcement and first responders

- **The City of Grand Junction and Mesa County have recently developed programs to better support PEH interacting with law enforcement and emergency services, but programs are limited by the resources that are available in the area.**

Recommendations for strengthening care continuum

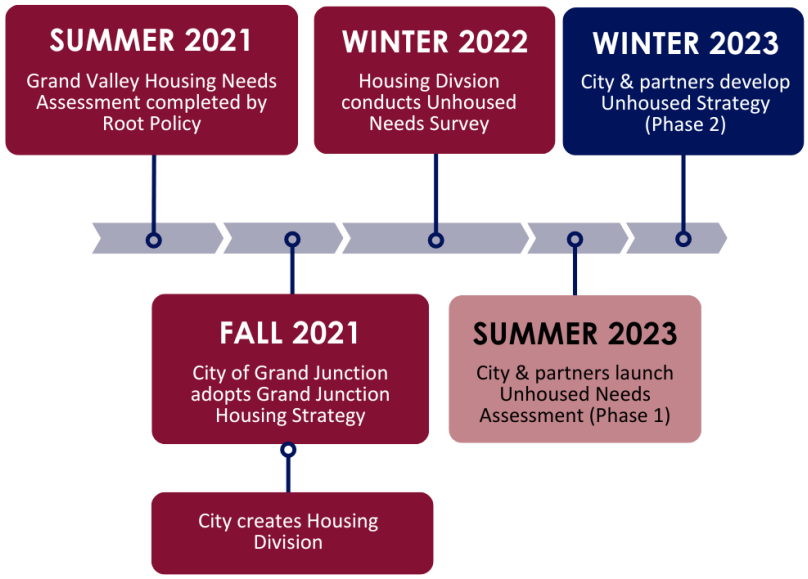
- **Service providers would like to see local government expand its role in providing a big picture community vision to respond to houselessness and supporting a collaborative approach, while leaving the role of service provision to existing agencies.**
- **The community should evaluate and make necessary improvements to each component of their coordinated entry system (process for connecting PEH with needed services) in order to improve data collection, referral processes, and service delivery.**
- **The perspectives of individuals with lived experience of houselessness should be at the center of decision-making with regard to improving the system of care for PEH.**

Introduction

Since 2010, the City of Grand Junction and surrounding communities within Mesa County ("Grand Junction area") have experienced significant population growth accompanied by notable economic and demographic shifts. In the context of these socioeconomic changes, rises in the cost of housing and a significant shortage of affordable housing units for low-income households are contributing to a growing risk of houselessness within the area. In response to the area's growth in overall population and concern for the number of residents experiencing houselessness, the City of Grand Junction and partners have engaged in several efforts (noted in Figure 1 below) in recent years to both understand the unique housing needs of the community and develop strategies to strengthen the community's ability to meet the needs identified.

This assessment is a complement to previous efforts and is intended to provide a comprehensive overview of housing and supportive service needs specific to residents experiencing houselessness or at risk of losing housing. The primary goal of the assessment is to inform and tailor policy and programmatic strategies to support the community in reaching functional zero[1] houselessness, ensuring that the experience of houselessness is rare and brief and the number of individuals entering houselessness is fewer than the number exiting houselessness.

Figure 1. Timeline of City of Grand Junction housing and unhoused activities



In late 2020, the City of Grand Junction and its partners commissioned the Grand Valley Housing Needs Assessment. The Housing Needs Assessment was completed in June 2021.

Key findings from the Grand Valley Housing Needs Assessment included:

1. A rate of population growth of 1,500 residents annually since 2015
2. A growing poverty rate across the area since 2010
3. A decreasing rate of home ownership
4. A housing shortage of over 3,000 housing units for low-income residents across the area

Additionally, of the 1,853 Grand Junction area residents who responded to the survey for the assessment, 45% reported facing one or more housing challenges, such as fear of eviction or struggle to pay rent/mortgage.

[1] (Community Solutions, 2023)

In light of the city and its partner's recent efforts to understand and respond to housing-related challenges in the Grand Junction area, this Unhoused Needs Assessment was undertaken to further these efforts by developing an in-depth understanding of the gaps and barriers present in existing supportive services and housing specific to people experiencing houselessness (PEH) and unstably housed residents.

Data collection methods

(Study methodology is detailed in Appendix 1.)

- Descriptive statistics to generate counts of service utilization and profiles of unhoused populations. Sources: Service providers and community-based organizations
- Population profiles of Mesa County and Grand Junction. Sources: Publicly available secondary data
- Qualitative interviews to understand perspectives of key informants (city, county, and partner agency staff) and lived experts (individuals with lived experience of houselessness)
- Survey of community member attitudes and perspectives on needs

A note on terminology: In an effort to shift public perception of houselessness, the City of Grand Junction and partners prioritize the use of terms "houseless" or "unhoused" and person-first language such as "people experiencing houselessness" instead of the often stigmatized terms "homeless" and "homeless people." In general, this report uses the terms "unhoused," "houseless," and "people experiencing houselessness" throughout and strives to preserve the value of the person-first perspective, but there are some exceptions made in reference to prior reports, federal policies, and direct quotes from participants. For additional terms and definitions, a full glossary of terms is included at the end of the report.

The assessment was intended to meet three primary goals, as outlined by the City of Grand Junction and partners:

1. **Understand the demographic and socioeconomic characteristics and diverse needs of PEH and unstably housed residents in the community in the context of projected population growth and economic shifts.**
2. **Identify key barriers and gaps within Grand Junction area's service array and housing stock to meet the needs of PEH and unstably housed residents.**
3. **Develop a report detailing key findings of the assessment to be used in the development and prioritization of strategies for the City of Grand Junction and its partners to respond to the barriers, gaps, and needs identified.**

Demographic and Socioeconomic Characteristics of Unhoused Population in Mesa County

In order to identify the current and future needs of both PEH and individuals at risk of losing housing in Mesa County, it is necessary to understand the current scope of houselessness and the key risk factors that contribute to residents entering houselessness. This section provides an overview of Mesa County's unhoused population based on available administrative and other service provider data and model-based estimates.

Types of houselessness

The U.S. Department of Housing and Urban Development (HUD) official estimates of houselessness include people staying in emergency shelters, transitional housing programs, or places not meant for human habitation, such as a park, car, or abandoned building. This is called literal houselessness and is tracked through one night point-in-time counts (PIT).[2] HUD has four categories under which an individual or family may qualify as unhoused: literally homeless, imminent risk of homelessness, homelessness under other federal statutes, and fleeing/attempting to flee domestic violence.[3] HUD maintains a narrower definition (Category 1) to prioritize limited resources and to measure houselessness in a discrete way that makes "ending" houselessness an attainable goal.

Reasons for entering houselessness

Similar to the findings of the 2022-2023 Unhoused Needs Survey[4] conducted by the City of Grand Junction's Housing Division, the factors leading to individuals becoming unhoused among the assessment's lived expert participant group were diverse and often multi-faceted, meaning most participants noted two or more compounding reasons for losing their housing. Most often, participants described entering houselessness due to economic, social, and/or health reasons. Common reasons for entering houselessness among lived experts are presented in Table 1.

HUD Categories of Homelessness

Category 1: Literally homeless – An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning the individual or family has a primary nighttime residence that is a public or private place not meant for human habitation or is living in a publicly or privately operated shelter designed to provide temporary living arrangements.

Category 2: Imminent risk of homelessness – An individual or family who will imminently lose (within 14 days) their primary nighttime residence, provided no subsequent residence has been identified and the individual or family lacks the resources or support networks needed to obtain other permanent housing.

Category 3: Homeless under other federal statutes – Unaccompanied youth (under 25) or families with children and youth who do not otherwise qualify as homeless under this definition and are defined as homeless under another federal statute, have not had permanent housing during the past 60 days, have experienced persistent instability, and can be expected to continue in such status for an extended period.

Category 4: Fleeing/attempting to flee domestic violence – Any individual or family fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking.

[2] (U.S. Department of Housing and Urban Development, 2014)

[3] (U.S. Department of Housing and Urban Development, 2023)

[4] (Yu et al., 2022)

Table 1. Participant reasons for entering houselessness

Economic	Social	Health
Increased housing cost	Divorce/partner break-up	Substance use disorder of participant or family member
Housing cost too high	Criminal record	Medical or physical disability of participant or family member
Increased cost of living (non-housing)	Violence or abuse in the household	Someone else became sick, disabled, or died
Lost or reduced income	Eviction/conflict with property owner	
Stolen from or was victim of a scam	Discrimination (Race or other identity)	
	Conflict with/thrown out by family member	

From the City of Grand Junction Housing Division's 2022-2023 Unhoused Needs Survey:

50% of participants indicated 2 or more reasons for losing housing

16% indicated 4 or more reasons for losing housing

> *I went through a divorce and my husband was the main person that worked. And with me not being able to work, I didn't have the resources to be able to pay the rent and I didn't get any help. And so that's kind of what has led us here. – Lived expert*

> *Mainly just not meeting eye to eye with my parents and stuff like that. A lot of my family struggles with mental issues and communication skills, so I just left and was all on my own. I lived with my older sister for a while…I was recently diagnosed with MS last year…It did become disabling to work after a while, so I recently quit working at the beginning of the year because I was losing my eyesight and stuff. – Lived expert*

Unhoused population estimates

For this needs assessment, we rely upon both standardized data collection efforts within Mesa County, as well as model-based estimates that use multiple data sources to produce estimates of the unhoused population. In doing so, we can produce a clearer picture of the overall unhoused population living in the city and county.

Point-in-Time count

The PIT count is a method used to estimate the number of people experiencing houselessness on a single night, typically conducted in late January, in communities across the United States. The PIT count provides a snapshot of houselessness and helps inform policies and programs aimed at addressing the issue.

Historical PIT counts for Grand Junction and the regional Balance of State Continuum of Care (CoC), made up of local CoCs in non-metro counties across Colorado, are shown in Table 2. Overall, in the non-metro areas of Colorado in 2022, there were 3,156 sheltered and 7,214 unsheltered individuals, for a total of 10,370 unhoused individuals in the region. Within Mesa County specifically, the 2023 PIT identified 606 unique individuals, with more than half of those being unsheltered at the time of the count.

Table 2. Point-in-Time count: 2019-2023

Year	PIT count Mesa County	Sheltered PIT count	Unsheltered PIT count	Regional PIT count (Balance of State CoC)
2019	361	269 (75%)	92 (25%)	2,302
2021	515	204 (40%)	311 (60%)	1,221
2023	606	248 (41%)	358 (59%)	2,210

Notes: The PIT count methodology alternates every year between counting only sheltered individuals and counting both sheltered and unsheltered individuals. Only years with both unsheltered and sheltered counts are depicted. The Balance of State CoC covers Colorado's 54 non-metro and rural counties. This includes all counties outside of metro Denver, Colorado Springs, and Northern Colorado. Since 2020, Northern Colorado has been designated by HUD as a separate CoC. Source: Colorado Coalition for the Homeless.

In looking at the patterns across 2019, 2021, and 2023, we can see that there has been a consistent increase in the population of individuals who are unhoused in Mesa County over the past four years. Of note, the population of individuals who are unhoused and counted in the PIT increased more than three-fold between 2019 and 2021. The proportions of those who are unhoused and unsheltered in 2023 in Mesa County is consistent with states that have the highest rates of unsheltered status (Most - CA – 67.3%, MS – 63.6%, HI – 62.7%, OR – 61.7%, AZ – 59.2%)[5].

By-Name List

The By-Name List (BNL) facilitates a person-centered approach to addressing houselessness, allowing service providers to tailor interventions to an individual's unique circumstances. The BNL is a real-time, dynamic database that contains detailed information about individuals experiencing houselessness in a specific community or region. The primary purpose of the BNL is to support efforts to address houselessness by providing accurate, up-to-date information about the unhoused population and their specific needs. In Grand Junction, the BNL was launched at the end of 2018 and further implemented in 2019 and is managed by Grand Valley Catholic Outreach.

At the time of this study in the Fall of 2023, there are currently 256 unique individuals included on the Grand Junction area BNL. With archived data, which includes all records from when the local BNL began in 2018, there are data on a total of 1,108 unique individuals who have been involved with service providers who participate in the BNL. Figure 2 and Table 3 provide a summary of distinct individuals added to the BNL per year since 2018.

Figure 2. Individuals added to the BNL by year

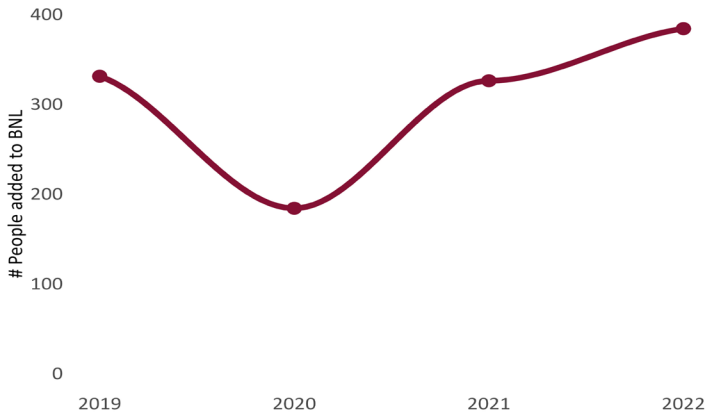


Table 3. Unique individuals on BNL: 2018-2023

Year added	Count
2018	10
2019	330
2020	183
2021	314
2022	321

[5] (de Sousa et al, 2022)

The McKinney-Vento Homeles Assistance Act

The McKinney-Vento Homeless Assistance Act (McKinney-Vento) ensures that students experiencing houselessness have access to education and related services, which includes identifying unhoused students and supporting them within the education system. McKinney-Vento aims to remove barriers to education for unhoused children and youth, providing them with stability and support to succeed academically.

McKinney-Vento defines houselessness more broadly than HUD by including individuals who lack a fixed, regular, and adequate nighttime residence. This includes those staying in shelters, motels, cars, parks, or doubled-up with others due to economic hardship. Totals of unhoused school children, as defined by McKinney-Vento, are presented in Table 4. Mesa County, in contrast to the state of Colorado, has experienced a steady increase in the frequency of unhoused students since 2018.

Table 4. Unhoused school children: 2018-2022

Location	School year	Number of unhoused students
Mesa County	2018-2019	677
	2019-2020	694
	2020-2021	634
	2021-2022	797
	2022-2023	907
Colorado	2018-2019	21,560
	2019-2020	21,416
	2020-2021	15,374
	2021-2022	17,957
	2022-2023	*

Source: Colorado Department of Education (CDE), Note: Statewide data for 2022-2023 were not available from the CDE at the time of this report.

Model-based estimates of prevalence

Based on the 2023 PIT count and additional data sources (BNL), we estimate the unhoused population (excluding those who are doubled-up) for Mesa County in the past 12 months is **1,360** unique individuals. In addition to this estimate of the unhoused population, we also identified a method for estimating the doubled-up population overall, as McKinney-Vento doubled-up totals only include families with school-aged children. The doubled-up estimate for Mesa County is **940** unique individuals. A detailed description of both estimate methods can be found in Appendix 1.

> Each of the model-based estimates produce a population estimate that is independent of the other, and we can therefore combine the unhoused and doubled-up estimates, to create a more comprehensive and complete picture of individuals who are unhoused in Mesa County during the past 12-months, yielding a total of **2,300** individuals.

Characteristics of unhoused population

Client characteristics among those served by service providers

In order to understand characteristics of the unhoused population in the Grand Junction area, it is important to triangulate across multiple data sources to address the limitations of any specific data source that tracks demographics of PEH in Grand Junction. Many agencies do not track demographics at all, and among those that do, data is tracked inconsistently within and across organizations. For example, the BNL currently lacks any demographic data for race, ethnicity, or gender. Homeless Management Information System (HMIS) demographic data is limited because not all organizations who work with PEH utilize this database. However, looking across data sources can address some of these data gaps and can help identify specific data systems and service providers that are more or less engaged with specific populations.

Table 5 shows a summary of client characteristics in the HMIS and BNL systems, and includes household type, veteran status, and disability status. Overall, service providers that enter data into the HMIS system seem to focus more on adult PEH clients, as compared to the BNL. The BNL list has proportionally more clients who are veterans, and slightly more who have a disability, when compared to the HMIS system.

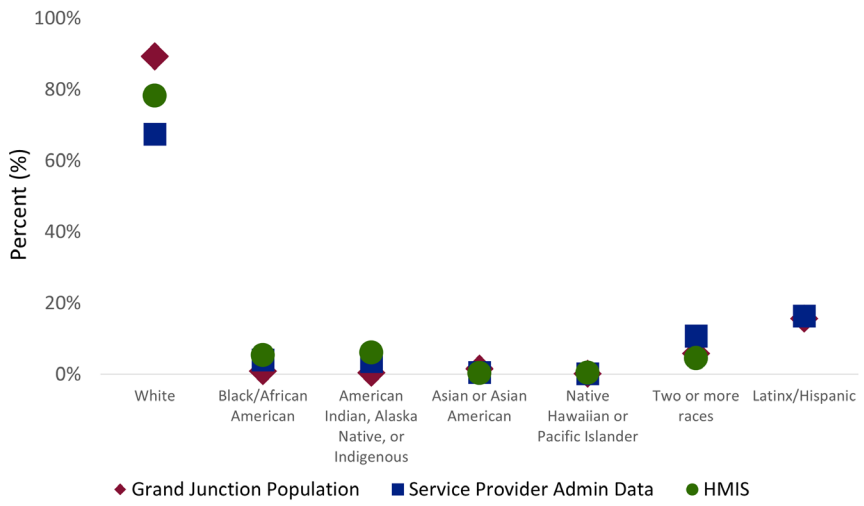
Table 5. Snapshot of client characteristics in HMIS and BNL

	HMIS snapshot (1/2019 - 8/2023)		BNL snapshot (2019-2022)	
Characteristic	**Total**	**Percent**	**Total**	**Percent**
Unique individuals	4760	-	1200	
Households	4053	-		
Household type				
Adult only	3130	77%	672	55%
Youth only	538	13%	298	24%
Family	341	8%	254	20%
Veteran (yes)	423	9%	304	25%
Disability (yes)	2062	43%	607	51%
Chronically unhoused (yes)			759	63%

Source: Homeless Management Information System (HMIS), By Name List (BNL)

Figure 3 shows client American Indian/Alaskan Native (AI/AN) and Black/African American individuals are overrepresented relative to the Grand Junction population, which is 1% for both demographics. People who are AI/AN represent 6% of HMIS and 4% of service provider encounters. Similarly, people who are Black/African American make up 5% of HMIS and 4% of service provider encounters.

Figure 3. Race/ethnicity characteristics among clients in HMIS and service provider data, compared to Grand Junction population



There is some variation in the gender breakdown of clients served by direct service provider administrative data and HMIS data. Service providers report serving 48% male and 51% female, whereas males represent 61% of HMIS data. The Grand Junction population is 50.3% female. Discrepancies in service provider administrative data and HMIS data are largely due to who is participating in HMIS. However, it is important to note that HMIS data reporting is only required for organizations/agencies that are recipients and subrecipients of the Continuum of Care Program and Emergency Solutions Grant funds.

Grand Junction area BNL

In addition to aggregate numbers on client characteristics and household composition of those who were unhoused, some data sources can provide more detailed information on trends over time. The BNL includes data for individuals during and after their inclusion on the list, which is helpful in understanding how specific needs vary over time and how specific types of individuals are served. Figures 4 and 5, for example, summarize changes in the breakdown of different types of household composition over the period of 2019 to 2022, as well as the unhoused status of individuals on the BNL in the same time period.

Figure 4. Household composition among unhoused population on BNL: 2019-2022

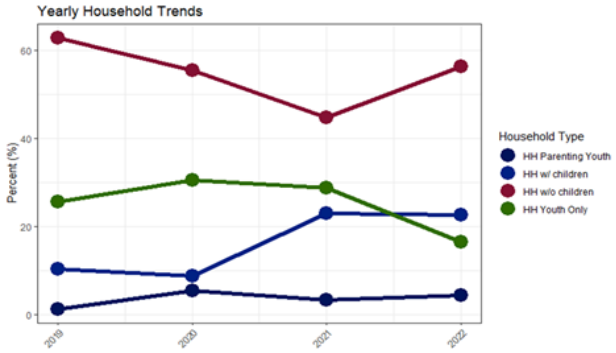
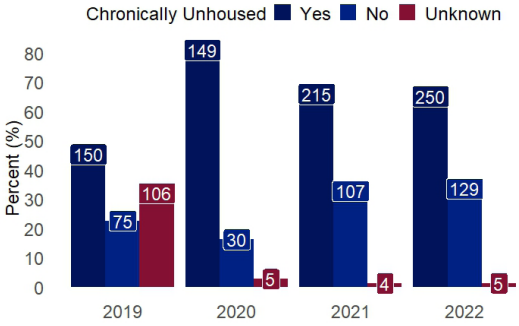
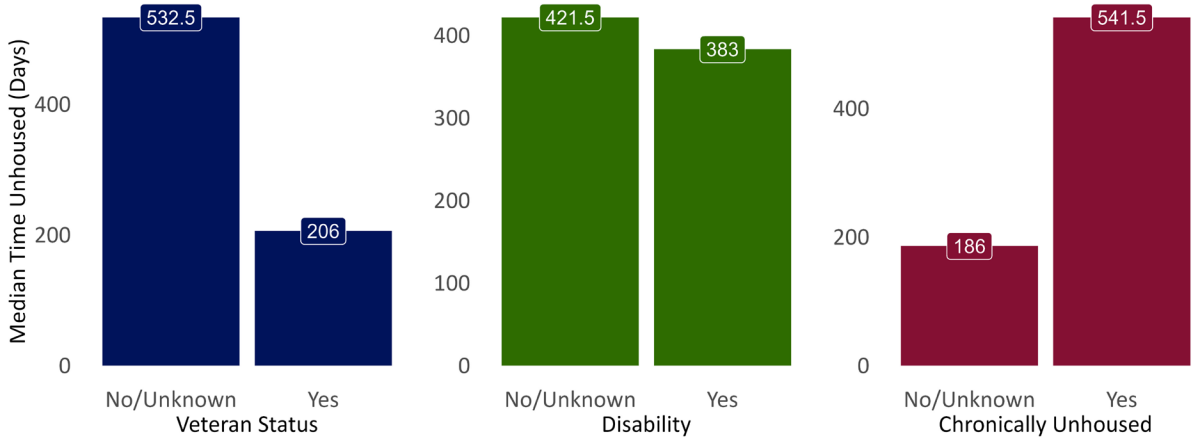


Figure 5. Unhoused status in BNL



The BNL can also provide insight into the length of time that individuals who are on the BNL have been unhoused. For 470 of 1,200 individuals (39.17%) on the BNL at any point in the past five years, we can summarize the length of time that an individual has been unhoused by taking the date when someone becomes housed and subtracting this date from the start date of being listed on the BNL as unhoused. There are some patterns across key demographics, as demonstrated in Figure 6.

Figure 6. Length of time being unhoused by status: 2018-2023



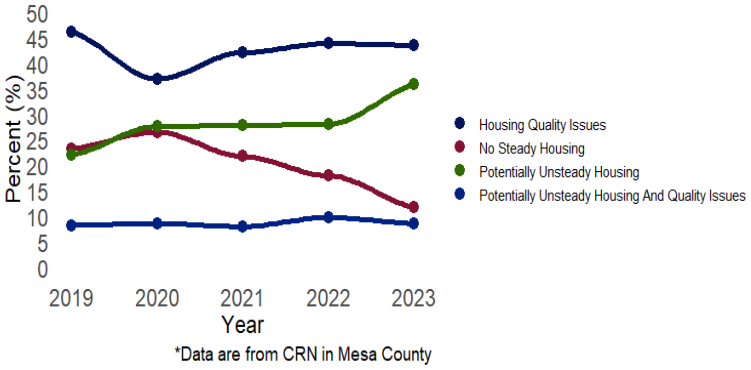
A few patterns and important elements emerge from the Grand Junction area BNL demographic tables:

- **The majority of individuals on the BNL are verified as or presumed to be chronically unhoused. This is consistent with the intention of the BNL, which is to support coordinated engagement across the housing continuum with those who are chronically houseless. (67.5% in 2021, 66% in 2022).**
- **After a steady decline, households with children increased from 2021 to 2022, and there has been a decline in households that are youth only since 2019.**
- **Just over 50% of individuals who are unhoused and on the BNL self-report a disability.**
- **Time spent being unhoused varies considerably across veterans, those with a disability, and individuals who are classified as chronically unhoused.**

Community Resource Network

The Community Resource Network (CRN) data provide additional insight into the characteristics of individuals who are unhoused in the Grand Junction area and engage with the service array. Within CRN, for individuals who need assistance with housing, participating organizations track the type of assistance that is needed across four categories: Housing quality, No Steady housing, Potentially unsteady housing, and Potentially unsteady housing and quality issues. Figure 7 demonstrates how there has been an increase in those who have potentially unsteady housing and a decrease in those with no steady housing who have engaged with CRN providers. This finding is consistent with data presented on economic drivers of individuals at risk of becoming unhoused.

Figure 7. Housing hierarchy of needs: 2019-2023



McKinney-Vento characteristics

The patterns of the race/ethnicity of houseless schoolchildren have shifted in the county since 2019. Figure 8 demonstrates how there was a relatively large proportion of individuals who identified as Hispanic/Latino in 2019 who were houseless schoolchildren, but this has dramatically decreased with a concomitant increase in houselessness among youth who identify as White. The prevalence of American Indian/ Alaska Native, Asian, Black or African American, and Native Hawaiian or Pacific Islanders has remained stable over time.

Figure 8. Types of houseless schoolchildren by race/ ethnicity: 2019-2022

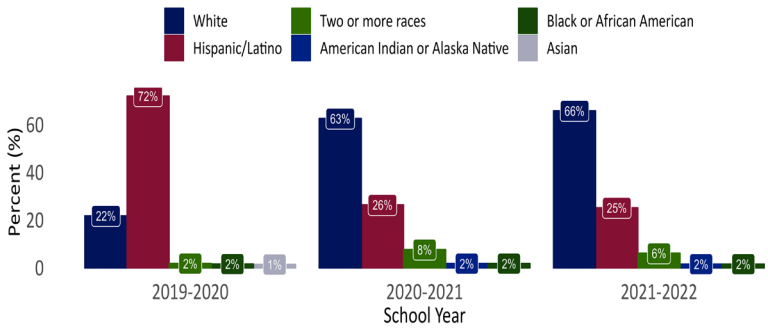
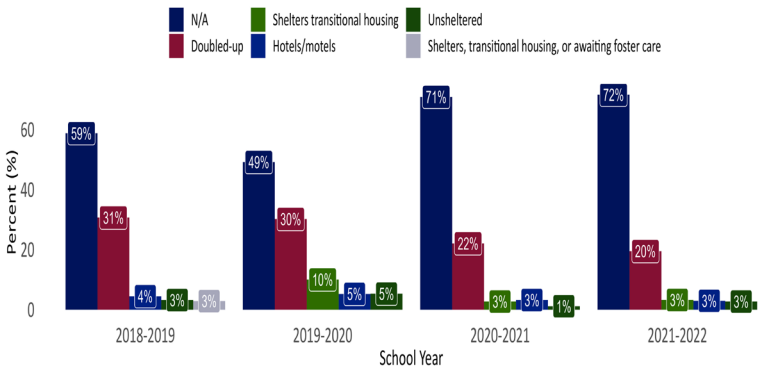


Figure 9 also provides insight from McKinney-Vento about the nature of the type of houselessness experienced by youth in Mesa County schools. Since the 2019-2020 school year, there has been an increase in the proportion of unhoused youth whose living situation is unknown, coinciding with a decrease across all other categories. This pattern is most likely a result of limited details in data collection processes, which could be strengthened to further clarify patterns of the experience of being unhoused among youth in the county.

Figure 9. Types of houseless schoolchildren by housing status: 2018-2022



Participant perspectives on unhoused population changes

In addition to the demographic composition of the unhoused population compiled from service provider data, interview participants for this assessment offered reflections on changes they have noticed among the population of PEH in Grand Junction and Mesa County.

A few key informants who have been serving PEH for several years observed that, in general, the number and complexity of challenges PEH typically face has grown, making it increasingly difficult to support individuals in reaching stability and exiting houselessness.

> *And the population here has changed. They're younger now. The drugs have greatly influenced them. Meth, heroin, fentanyl, all of it, it's just rampant. So that most, between 75%, 85%, 90% of the homeless population here are Mesa County residents. We get some transients because we have good weather, because the drugs are available. But the majority are residents and they're younger. They're angrier. They're sicker. The problems are more convoluted, they're harder to solve, more faceted. —Key informant*

City department leaders shared that their staff who regularly engage with PEH, such as parks and recreation or law enforcement, often express that their interactions with PEH have become more contentious and challenging in recent years. Where city staff once often had rapport with many of the PEH they interacted with, it is now more common for individuals to be unwilling to engage with city staff or even act aggressively toward them.

At the same time the training available to city department staff who regularly interface with PEH is limited and none of the city departments who regularly engage with PEH have a formal policy or procedure for interactions with PEH.

> In general, these observations from key informants suggest a need for both expanded behavioral health services and more robust policies, procedures, and training among city staff specific to engagement with PEH and individuals in crisis.

From the perspectives of lived experts, many have observed an overall increase in the unhoused population and described a worsening houselessness situation that needs to be addressed with urgency. One elderly man living outside likened it to turning on a faucet: *"And unless they do something about it, it's going to get worse and worse and worse. And it's like, did somebody open a faucet? And unless somebody shuts that faucet off, it can hurt on everybody."* Another lived expert suggested that houselessness has *"just amplified by probably tenfold"* in recent years.

As the unhoused population has grown, several lived experts also shared that there are fewer places for them to go and a sense that the broader community and local government have become less tolerant of PEH in public spaces and using public facilities.

> *The sad thing is there's nowhere to really camp anymore. They've shut a lot of it down. They've kicked people off the trestle, they've kicked them off the other side. So where are all these people supposed to go? And a lot of them cannot get into the homeless shelter because of their animal or because of their record. It's stupid little things that set people back and you wonder why they don't give a f--- and they want to end up in the woods. You know what I mean? And it's a shame that you get arrested for doing it sometimes. But where's everybody supposed to go? That is the big question here. It's not enough housing. — Lived expert*

From both the perspectives of key informants and lived experts, houselessness is a growing issue in the Grand Junction area and has led to increasing tensions between PEH and local government agencies. In the context of expanding risk factors associated with entering houselessness, detailed in the following section, it seems clear that the level of need among PEH and the resultant demand on agency personnel and resources can be expected to rise.

Section summary

There are several insights that can be gained from current data collection efforts within the community. By using the PIT, BNL, McKinney-Vento data and model-based estimates, there is a clear understanding of the extent and type of houselessness that individuals in Grand Junction and Mesa County are experiencing. In addition to these broad characteristics, the BNL, CRN, McKinney Vento, and service provider data provides insight on the populations of individuals who are engaging with the unhoused service sector.

Key takeaways:

- **The population of individuals estimated to be unhoused in Grand Junction is 2,300. This includes individuals who are unhoused, placed in a shelter, and/or doubled-up with a friend or family member.**
- **Of individuals in the BNL, 67% are chronically unhoused.**
- **The proportion of the unhoused population who are unsheltered in Grand Junction is a comparatively high proportion (60% in most recent PIT).**
- **Individuals who identify as white are the most unhoused race or ethnicity in the county, followed by multiple races and AI/AN.**
- **AI/AN and Black/African American individuals are slightly overrepresented in both HMIS and service provider administrative data relative to the Grand Junction population.**

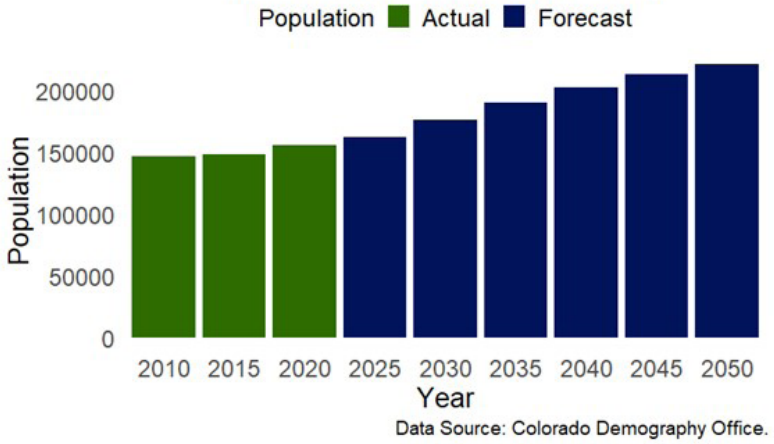
Economic Conditions and Trends in Mesa County Related to the Unhoused Population

As noted above, individuals become unhoused for a variety of reasons, often including the straightforward inability to cover the cost of housing. In this section, we present data to demonstrate how economic trends within Mesa County may be impacting patterns of individuals and families becoming unhoused over the past five years and future risk of houselessness.

Population and household income

Figure 10 demonstrates the population growth that has occurred within the county since 2010 and the forecasted continued growth over the next 30 years. Between 2020 and 2050, Mesa County is projected to grow by 40%, from about 155,000 residents to 221,000 residents.

Figure 10. Mesa County Population: 2010-2050



Of the total population in the county, Table 6 demonstrates the proportion of the population within the county that had a household income below the federal poverty threshold between 2016 and 2021, as poverty rates are an important indicator of houselessness. The poverty rates in Mesa County are consistently higher than the state average in Colorado. While poverty rates within Mesa County dropped nearly 5% from 2016 to 2021, according to American Community Survey (ACS) five-year estimates for Mesa County, this trend is most likely explained by an influx of pandemic relief funds that have since expired. Poverty rates increased slightly in 2022 and are predicted to rise across the U.S. in 2023.[6] For the municipalities where data are available, the poverty rates in Palisade and Grand Junction are highest, while Fruita has the lowest poverty rate. Between 2016 and 2021, all municipalities have experienced declines in poverty, with Fruita seeing a nearly 10% drop.

Table 6. Poverty rates in Colorado, Mesa County, and local municipalities: 2016-2021

	Poverty rate	
Geography	**2016**	**2021**
Colorado	12.2%	9.6%
Mesa County	16.3%	11.9%
Fruita City	17.7%	7.8%
Grand Junction city	18.9%	13.1%
Palisade Town	15.6%	14.7%
Source: American Community Survey, 5-year estimates.		

Poverty rates are one risk factor for individuals becoming unhoused, as it is a general measure of income. An additional factor is the cost of housing within a region, as wages among those who are employed as related to housing costs have been shown to be the most relevant economic driver of houselessness within communities. The rent-to-income ratio is an important factor in assessing housing affordability, as

[6] (Danilo, 2023)

landlords typically look for tenants whose rent is at or below approximately 30% of their gross monthly income, and numerous studies have shown that when controlling for multiple factors, we can expect the rate of unhoused people in the population to increase once the rent-to-income ratio for a region exceeds 30%.

Table 7 displays the average rent-to-income ratio in the county between 2016 and 2021, using median income and average rent costs for Mesa County.

> Between 2016 and 2021, the rent-to-income ratio has increased from approximately 22% to 28%, moving closer to the 30% threshold. While the poverty rate has declined, the cost of living has increased, thereby putting a larger proportion of the population in a housing situation that would be described as economically at risk.

Table 7. Change in median rent-to-income ratio, Mesa County: 2016-2021

	Median household income and rent-to-income ratio					
	2016			2021		
	Median income	Average rent	Rent-to-income ratio	Median income	Average rent	Rent-to-income ratio
Mesa County	**$50,070**	**$932**	**22.34%**	**$62,127**	**$1,453**	**28.07%**

Source: American Community Survey, 5-year estimates and Bureau of Labor Statistics

Using data from multiple sources, we can further examine patterns in rent-to-income ratio across occupation categories. Table 8 displays the average annual rent-to-income ratios for the top five most cost-burdened occupations and for all occupations for 2016 and 2021 in the Grand Junction area. In 2016, only seven occupations had a rent-to-income ratio higher than 30%, and the average rent-to-income ratio across all occupations was 25.35%. In 2021, thirteen occupations had an average rent-to-income ratio greater than 30%, and the average rent-to-income ratio across all occupations had risen to 31.31%, a 24% increase.

Table 8. Rent-to-income ratio for top five most cost-burdened occupations in Grand Junction: 2016-2021

	2016		2021	
Occupation	% of total employment	% rent-to-income ratio	% of total employment	% rent-to-income ratio
Food preparation and serving related occupations	10.77	50.31	10.52	50.91
Healthcare support occupations	3.44	37.44	4.63	47.69
Building and grounds cleaning and maintenance occupations	2.83	38.61	3.12	47.12
Personal care and service occupations	2.83	46.21	1.74	45.73
Farming, fishing, and forestry occupations	0.07	34.90	0.14	45.43
All occupations	100.00	25.35	100.00	31.31

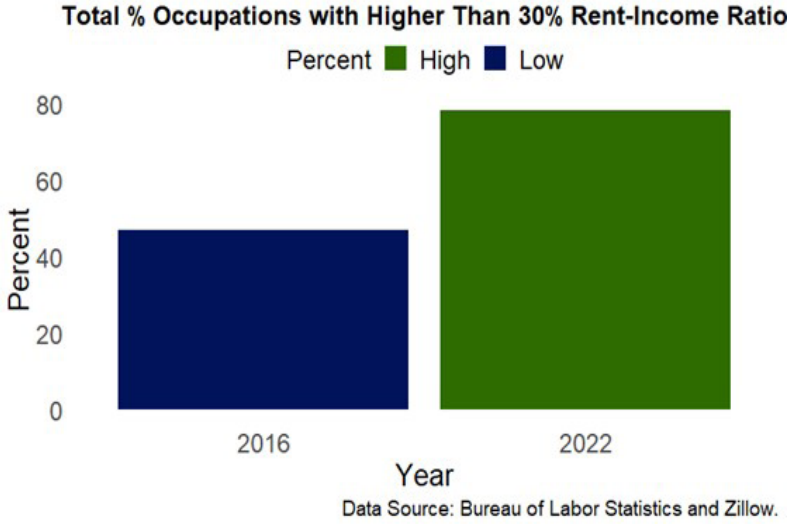
Source: Zillow and Bureau of Labor Statistics

The final manner of examining the relationship between rental cost and income is to analyze the percentage of employees, as measured by total employment in occupations, whose rent-to-income ratio was greater than 30% between 2016 and 2021. In 2016, 47% of those employed had a rent-to-income ratio greater than 30%. By 2021, the percentage of those employed who had a rent-to-income ratio greater than 30% had jumped to 78.3%.

> This means that on average, 78.3% of the employed population are cost-burdened based on average rent and average occupational wages in the Grand Junction area. In addition, those working in food preparation and serving occupations would be classified as severely cost-burdened, with a rent-to-income ratio at or above 50%.

Figure 11 contrasts the proportion of occupations with an average rent-to-income ratio above 30% between 2016 and 2022 for Mesa County.

Figure 11. Employed by sector with higher than 30% rent-income ratio: 2016 v. 2022



Across these three measures comparing rental cost and income, a clear story emerges showing the increased risk of houselessness among individuals who are employed. This risk is highest for individuals employed in a few key sectors: food preparation and serving related occupations; healthcare support occupations; building and grounds cleaning and maintenance; personal care and service occupations; farming/fishing/forestry; transportation and material moving occupations; and production occupations. Each of these sectors has a greater than 40% rent-to-income ratio and accounts for a total of 31.6% of jobs in Mesa County. These patterns suggest that wages have not increased at a rate similar to the increase in housing costs.

Mapping risk factors associated with individuals becoming unhoused

In addition to the economic indicators related to income and the rent-to-income ratio, a set of risk factors was used to assess populations at risk of becoming unhoused within Grand Junction and surrounding communities.

Research suggests that these selected factors and trends are strongly associated with communities experiencing houselessness. These factors and trends are highly complex and often interact with one another. For example, behavioral health challenges (e.g., substance use disorder or mental illness) or family breakdown are made worse and complicated by structural factors, such as lack of available low-cost housing, unfavorable economic conditions, and a lack of mental health services.[7] While comprehensive data about the extent of mental health and substance use challenges among Mesa County residents are not available

[7] (Mago et al., 2013)

The variables included in the risk mapping are:

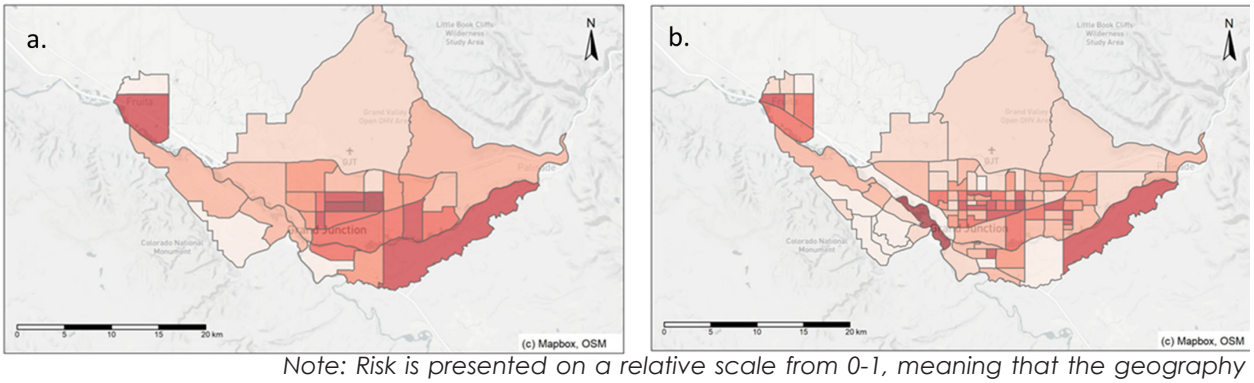
1. **Unemployment rate**
2. **Percent of the population that is non-White**
3. **Poverty rate**
4. **Number of housing units per capita**
5. **Median rent**
6. **Rent as percentage of gross income**
7. **Percentage of households with public assistance income (e.g., Supplemental Nutrition Assistance, SNAP)**
8. **Percentage of the population with a disability**

at the city- or county-wide level, there are substantial economic data that may capture some of the structural trends that can lead to houselessness, which are described here as risk of houselessness.

Using the selected indicators and trends, which include poverty indicators and demographics, wage and employment data, and housing market trends, maps were generated to demonstrate risk of houselessness by key geographic subdivisions within Mesa County known as census tract and census block group.[8]

Figures 12a and 12b show relative risk of houselessness by census tract and census block. These maps portray the relative risk of the population within a census tract or block of becoming unhoused, with higher risk areas displayed in darker red.

Figure 12. a) Risk of houselessness by census tract; b) Risk of houselessness by census block group



Note: Risk is presented on a relative scale from 0-1, meaning that the geography with the lowest risk has a ranking of 0 and the geography with the highest risk has a ranking of 1.

Based on these risk summaries, risk is highest in Central Grand Junction (i.e., area north of the Colorado River and south of Patterson Ave., excluding the city center), Fruita, and Clifton, particularly in the southeast part of town along the Colorado River. The Central Grand Junction census tract has the highest relative risk across all risk indicators. Fruita has a relatively high risk based on a high rent-to-income ratio and a relatively large non-White population, while Southeast Grand Junction/Riverside area has a relatively high risk due to a high rent-to-income ratio, high median rent, and relatively high unemployment rate. These geographic patterns within the County can inform both prevention programming activities as well as the placement of services for those who become unhoused.

[8] (U.S. Census Bureau, 2022)

Section summary

The City of Grand Junction and surrounding communities within Mesa County have experienced rapid economic shifts in recent years that are contributing to an increase in the proportion of the population that is cost-burdened and at risk of becoming unhoused. Key economic and demographic indicators and trends, such as poverty rates, rent-to-income ratios, unemployment rates, and participation in federal assistance programs can guide the understanding of populations and geographic communities within the county that face the highest risk of houselessness and therefore can inform targeted houselessness prevention and service outreach efforts.

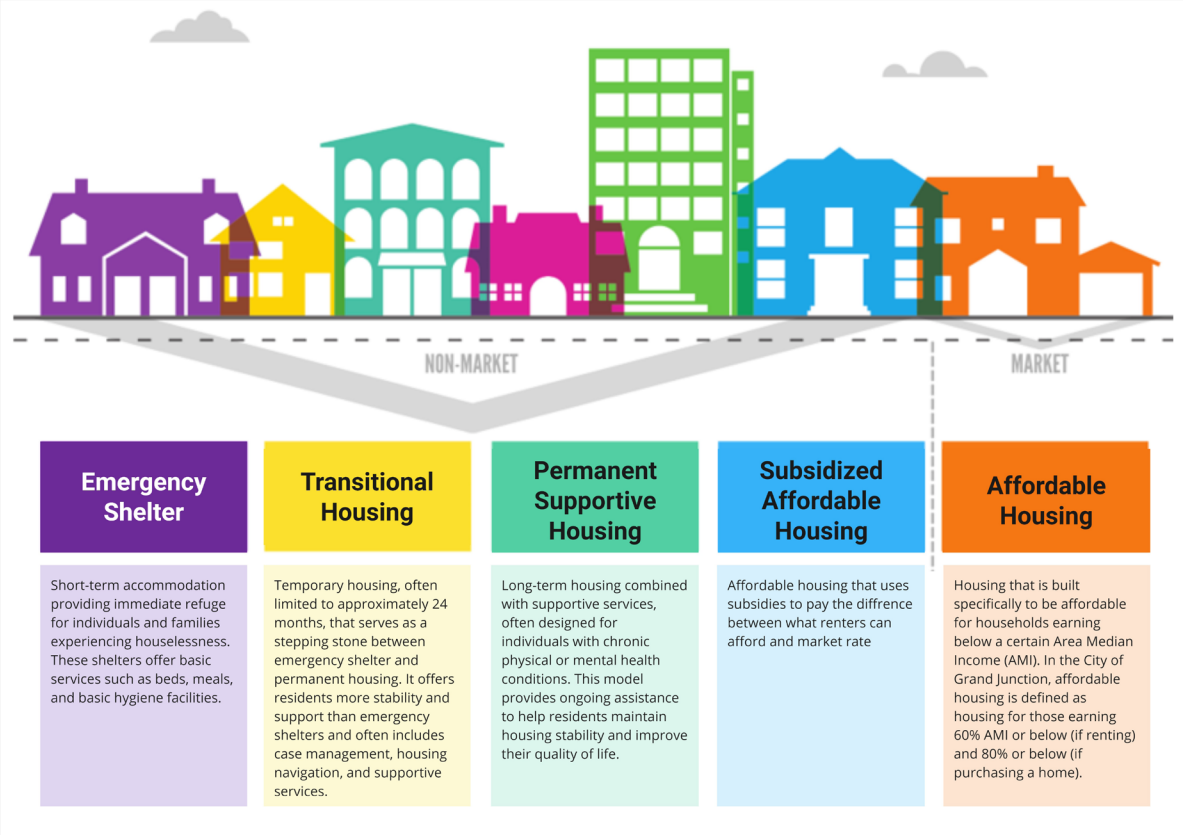
Key takeaways:

- **Between 2016 and 2021, the cost of living has increased at a greater rate than wages, resulting in the average rent-to-income ratio approaching the cost-burdened threshold of 30%.**
- **Between 2016 and 2021, the percentage of occupations in Mesa County with an average rent-to-income ratio above 30% increased from 47% to 78%.**
- **Residents working in food preparation and serving occupations are severely cost-burdened with a rent-to-income ratio at or above 50%.**
- **Areas within Mesa County whose residents face the highest risk of houselessness include Central Grand Junction, Fruita, and Southeast Grand Junction/Riverside.**

Capacity and Utilization of Existing Non-Market Housing in Mesa County

To define the required service capacity in Grand Junction, as well as targets for service utilization within the unhoused population in the city and county, the assessment sought to understand the flow of individuals across the housing continuum, specifically looking at non-market housing interventions, including emergency shelter, transitional housing, permanent supportive housing, and subsidized affordable housing (Figure 13). This examination is separated into two key sections: Housing interventions and Supportive services. Housing interventions are presented in this section of the report, followed by Supportive services in later sections.

Figure 13. The housing continuum



Source: United Way of Olmsted County

Notes: After the completion of this assessment, the City of Grand Junction began operationalizing an adapted version of the housing continuum, included in Appendix 2 of this report.

Overview of non-market housing continuum capacity in Grand Junction

In this section, we provide summary data for each type of non-market housing, including utilization information from providers of those services in Mesa County and the relative proportion of capacity that has been utilized by PEH in the past year. Table 9 shows the service providers that are active in Mesa County and the type of non-market housing they provide, while Table 10 shows capacity estimates by service provider and in total for those that were able to provide data. Not all service providers were able to provide data on recent utilization or capacity.

Table 9. Summary of non-market housing options by organization in Mesa County

Organization	Emergency shelter	Transitional housing	Permanent supportive housing	Subsidized affordable housing
Amos Center		X		
Catholic Outreach		X	X	
Freedom Institute		X	planned	
Grand Junction Housing Authority				X
Grand Valley P & J	X	planned		
Hilltop — Latimer House	X	X		
HomewardBound — North Ave	X			
HomewardBound — Recovery Living		X		
HomewardBound — Pathways Village			X	
Housing Resources of Western CO			X	X
Joseph Center		X		
Karis	X	X	X	

Table 10. Capacity estimates by non-market housing type and organizations that were able to provide data

	Emergency shelter		Transitional housing		Permanent supportive housing	
Service provider	Total service utilization (% unhoused)	Capacity	Total service utilization (% unhoused)	Capacity	Total service utilization (% unhoused)	Capacity
Freedom Institute (2023)	—	—	—	61	—	—
Grand Valley Catholic Outreach (2023)	—	—	–	4	—	60
Grand Valley Peace & Justice — Emergency Shelter (2022)	58 (100%)	32	—	—	—	—
Hilltop Latimer House (2019 - 9/2023)	635	—	—	—	--	--
HomewardBound — North Ave Shelter (10/2021 -9/2022)	834 (72%)[a]	135	—	—	—	—
HomewardBound — Recovery Living (2023)	—	—	—	44	—	—
HomewardBound — Pathways Village (2023)	—	—	—	—	—	66
HomewardHounds (8/2022 -8/2023)	112 (100%)	9	—	—	—	—
Housing Resources of Western CO (2022)	—	—	14	8	—	—
Joseph Center (8/2023)	—	—	9 (90%)	10	—	—
Karis (8/2023)	8[b]	10	8 (89%)	9	47	39
HMIS — Emergency Shelter (1/2019 - 8/2023)	3802	—	—	—	—	—
MESA COUNTY TOTAL		186		136		165

Notes: Not all service providers were able to provide data about their client's housing status (n.d. indicates no data provided); (—) indicates that a housing type is not relevant to the given provider;
[a] HomewardBound percent reflects clients entering from homelessness
[b]Karis data represents only active clients in September 2023

In addition to administrative data from specific service providers, the HMIS provides a different view of the most commonly accessed non-market housing services as well as key supportive services. Table 11 shows the overall number of encounters entered into HMIS and the service type sought by the individual. These estimates emphasize that emergency shelter is, by far, the most accessed type of housing service among PEH, which is not surprising since other types of non-market housing are meant to be a stepping-off point out of houselessness and, thus, away from repeat encounters in the HMIS.

Table 11. Encounters by housing or service type in HMIS: 2019-2023

Service type	Total	Proportion of total
Emergency shelter	3,802	74%
Street outreach	502	10%
Supportive services only	256	5%
Permanent supportive housing	228	4%
Rapid re-housing	169	3%
Other permanent housing	74	1%
Transitional housing	60	1%
Homelessness prevention	41	1%
TOTAL ENCOUNTERS	5,132	
Source: HMIS		

Subsidized affordable housing refers to housing that is funded in part by the federal government that supports households in being able to afford market-rate housing. Based upon data accessed through HUD, Grand Junction has a total of 1,100 subsidized housing units available, and Clifton has a total of 168 units. The occupancy for these units is 81% and 88%, respectively. The average amount of time on the waitlist is substantial, with Clifton operating a 17-month average waitlist and Grand Junction an 8-month average waitlist. In 2022, there were a total of 1,849 people residing in subsidized housing in Mesa County.

Table 12 summarizes subsidized housing utilization in the county in 2022 across municipalities.

Table 12. Summary of subsidized affordable housing utilization in Mesa County: 2022

	Key figures						
Municipality	**Subsidized units available**	**Percent occupied**	**Total people housed**	**Number of people per unit**	**Average months on waiting list**	**Average months since moved in**	**Percent over housed**
Clifton	168	81	360	2.50	17	93	38%
Grand Junction	1,100	88	1,489	1.50	8	77	14%
Source: Department of Housing and Urban Development (HUD).							

Details and perceptions of capacity by non-market housing type

As shown in Table 10, administrative data on utilization and capacity from service providers is limited in its coverage, and even complete data does not tell the full story of how different types of individuals in the community perceive existing capacity and the need to expand or right-size capacity as it relates to utilization and demand. In this section, we provide summary information gathered from interviews with key informants and lived experts to provide context and nuance to the quantification of service demand,

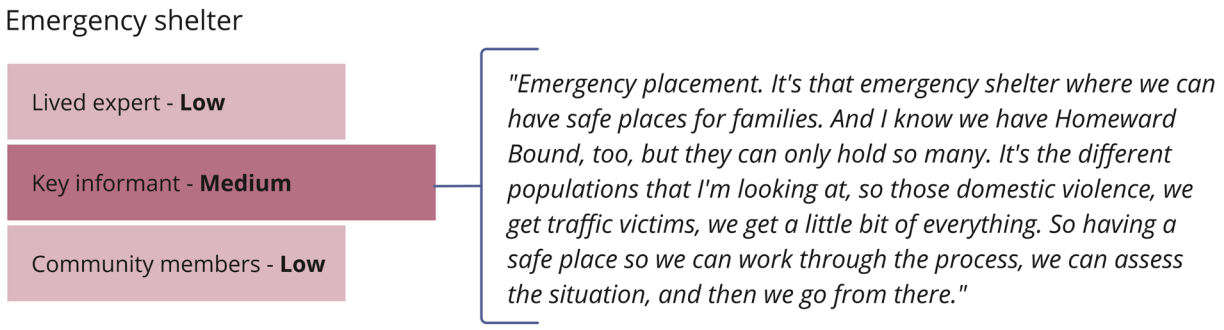
capacity, and utilization. The level of priority for each housing type identified was categorized into terciles: low, medium, or high across each participant group according to coding frequency and urgency.

Emergency shelters

HomewardBound, Grand Valley Peace and Justice, Hilltop Latimer House, and Karis each provide emergency shelter options for people who are unhoused, which are temporary accommodations designed to provide immediate shelter, safety, and basic services to individuals or families experiencing houselessness.

Each emergency shelter service provider reports being at capacity for the number of emergency beds within their facility. Notably, each emergency shelter serves different subpopulations of PEH. Karis serves transition age youth, and the Hilltop Latimer House is for individuals/families experiencing and/or fleeing domestic violence. Grand Valley Peace and Justice has facilities for both individuals who are men and for families, with 16 beds at each facility, but it is only open during winter months, which decreases local bed capacity in Grand Junction during the spring, summer, and fall seasons. HomewardHounds is a partnership between Roice-Hurst Humane Society and HomewardBound to provide temporary housing for PEH who also have pets.

Figure 14. Participant perspectives on emergency shelter priority



Emergency shelter was ranked as a low-level priority housing need by lived experts and community members and a medium-level priority by key informants (Figure 14). Many of the lived experts participating in the assessment were not interested in traditional emergency shelter options, for a variety of reasons. However, key informants noted additional emergency shelter as a gap specifically because existing emergency shelter often operates at capacity, and there are limited options for individuals with specific needs, such as those with high medical needs, those who use substances, those who are registered sex offenders, or those who cannot comfortably stay in a traditional congregate shelter.

Based on the feedback lived experts provided, it is likely that some PEH currently living outside would be more interested in accessing emergency shelter if the shelter had few rules and utilized a harm reduction model, where there are limited to no restrictions on substance use, particularly during times of the year when it is dangerously cold or hot to live outside.

Additionally, some key informants and lived experts described a need for emergency shelters that only serve specific special populations of PEH, such as shelter for women only or individuals fleeing domestic violence. Some participants noted a need for emergency shelter options and supports specifically serving individuals who identify as LGBTQ+ (lesbian, gay, bisexual, transgender, queer, and/or questioning), who may feel unsafe accessing traditional emergency shelters and have different needs than other PEH seeking shelter.

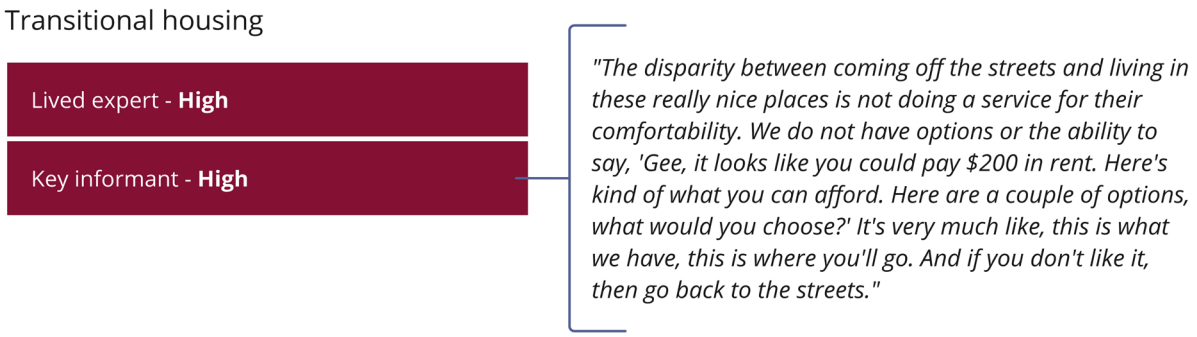
Based on these findings, in considering emergency shelter demand and supply for Mesa County, a key consideration is the type of emergency shelter and the subpopulation intended to be served by the shelter.

Transitional housing

Transitional and non-permanent supportive housing options are offered through a handful of providers in the Grand Junction area. Transitional housing for individuals in substance use treatment and recovery are provided by Homeward Bound, the Amos Center, A Step UP, and The Freedom Institute. Karis, which serves transition age youth has both emergency housing and transitional housing beds. HomewardHounds, in collaboration with HomewardBound, provides transitional pallet shelters for individuals experiencing homelessness who also have pets.

One provider of transitional housing in Mesa County is the Freedom Institute, which currently offers 61 transitional living beds for individuals who are transitioning out of prison or jail. Based upon interview data, Freedom Institute is in the process of expanding their transitional bed capacity to 100.

Figure 15. Participant perspectives on transitional housing priority

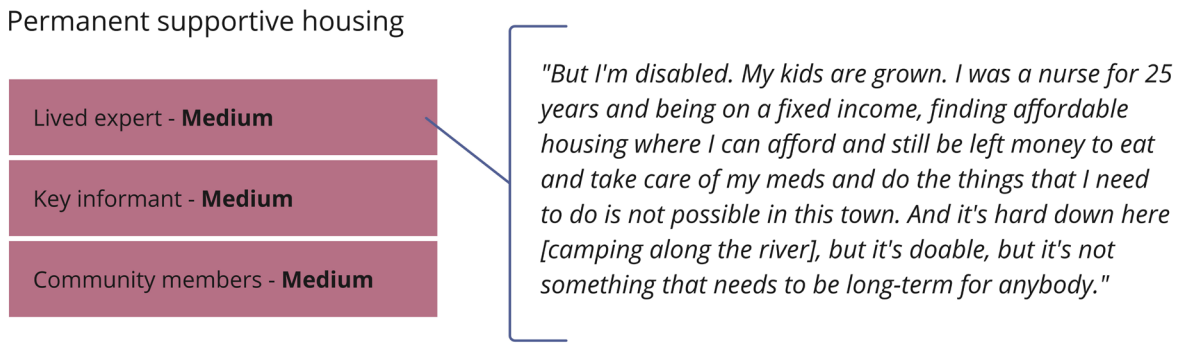


Lived experts and key informants identified transitional housing as a high priority need in responding to houselessness (Figure 15). Overall, the number of transitional housing units in Mesa County is small in the context of the current number of PEH. It is likely that many PEH, whether currently residing in an emergency shelter or living on the street, could benefit from being placed in housing that is one step further along the continuum, but short of a permanent housing situation. This could allow them to gradually build stability in their lives, while freeing up emergency housing for those entering houselessness.

Permanent supportive housing

Permanent supportive housing is long-term housing combined with wraparound supportive services, often designed for individuals with chronic physical or mental health conditions. This model provides ongoing assistance to help residents maintain housing stability and improve their quality of life and is intended to be a permanent living situation. Currently, Grand Junction has a limited number of permanent supportive housing units available for specific subpopulations, with a couple providers looking to expand their permanent supportive housing capacity. The current permanent supportive units primarily focus on serving families, youth, older women, and individuals with disabilities experiencing chronic houselessness.

Figure 16. Participant perspectives on permanent supportive housing priority



Permanent supportive housing was ranked as a medium-level priority housing need across all participant groups (Figure 16). Several agencies in the Grand Junction area currently have permanent supportive housing units, with some who have plans to expand their number of units. But again, a demand-supply gap exists for this type of housing.

As key informants described, permanent supportive housing is inherently resource-intensive and requires round-the-clock staff and access to services to sustain it, making it difficult to develop and operate new units. At the same time, participants noted there are PEH currently living outside in the Grand Junction area who would be most appropriately housed through a permanent supportive housing facility. Additionally, many participants expressed concern for the aging unhoused population, who may have a decreasing ability to independently care for themselves and a reduced number of services available to them.

Subsidized affordable housing

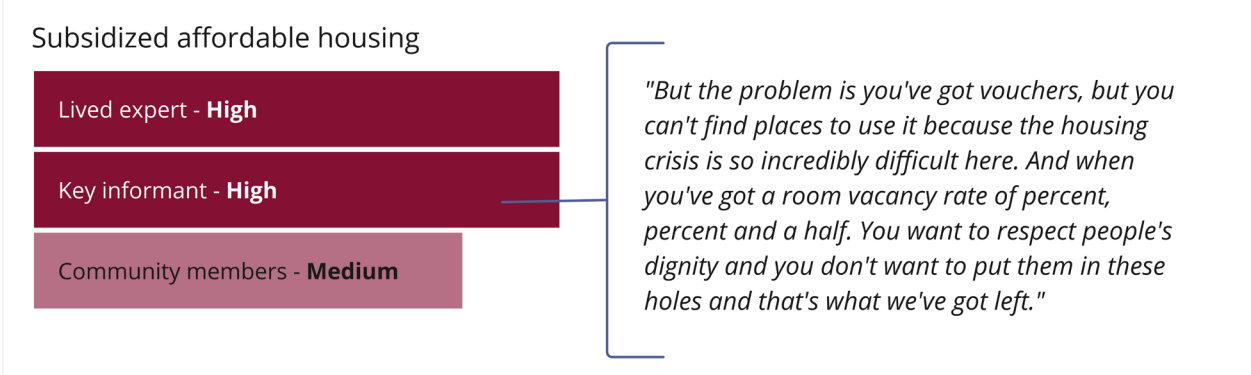
In 2022, the Grand Junction Housing Authority (GJHA) leased 1,350 housing choice vouchers, also known as Section 8 vouchers, which was a slight decrease from 2021 when 1,380 vouchers were leased. The housing choice voucher program is a federal program through the U.S. Department of Housing and Urban Development (HUD) that provides rental assistance to qualifying households, allowing them to choose a rental home if it meets program requirements. As of August 1, 2023, 1,227 vouchers have been leased. Table 13 shows the historical trend of GJHA vouchers leased by year and by voucher program type.

Table 13. Housing voucher utilization by client characteristics: 2019-2023

Voucher program	2019	2020	2021	2022	January 1 - July 31, 2023
VASH - Veterans	186	173	172	168	151
Youth	7	4	7	10	10
Non-Elderly Disabled	201	215	205	198	180
Domestic Violence	65	40	41	47	45
Next Step	21	15	12	19	13
Families Transitioning from Homelessness	242	272	294	265	233
All other vouchers	635	620	649	643	595
TOTAL	**1,357**	**1,339**	**1,380**	**1,350**	**1,227**

Key informants and lived experts ranked subsidized affordable housing as a high priority need, and community members ranked it as a medium-level need (Figure 17). As noted previously, Grand Junction Housing Authority provides housing assistance vouchers to low-income households and other key special populations, but the waitlist for these vouchers is significant (i.e., 8-17 months), and there is no guarantee of a household being able to find housing that meets program requirements and accepts vouchers once a housing voucher is actually issued.

Figure 17. Participant perspectives on subsidized housing priority



Overall, demand for subsidized housing has long outpaced the supply. Many lived experts described the frustration of going through the process of applying for a housing voucher, moving through the waitlist, and ultimately not using the voucher by the deadline because the rentals they managed to find either would not accept the voucher or the voucher amount would not sufficiently cover the cost. A key informant speculated that the recent drop off in voucher applications is likely due not to a decrease in demand but because PEH and lower income households are discouraged by the lack of units accepting vouchers.

> Given current and projected housing costs in the Grand Junction area, the demand-supply gap in subsidized housing will likely only continue to grow.

Additional elements of housing continuum identified by interview participants

In addition to the core elements of the housing continuum, we received information from interview participants about their perspectives on medical/Substance Use Disorder (SUD) treatment respite facilities, sanctioned camping sites, and opportunities for safe parking lots.

Temporary housing specifically for PEH discharged from the hospital after a medical operation or individuals in recovery after in-patient substance use treatment was a gap noted as a medium-level need among lived experts and key informants and a low-level need among community members. In general, participants expressed that there is an extremely limited number of beds available to PEH in need of medical and mental health support while recovering after treatment. Often, emergency shelter facilities in the county are unable to accept clients under these circumstances because they require a high level of services. Shelters typically do not have the capacity or expertise to properly care for them, leaving those individuals with few or no options. Several key informants shared stories of not being able to connect clients with the appropriate level of care and shelter after they leave the hospital, demonstrating a dangerous and sometimes lethal gap in housing options.

Sanctioned camping and safe parking areas, or designated spaces for PEH to legally camp within the county, were noted as a high need among lived experts and key informants and a medium-level need among community members. While it is difficult to know exactly how many PEH live in camps along the river corridor, in parks, and on other parcels of public and private land, a substantial proportion of PEH in the Grand Junction area spend many of their nights camping rather than in a shelter.

About half of the 50 lived expert participants were living outside at the time of interviews. Many of those participants did not feel that HomewardBound's emergency shelter was an option for them because they had a mental or physical health condition, they were banned due to breaking the shelter's rules, or they were not interested in following the shelter's rules. Regardless of their reasons for not seeking shelter at HomewardBound, remaining shelter options for PEH are extremely limited, often contributing to PEH living outside. Additionally, several PEH who camp, expressed that they would rather camp than go to a shelter facility because it affords them independence.

Figure 18. Participant perspectives on priority of additional housing elements

As many participants noted, however, when individuals camp on public lands, law enforcement officers often force them to pick up their camp and move on a regular basis due to public health and safety concerns and violations. While many PEH who live outside would prefer camping to being in a shelter, the constant threat of having to move their belongings and start over somewhere else can be traumatizing and lead to negative encounters with law enforcement and other city and county staff. Additionally, access to basic services, such as water, bathrooms, and trash, is limited and generates significant issues for both PEH and the broader community. Based on these realities, lived experts and key informants both pointed to a gap in safe areas for PEH to camp or live out of a vehicle, and many expressed a desire to see legal camping options with basic services offered within the county.

Section summary

Across the continuum, service providers are notably at capacity with emergency shelter beds, and there are wait lists for transitional and supportive housing beds. Transitional housing was noted to be one of the highest needs in the community, in addition to more subsidized housing and sanctioned camping opportunities.

Key takeaways

- **Emergency shelter is by far the most utilized and has the most units. However, for individuals for whom congregate shelter is not an option, the remaining emergency shelter options are very limited.**
- **The number of transitional and permanent supportive housing units is relatively small, while participants expressed they are in high demand.**
- **There is an overall lack of subsidized affordable housing units, especially in Clifton.**
- **Housing Vouchers are reaching some key populations: veterans, people with disabilities, and families.**
- **Participants noted areas for sanctioned camping and safe parking are significant needs, as there are currently very few places for unsheltered PEH to go.**

Estimated Demand for and Adequacy of Non-Market Housing in Mesa County

In an overall planning process to identify and prioritize strategies to address houselessness, estimates of existing capacity must be further analyzed in the context of estimated demand for certain kinds of housing to identify gaps and coverage in the existing system. Demand estimates are related to both populations in need and at risk as well as the overall configuration of the system. For example, the need for emergency shelter beds has a direct relationship to the affordability and availability of rental housing, transitional housing, and permanent supportive housing. Inherent in the process of estimating the need for an individual intervention type is the need to consider how the overall system of care is functioning for people who are at risk of becoming unhoused and those that are currently unhoused.

Overview of assumptions and methods

A detailed methodology for estimating demand and adequacy of non-market housing is included in Appendix 1. In brief, the first step toward calculating overall need or coverage in non-market housing services is to estimate capacity in the existing system. When possible, the capacity estimates in Table 14 triangulate across data presented in Table 10 related to overall capacity in the county. To complete the capacity estimates for this study, the research team drew upon multiple evidence-supported methodologies for estimating capacity of temporary emergency shelter[9], emergency shelter, transitional shelter facilities, transitional housing, and permanent supportive housing.

Estimates of potential demand in Mesa County also draw, when possible, from data presented in Table 2 and Table 11, and build in assumptions to move from general need and observed utilization of specific resources to potential demand for each type of housing. The assumption is that, especially in situations where a specific type of housing is under capacity, there will be potential demand that is not observed through utilization patterns because so many people simply cannot access the service and have not registered their need for it (for example, some people will get on wait lists for supportive housing, but others will simply not seek it out). At the same time, not all PEH will ever choose to seek certain types of housing services, and thus not every individual included in the PIT (Table 2) will contribute demand for every type of housing. In Table 14 we adjust total demand based on the estimated program usage rate to generate an adjusted estimated demand for each type of housing.

Additional practical considerations also shape demand, as the need for winter shelters depends on the weather, and demand can vary across days of the week. In Table 14 we utilize a modifier for demand for emergency shelter that reflects estimates from the literature about how demand changes with temperature. In brief, demand increases in a non-linear way as overnight temperatures move from fair (32 to 50 degrees F) to moderate (14 to 32 degrees F) to low (-4 to 14 degrees F). In 2022, Mesa County experienced 87 fair days, 123 moderate days, and 12 low days. Individual service providing organizations likely know these patterns and adjust staffing as needed to minimize unused costs. This assessment does not take into account staffing needs, nor does it examine the costs of services. Rather, it is focused on producing general estimates of need over the course of a year and comparing those estimates to the capacity within Grand Junction at the time of the needs assessment.

The results in Table 14 provide an estimate of the current capacity of four elements of the Mesa County care system for individuals who are unhoused. There is generally limited capacity for the temporary emergency shelter, transitional housing, and permanent supportive housing. Of note, the limited temporary emergency shelter capacity estimates are based in large part on the average bed nights of individuals who reside in the shelter (information gained through qualitative interviews). There is likely to be a shift in need for temporary emergency shelter services if these individuals were to access transitional

[9] (Jadidzadeh & Kneebone, 2015)

or permanent supportive housing, or different versions of temporary emergency shelters.

Table 14. Estimated adequacy of non-market housing in Mesa County

	Estimated population total	Program usage rate	Adjusted estimated demand (people)	Average utilization per person	Estimated demand (housing-specific unit)	Current capacity (housing-specific unit)	Adequacy of current capacity
Temporary emergency shelter	385	70%	270	30 bed nights	2,831 bed nights	2,880 bed nights	10%
Emergency shelter	1,237	80%	990	10 bed nights	9,896 bed nights	8,959 bed nights	91%
Transitional housing	1,644	85%	1,397	8.4 months	978 units	128 units	13%
Permanent supportive housing	520	85%	442	8.4 months	309 units	101 units	33%

Despite the estimated near adequacy of existing emergency shelter bed capacity in the Grand Junction area, it is important to note that there currently is only one facility that operates year-round and is open to the general population (i.e. other emergency shelters serve specific subpopulations). As noted in the section about capacity and utilization of non-market housing types, several lived experts expressed that they are unable or unwilling to stay at the shelter for a variety of reasons, including mental health and medical conditions, behavioral restrictions, ban from service, having pets, being a registered sex offender, and personal safety concerns. For those who find the area's primary emergency shelter is not an option (and are not served by other shelters), there is essentially no other shelter option, impacting the overall understanding of capacity estimates. Additionally, as a result of the very limited capacity of existing transitional and permanent supportive housing options, as more people enter houselessness, the demand placed on emergency shelter options is likely compounded, a complexity that is not reflected in the current capacity estimate. The estimate provided in Table 14 was focused on the emergency shelter open to the general public. It did not account for limitations on accessibility by key population groups nor present capacity estimates based upon needs of specific population groups.

Section summary

Overall estimates of non-market housing adequacy suggest variation in adequacy, which is reflected as well in comments from participants in the section above.

Key takeaways:

- **There is limited coverage of temporary emergency shelter beds.**
- **There is adequate coverage for emergency shelter beds, but coverage may still be limited on a night-to-night basis and for specific populations.**
- **Temporary emergency shelter capacity may not be adequate when weather conditions become low or moderate and demand increases.**
- **Very little of the demand for transitional or permanent supportive housing is currently being met.**

Capacity and Utilization of Existing Supportive Services in Mesa County

Supportive services refer to services outside of housing infrastructure that assist PEH and unstably housed individuals in building financial stability and personal wellbeing and addressing the challenges in their lives that contribute to and/or exacerbate the experience of houselessness.

Supportive services examined in this Needs Assessment include:

- Prevention and diversion services
- Street outreach
- Basic needs: Water, food, laundry
- Transportation services
- Transitional services: Workforce training, financial literacy, life skills
- Services for youth and families
- Behavioral health services

Overview of existing supportive services

For each of these supportive services, we examined patterns of utilization, demand, and capacity across providers for those who are unhoused. It is important to note that many supportive services available in the Grand Junction area are also offered and provided to individuals who are housed. The continuum of supportive services is organized by the intensity of the engagement required to provide the service, moving from less to more intensive engagement.

Table 15 provides an inventory of the types of supportive services provided by organizations within the unhoused care continuum in Grand Junction and Mesa County.

Table 15. Summary of supportive services by organization in Mesa County

	Supportive services in Grand Junction area							
Organization	Prevention services	Street outreach	Basic needs	Transportation services	Transitional services	Youth and families	Behavioral health	Case management
Amos Center			X		X		X	X
Catholic Outreach	X		X		X			X
Freedom Institute					X		X	X
Grand Valley Peace & Justice	X		X		X			
Hilltop	X		X		X	X	X	X
Homeward Bound	X	planned	X		X	X	X	X
Joseph Center	X		X		X	X		
Karis	X		X		X	X	X	X
Mutual Aid Partners	X	X	X	X				
Solidarity Not Charity	X		X					
Mesa County Libraries			X					

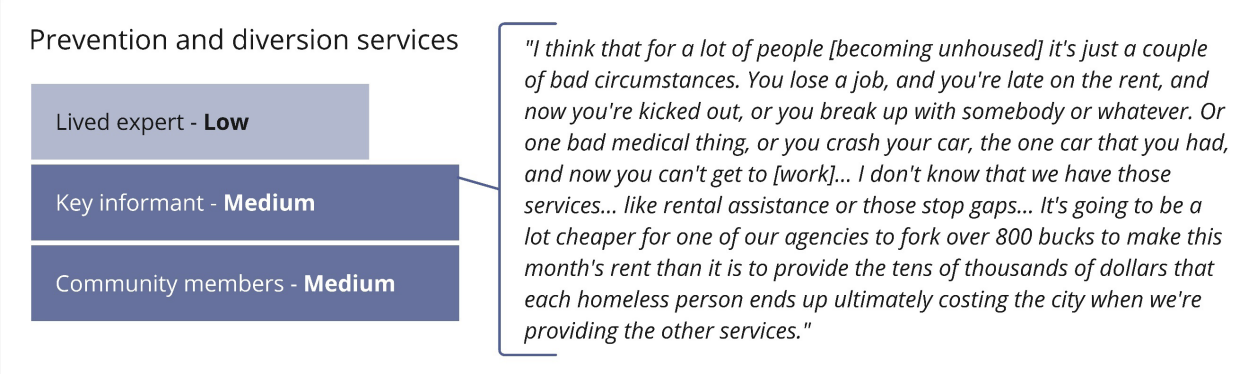
Details and perceptions of capacity by type of supportive service

Few service providers were able to provide numbers related to utilization or capacity for the specific supportive services that they offer. In this section, summary and exemplary quotes from lived experts and key informants have been provided within each type of supportive service. The level of importance for each service type identified was categorized into terciles: low, medium, or high across each participant group according to coding frequency and urgency.

Prevention and diversion services

Prevention and diversion services, or services to support individuals and households in maintaining stability and preventing them from becoming unhoused, were noted as a medium-level priority service gap by key informants and community members but a low-level priority among lived experts, likely because they were already in a situation of experiencing houselessness and focused on their needs in being able to exit houselessness (Figure 19). That said, many of the lived experts participating in the assessment noted a financial hardship as the primary reason they lost housing, suggesting that they could have benefited from prevention services to help them weather the hardship while still being able to maintain their housing situation.

Figure 19. Participant perspectives on priority of prevention and diversion services



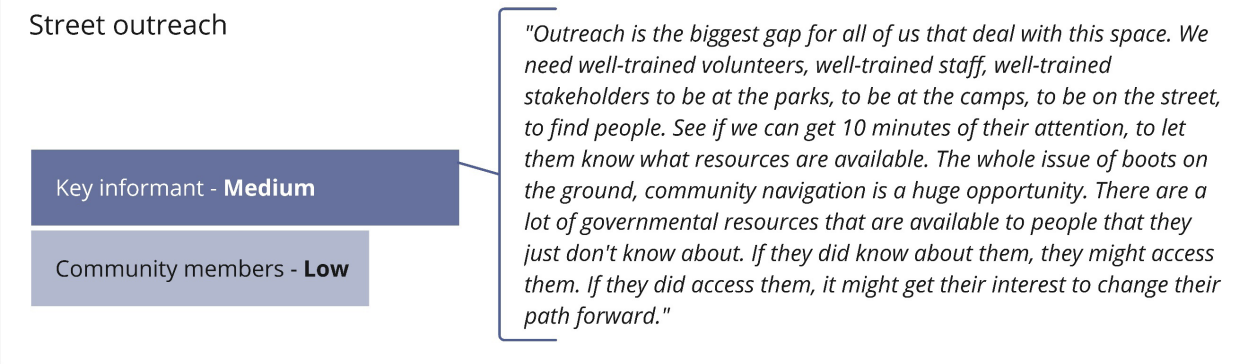
Effective prevention and diversion services can include rental assistance programs or other emergency financial assistance, budget counseling, tenant protections, and reintegration programs for individuals exiting the criminal justice system or veterans exiting active duty. According to key informants who noted these types of services as a gap, there are very few prevention and diversion programs or services available in the Grand Junction area, limiting the community's ability to keep those who may be at risk of losing housing from entering houselessness. As participants noted, preventing houselessness is a far more efficient use of resources than re-housing individuals and helps individuals to avoid the trauma of experiencing houselessness.

Street outreach

Another gap that was not specifically noted by lived experts but was described as a moderate priority need among key informants and a low priority need among community members was street outreach (Figure 20). Street outreach specifically refers to on-the-ground efforts to engage PEH in unsheltered locations in order to connect them with housing and supportive services. Currently, street outreach capacity among supportive service providers is very limited in the Grand Junction area.

As some key informants noted, a barrier in providing services for PEH was the lack of awareness of services among PEH and providers' limited capacity to do outreach regarding their services. Several key informants noted that as demand for their services remains high, there is limited ability to dedicate staff and resources toward outreach. At the same time, limited outreach results in a disconnect between PEH and the services that can help them meet their needs and ultimately enable them to exit houselessness. Further, a gap in street outreach also explains, in part, the discrepancy in the estimated number of PEH in Mesa County and the number currently captured in the BNL and other service provider data.

Figure 20. Participant perspectives on priority of street outreach



Neighbor-2-Neighbor Referral Program

The Neighbor-2-Neighbor Referral program was launched by the City of Grand Junction Housing Division staff in the Fall of 2022 in order to assist service providers with distribution of basic needs and harm reduction supplies, connect PEH with services, and support the implementation of the Grand Junction Fire Department fire mitigation plan. City staff continue to expand engagement with PEH and are working to develop a Neighbor-2-Neighbor Guidebook, provide trainings for best practice engagement in the field, and expand partnerships with service providers.

Basic needs: Water, food, laundry, clothing, safety

Another significant gap identified by participants, especially by lived experts, was facilities to meet basic needs, such as hydration stations, places to shower, and warming or cooling centers during inclement weather. While there are several services in the Grand Junction area that provide for basic needs such as food, showers, and laundry, participants expressed that existing services are limited in terms of their hours of operation and how often they can be accessed. Additionally, based on participant feedback, the level of need for these types of services outpaces the level of supply, particularly because there is a significant subpopulation of PEH living outside in the elements without reliable access to water or bathroom facilities year-round. The number of encounters these providers have with PEH is quite large, and summarized in Table 16. However, it is important to note that these are encounters, and not unique individuals served.

Table 16. Encounters for basic needs by organization

Organization	Encounters
Grand Valley Catholic Outreach – Day Center (2022)	12,436
Joseph Center – Day Shelter (10/2022 – 9/2023)	4,921
Center for Independence (1/2020 – 9/2023)	160
Grand Valley Connects (10/2022 – 9/2023)	473
Grand Valley Peace and Justice – ID and Food Services (2022)	4,261
Hilltop Family Resource Center (1/2019 – 9/2023)	311
Joseph Center – IFS, GAP, TANF, JCAPP (1/2019 – 9/2023)	1,254
Mesa County Public Library (9/2023)	280
Mutual Aid Partners (2022)	15,072
Solidarity Not Charity (2022)	27,300
211 (2022)	415

Data from the Community Resource Network (Figure 21) as well as participant perspectives shows that enrolled clients in Grand Junction have indicated a general need for food and housing, and there are also notable needs for limiting social isolation and for safety. Figure 22 shows that individuals with lived experience see basic needs and harm reduction as high-level priorities, while key informants rank basic needs as a medium priority, and the general public ranks it as a low priority.

Figure 21. Primary needs among individuals in the Community Resource Network: 2019-2023

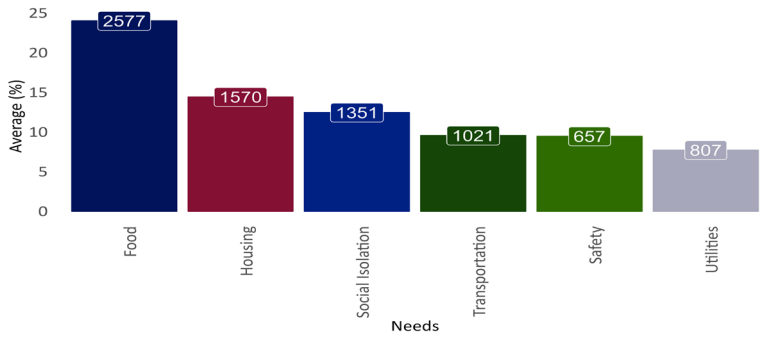
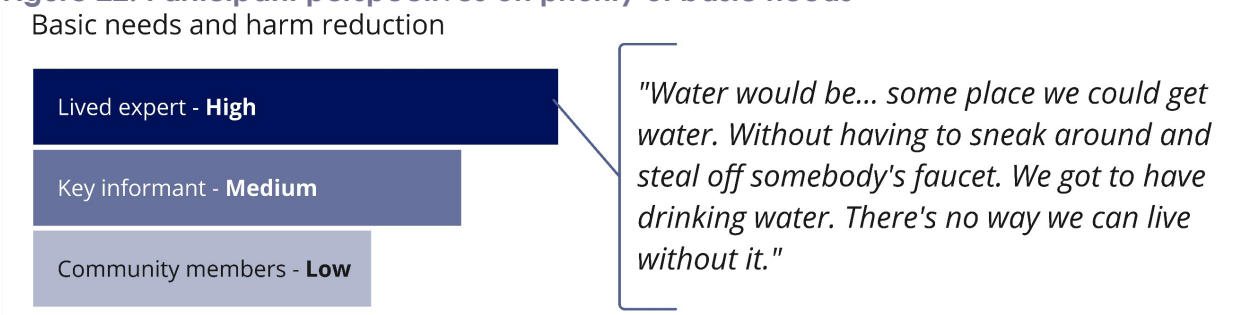


Figure 22. Participant perspectives on priority of basic needs

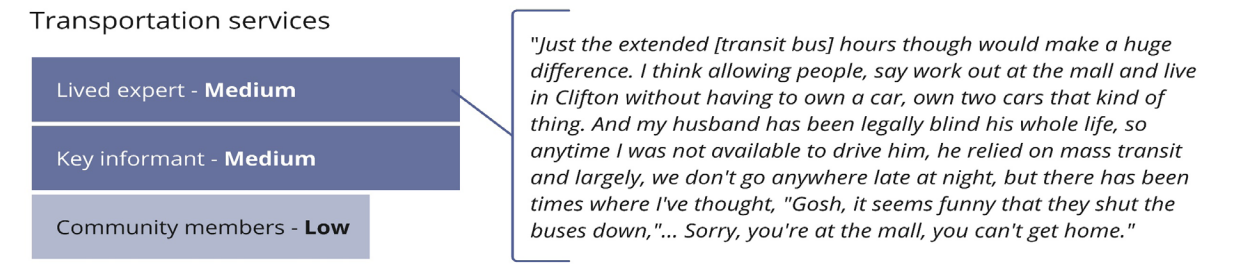


Transportation services

While mentioned with less urgency than some other services, participants identified transportation as a gap or area for improvement within supportive services (Figure 23). Many key supportive service facilities in the Grand Junction area are spread out across the City of Grand Junction, and a few are located outside of the city limits. Among lived experts participating in the assessment, few had access to cars and most relied on a combination of the Grand Valley Transit buses, bikes, and walking to travel between services. Transportation options are even further limited for individuals with pets, who are unable to bring their pets on public buses.

For PEH needing to access multiple services throughout a given day, the distance between services can be significant. For example, participants staying at the HomewardBound North Ave shelter, which is closed during the day, often access shower and laundry services at the Grand Valley Catholic Outreach Day Center, which is approximately three miles away. In times of inclement weather, getting from A to B to access services and meet their needs can be especially challenging for PEH. Some participants expressed they simply do not access those services due to their transportation limitations.

Figure 23. Participant perspectives on priority of transportation services



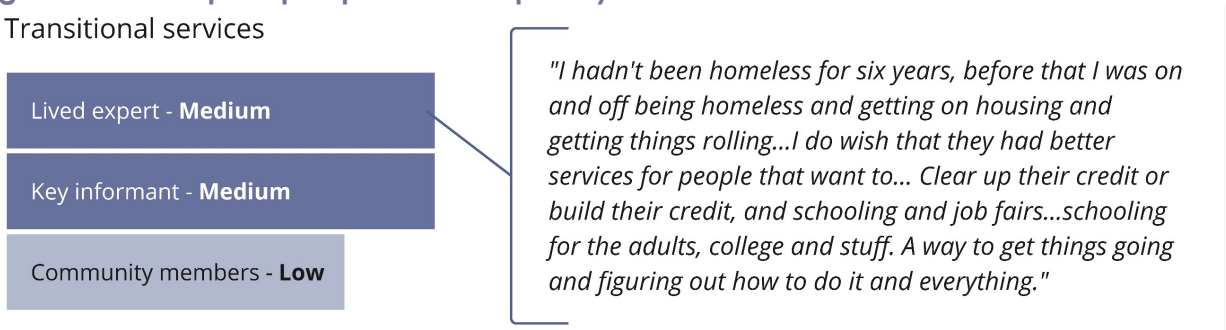
Participants who utilize the transit buses expressed gratitude for the service but also that bus lines are limited, as are the hours of operation. According to one lived expert, *"it's an hour everywhere,"* by which they meant it takes an hour for them to get to any of their usual destinations if traveling by bus. Similarly,

some participants felt that, without reliable access to a car, it can be extremely difficult to access services, make it to medical appointments, or maintain a job. In addition to expanded hours of operation and more stops to make the transit buses more accessible and convenient, a few participants expressed interest in services that can assist PEH with maintaining independent modes of transportation, such as assistance getting a driver's license or maintaining a bike or car.

Transitional services: Workforce training, financial literacy, life skills

Transitional and retention services, which refer to supports for individuals exiting houselessness and moving along the housing continuum, were noted as moderate needs among lived experts and key informants and as lower needs among community members (Figure 24). Such needs were most often noted in the context of individuals exiting chronic houselessness, for whom readjusting to maintain a housing situation can be challenging for a variety of reasons. Several participants noted how often individuals exiting houselessness ultimately return to houselessness when they lack transitional support or programs, such as workforce training or financial literacy education, to help them make the leap from unhoused to housed. At the same time, most services serving PEH are specifically focused on getting individuals into housing and may not have the capacity or scope of services to support individuals as they exit houselessness.

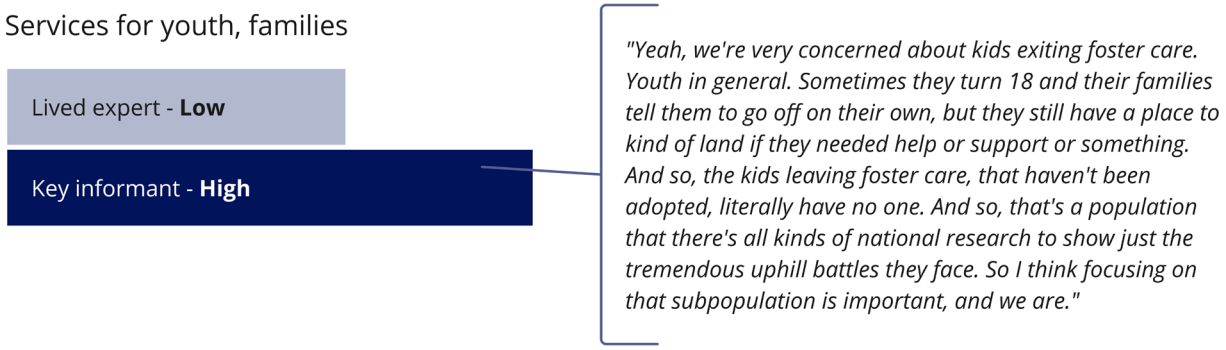
Figure 24. Participant perspectives on priority of transitional services



Services for youth and families

A significant gap noted by key informants was services specifically serving youth and families. While services for youth and families were far less frequently noted among lived experts, this is likely due in part to the fact that interview participants were required to be 18 years of age or older to participate, and families experiencing houselessness often fall into the category of "hidden houseless," as described in previous sections of the report. In general, unhoused youth and families are a difficult subpopulation to reach due to stigma and the fear of losing their children to child protective services. However, McKinney-Vento data suggests that houselessness among children and families is a significant and growing issue, with nearly 1,000 school-aged children experiencing some degree of houselessness in Mesa County. Given the sheer number of unhoused children and the limited service capacity for youth and families specifically, key informants expressed concern in meeting the growing and unique needs of unhoused youth and families (Figure 25).

Figure 25. Participant perspectives on priority of services for youth and families

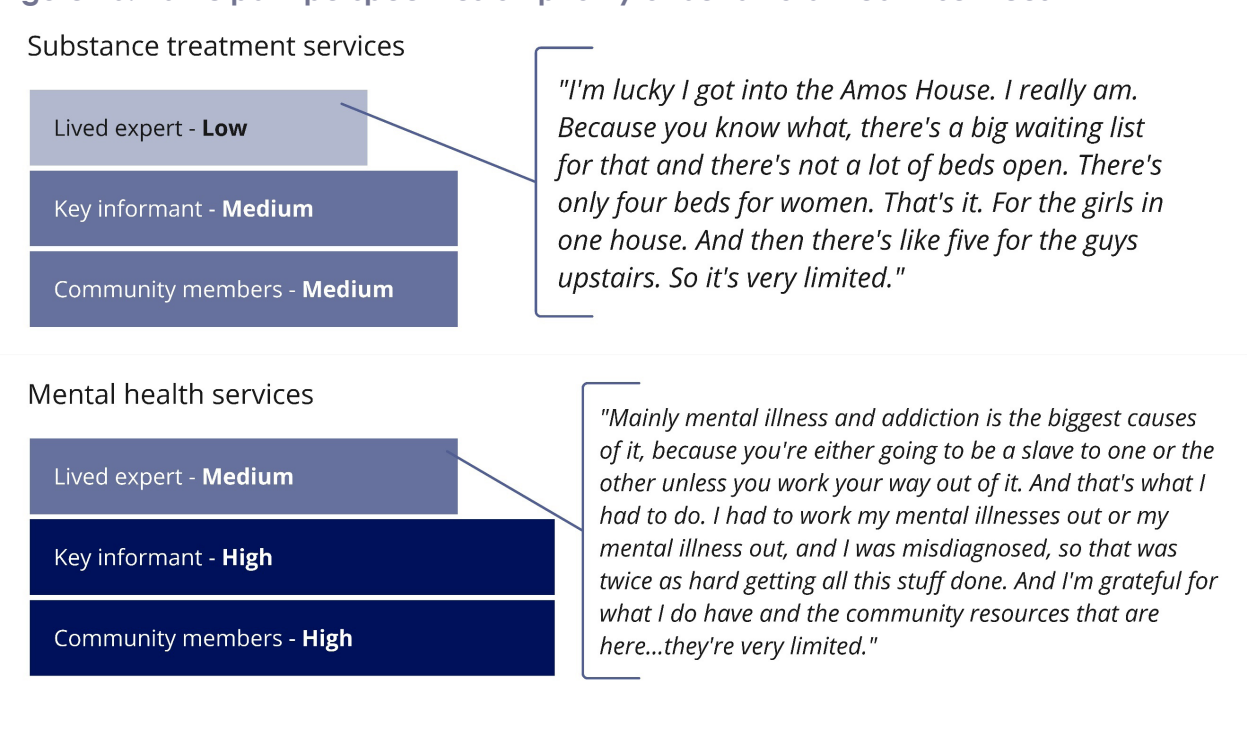


Behavioral health services

The most significant service gap identified across participant groups was behavioral health services for both individuals with mental health conditions and those with substance use disorder. In the web-based community survey, top categories of need were “more mental health services” followed by “more substance use/addiction services,” with 21% and 14% of participants selecting those categories, respectively. Behavioral health concerns were frequently mentioned across key informants and lived experts as a challenge in both providing and accessing housing and services. Several participants noted that there are limited options to receive behavioral health care in the community, especially for individuals experiencing chronic houselessness (Figure 26).

Representatives of city departments that regularly interface with PEH also identified behavioral health services as a gap, noting that many PEH that frequently use city services (e.g., parks and recreation facilities or emergency services) appear to struggle with behavioral health needs. They addded that the options available to city staff to support such individuals, particularly first responders, are somewhat limited. For example, Mesa County’s primary mental health facility, Mind Springs, does not accept intakes directly from ambulances, significantly limiting the options for resolving an emergency call with an individual experiencing houselessness and in need of mental health treatment.

Figure 26. Participant perspectives on priority of behavioral health services



Understanding and addressing mental health within the unhoused population is a complex issue that involves a range of barriers. These barriers can stem from systemic, social, economic, and individual factors. Research and data regarding mental health among unhoused populations is greatly limited compared to other groups. This lack of data means there is not a precise understanding of mental health needs for those who are unhoused and hinders the development of tailored interventions and policies. However, participants (both individuals with lived experience and key informants) routinely mentioned barriers to accessing mental health care and a need for expanded mental health services.

Between October 2021 to September 2022, 33% of individuals at the HomewardBound North Ave Shelter indicated that they had a mental health disorder. Additionally, 9.17% indicated alcohol use disorder, 5.56% drug use disorder, and 5.83% both alcohol and drug use disorders. To contrast, the prevalence of drug use disorder in the previous year in Colorado is 9.29%, any mental illness in the past year is 23.71%,

and serious mental illness is 5.27% (NSDUH, 2021). Table 17 displays the prevalence of behavioral health conditions among one provider.

Table 17. Prevalence of behavioral health conditions among individuals served at HomewardBound North Ave Shelter

	Mental health disorder	Alcohol use disorder	Other substance use disorder	Alcohol and other substance use disorder
Proportion of individuals with a behavioral health need	33.33%	9.17%	5.56%	5.83%

Source: (HomewardBound North Ave Shelter)

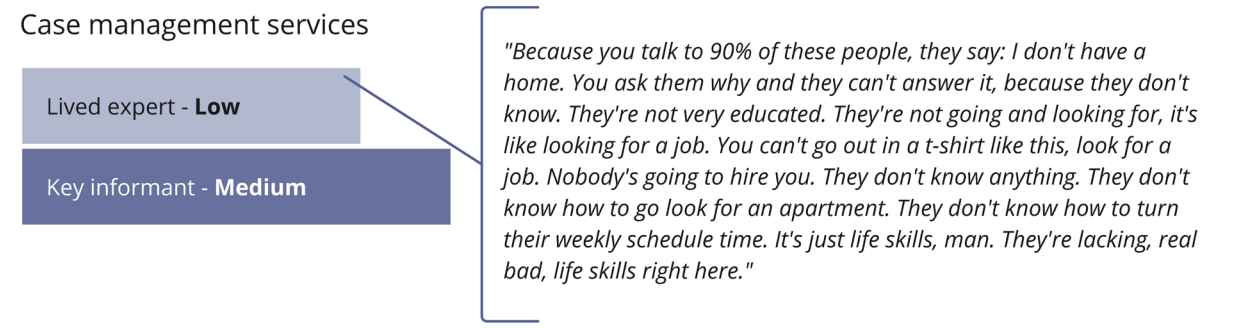
Unhoused individuals often face stigma and discrimination from society, which can further isolate them and exacerbate their mental health challenges. Stigma can prevent them from seeking help and lead to a lack of understanding and empathy from the public. A lack of social support networks and meaningful connections can lead to feelings of isolation and loneliness among the unhoused population, further contributing to poor mental health outcomes.

People experiencing houselessness have restricted access to mental health services due to financial barriers, lack of insurance, transportation issues, and a shortage of specialized services for the unhoused population. Without proper healthcare, individuals are unable to receive timely diagnosis, treatment, and ongoing support for their mental health conditions. Further, houselessness itself can lead to or exacerbate mental health problems. The stress of not having a stable and safe place to live, coupled with exposure to the elements and increased risk of violence, can contribute to the development of mental health disorders.

Case management services

Lived experts often noted how challenging it can be to know what services are available to them and to complete the paperwork and processes required by many services. This barrier to accessing services points to the need for connecting more PEH with case management services to help reduce the stress and challenges of juggling multiple applications, securing necessary documentation, and making it to important appointments. Key informants noted that while case management services are available through several agencies in the Grand Junction area, the extent to which they provide housing navigation support may be limited. Further, lived experts often seemed unaware of these types of services, suggesting a gap in outreach and/or access to existing case management services.

Figure 27. Participant perspectives on priority of case management services



Section summary

In considering the supportive services available to PEH in the Grand Junction area, participants reflected upon the gaps and limitations within existing services, shedding light on the ways in which the service array could be improved to support PEH more effectively and aid in their ability to exit houselessness. Looking across the priority needs identified by participants, there is an overall need for outreach and improved coordination across services, which could strengthen the likelihood of PEH accessing supportive services that already exist. At the same time, prevention and diversion and transitional services appear to be the highest priorities with the least existing capacity in the area.

Key Takeaways:

- **Prevention and diversion services were discussed as moderate priority by key informants and community members, while lived experts noted them as low priority, likely because most were already experiencing houselessness at the time of interviews.**
- **Lived experts described services to meet basic needs (e.g., water, food, laundry) as high priority.**
- **Transitional and transportation services were ranked as moderate priorities by both lived experts and key informants.**
- **Across participant groups, the highest priority supportive service need was expanded behavioral health services, including services for mental health and substance use.**

Estimated Cost Impacts from Investing in Prevention and Supportive Services

There is a wide range of potential interventions and solutions to attempt to solve the challenge of addressing and supporting the unhoused population across the United States. Appendix 4 reviews potential cost savings and effectiveness by intervention or prevention service, based on prior peer reviewed research or evidence from interventions or services provided in other areas of the United States. Estimates are wide ranging and highly dependent on context, as each is targeted specifically at certain populations or only consider one intervention. While cost savings or effectiveness may differ in the Grand Junction area from the reviews presented below, the previous literature demonstrates a comprehensive evidence base and sense of what types of costs and benefits are associated with interventions and responses to houselessness.

In this section, estimates for potential cost savings of prevention program interventions and housing support with some level of treatment and case management are applied to the estimates of the Grand Junction area unhoused population below. These estimates intend to provide rough estimates and projections for costs of intervention for those at risk of becoming unhoused and for those who are currently experiencing unsheltered houselessness. All estimates and assumptions are based on information gathered from publicly available data and peer-reviewed academic literature, as well as estimates for those experiencing doubled-up houselessness and the overall population of unhoused individuals in the Grand Junction area.

Costs and benefits of interventions are highly variable and dependent on the type and level of intervention. In the majority of the research, specific populations are studied, and each received a slightly different intervention, thus leading to differences in the findings of total costs and incremental cost effectiveness ratios. However, there is a convergence of evidence showing that benefits accrue to individuals receiving the service and to society over time, dependent on the value that society places on the benefits of the interventions. We utilize information from multiple sources referenced above to generate the estimates presented below.

In addition to the high variability of costs across interventions related to houselessness, several other limitations should be noted. First, much of the research on housing support and interventions for unhoused populations is conducted through randomized control trials where there are treatment and control groups. Comparisons are made for cost savings on a per unit or per person basis between these groups. As these studies are intended to analyze the effectiveness of the treatment itself, they do not consider potential challenges with implementation of the treatment in society. It is likely that, when implemented, an intervention may only initially be available to a small subset of the unhoused population, with benefits and reach of the intervention having potential to increase over time. In our estimates, we build in the assumption that only a percentage of the unhoused population will receive the intervention and that costs will only decrease for the population that effectively receives the intervention. Additionally, we present costs as total aggregated costs rather than per person or per unit costs.

Cost benefit and potential cost savings estimates were calculated for emergency rental assistance and for expansion of the housing first approach, prioritizing the use of transitional or permanent supportive housing options without barriers or restrictions for individuals who are unhoused. In addition to these two specific cost estimates, we have compiled additional cost expectations across the continuum of care in Appendix 2.

Assumptions related to cost estimates

Prevention interventions

We base cost estimates for the potential impact of houselessness prevention interventions on findings from Phillips and Sullivan[10] and a National Alliance to End Homelessness report,[11] as well as U.S. Census ACS 5-year estimates, and internal estimates of the Grand Junction population experiencing doubled-up houselessness. Prevention interventions typically come in the form of emergency financial assistance payments to families or individuals at high risk of becoming unhoused, or to their landlords, in order to help pay for rent and other living expenses such as utilities. We generate estimates for two populations: those that are experiencing doubled-up houselessness and those that are living at or below the poverty line in Mesa County. Assumptions made to generate the estimates are presented in Table 18.

Table 18. Cost assumptions related to prevention interventions

Risk of Becoming Homeless: The National Alliance to End Homelessness estimates[12] that the odds of becoming unsheltered homeless for those experiencing double-up houselessness is 1/10 (10%), and the odds of becoming houseless for those experiencing poverty is 1/25 (4%). We utilize these estimates from the literature, as well as two other medium and low estimates, to present a range of the risk of houselessness for each population. The risk percentages are multiplied by the doubled-up and poverty populations to find the number of individuals at risk of becoming homeless:

Doubled-up population	Poverty population
Literature: 10% risk, 94 people	Literature: 4% risk, 736 people
Medium alternative: 5% risk, 47 people	Medium alternative: 2.5% risk, 460 people
Low alternative: 2.5% risk, 23 people	Low alternative: 1% risk, 184 people

Doubled-up Homelessness: We estimate that there are 940 individuals experiencing doubled-up homelessness in Grand Junction.

Poverty: There are 18,407 people living in poverty in Mesa County, based on data from U.S. Census Bureau 2021 ACS 5-year estimates.

Cost of Homelessness: It is estimated by the National Alliance to End Homelessness[13] that the average cost per person per year of homelessness is $35,578. These costs are a cumulation of a variety of public service costs and other costs related to homelessness.

Cost of Emergency Financial Assistance: Emergency Financial Assistance payments can be variable depending on risk, family size, and other factors. In their research, Phillips and Sullivan[14] found that the average payment was approximately $2,000 per individual. The research team uses this value for estimates.

Housing first with case management and supportive services

The costs of housing first are highly variable and dependent on the population being served and specific intervention strategies used. Cost savings occur in certain services or categories and increase in other service areas. Because of the variation in costs, we present estimates by service rather than the overall cost of housing first. Housing first is initially a costly intervention, but it has high potential to directly benefit individuals experiencing houselessness and offset societal costs of houselessness over time, especially when combined with other effective interventions across different stages of houselessness. Assumptions made to generate the estimates are presented first in Table 19.

[10] (Phillips & Sulivan, 2023)

[11] (Sermons & Witte, 2011)

[12] (Phillips & Sullivan, 2023)

[13] (Sermons & Witte, 2011)

[14] (Phillips & Sullivan, 2023)

Table 19. Cost assumptions related to housing first with case management and supportive services

Unsheltered Homeless Population: We estimated that there are 1,360 individuals experiencing unsheltered homelessness in Grand Junction. The details of this estimate can be found in a previous section of this report.

Reduction in Homelessness from Intervention: In their randomized control trial of housing first, Rosenheck et al.[15] find that the treatment group had a 25% reduction in unhoused days compared to the group that did not receive the treatment. We use this finding as our assumption for calculating the percentage of individuals who receive the intervention that exit homelessness.

Impact of Intervention on Services: Basu et al.[16] estimate the average change in service utilization for individuals that receive a housing first intervention with case management and treatment compared to those that do not receive the intervention, as well as the average cost of each service. We use these estimates and costs to generate our estimates and assumptions for costs within Grand Junction.

Treatment Reach: In research, the housing first intervention is randomly assigned to treatment and control groups, providing a relatively controlled experimental environment to test its effectiveness and cost efficiency on a per capita basis relative to other interventions or no intervention. In practice, however, it is likely that the intervention will not reach the full homeless population in Grand Junction if implemented, which could be due to a multitude of reasons that are beyond the scope of this analysis. Regardless, we assume in our estimates that the intervention is applied to only a certain percentage of the population in order to not overestimate the impacts of the intervention. We make three different estimates to present a range of outcome possibilities under different treatment reach scenarios. We assume that the intervention reaches 25% of the unhoused population, 50% of the unhoused population, and then 75% of the unhoused population, and present estimates under each of these scenarios.

Table 20 shows the estimates of costs for a housing first model with treatment and case management services in Grand Junction, utilizing publicly available data and information from the literature to form our assumptions. Services and costs used are shown in the below table, and all costs are inflation adjusted to 2022 dollars. The use estimate columns provide research-based utilization patterns across public and direct services. Variation in these types of engagements between the group who received housing first as compared to the group who did not receive housing first form the basis for cost estimates in Table 22.

Table 20. Service utilization and cost with and without housing first with case management and supportive services intervention

Service	Utilization: No intervention	Utilization: Intervention	Cost
Hospitalization days	11.39 days	8.75 days	$2,714.44 per day
ER visits	3.84 visits	2.59 visits	$888.75 per visit
Number of arrests	0.26 arrests	0.21 arrests	$229.93 per arrest
Jail days	13.9 days	17.9 days	$84.51 per day
Substance Abuse treatment visits	7.9 visits	20.2 visits	$42.20 per visit
Mental Health clinic visits	2.2 visits	3.5 visits	$163.86 per visit
Face to face meetings	5.9 meetings	18.7 meetings	$20.13 per meeting
Telephone meetings	0.5 meetings	5.8 meetings	$20.13 per meeting
Temporary stable housing	$1,484 per person per year	$5,716 per person per year	*

[15] (Rosenheck et al., 2003)

[16] (Basu et al., 2012)

Table 20 summarizes the costs and implied cost savings associated with a general model utilizing housing first and supportive services. This multifaceted intervention has been seen to decrease high-intensity engagement with the whole system through decreased inpatient hospitalizations and emergency department utilization, fewer arrests, and fewer days in jail. Decreased engagement creates cost savings across the entire system. Supportive services also facilitate increased engagement with other parts of the system, such as increased utilization of substance use and mental health treatment services and meetings with case managers. This increased engagement increases overall costs. In addition, the housing first part of the model has costs that are fixed per person. In Table 20, the cost of temporary stable housing without intervention includes only the costs associated with episodic use of emergency shelter or transitional housing beds by individuals. The cost of temporary stable housing for the housing first model includes these costs, and it also the cost associated with short-term stable housing. It assumes that individuals engaged in the housing first with supportive services model will utilize both transitional and short-term stable housing options for longer than individuals who are not receiving any other services associated with a shelter or short-term bed. Thus the increased cost of housing in the housing first model as compared to the non-intervention model is due more to the increase in the number of days that an individual is housed rather than the cost of one day/night of housing.

Estimated cost impact by service type

Cost impacts from prevention interventions

We calculate cost savings as the difference in cost under an assumption that those deemed at high risk in both populations will eventually experience houselessness if they do not receive emergency financial assistance. We calculate the cost of houselessness by multiplying the population at risk by the annual cost per person. We calculate the cost of emergency financial assistance by multiplying the population at risk by the $2,000 cost of the assistance. The cost difference is the cost of prevention minus the cost of houselessness, with a negative difference indicating cost savings. Table 21 shows the estimated cost savings of prevention activities for the doubled-up population and for people experiencing poverty.

Table 21. Cost savings from emergency rental assistance for high-risk individuals

Population	Estimate	Cost of houselessness	Cost of prevention intervention	Cost difference
Doubled-up	**Literature**	$3,344,332	$188,000	$(3,156,332)
	Medium	$1,672,166	$94,000	$(1,578,166)
	Low	$836,083	$47,000	$(789,083)
Poverty	**Literature**	$26,196,103	$1,472,601	$(24,723,502)
	Medium	$16,372,564	$920,376	$(15,452,188)
	Low	$6,549,026	$368,150	$(6,180,875)

Cost impacts of housing first with case management and supportive services

Table 22 shows total cost estimates for each type of service under four scenarios: the cost of no intervention and the cost of intervention for 25%, 50%, and 75% of the eligible population.

The research team first estimated the total cost of each of the services if there were no intervention by multiplying the total population experiencing unsheltered houselessness by the estimate of services with no intervention and their unit costs, which is the mean annual total cost for each service.

The team then estimated total costs of each of the services if the intervention were implemented, using the three different scenarios (25%, 50%, 75%) of population reached. The team calculated the cost for the intervention population by multiplying the total population of people who are unhoused by the percent of the population reached. Then the team multiplied this number by the estimated percentage reduction in houselessness of the intervention to get the final population for whom the intervention is effective.

The team then multiplied this value by the estimates of services with intervention and their unit costs. Then the team added the costs of the population that the intervention did not reach to get the total cost impact of the intervention by each reach scenario. For example, under the 25% reached scenario, 25% of the population is reached with an effectiveness percent of 25%. The other 75% of the population that is not reached then has costs as if there were not an intervention. When added together, this value is representative of the total costs.

The cost change is presented for each scenario, which is simply the difference in costs between the intervention group of each scenario and the no intervention group. A negative value represents cost savings, with the totals in parentheses. Total cost savings for each scenario are presented in the last row of Table 22.

Table 22. Estimated cost impacts of housing first with case management and supportive services

	Total mean annualized cost			
		With intervention		
Service	No intervention	25% of people reached	50% of people reached	75% of people reached
Hospitalization days	$42,047,791	$41,438,670	$40,829,550	$40,220,429
ER visits	$4,641,399	$4,546,969	$4,452,540	$4,358,110
Number of arrests	$81,303	$80,326	$79,349	$78,371
Jail days	$1,597,501	$1,626,233	$1,654,965	$1,683,697
Substance use treatment visits	$453,389	$497,509	$541,628	$585,747
Mental health clinic visits	$490,267	$508,374	$526,480	$544,587
Face to face meetings	$161,498	$183,396	$205,294	$227,192
Telephone meetings	$13,686	$22,753	$31,821	$40,888
Housing	$2,018,267	$2,377,988	$2,737,709	$3,097,429

	Cost change		
Service	25% of people reached	50% of people reached	75% of people reached
Hospitalization days	$(609,121)	$(1,218,242)	$(1,827,362)
ER visits	$(94,430)	$(188,859)	$(283,289)
Number of arrests	$(977)	$(1,954)	$(2,932)
Jail days	$28,732	$57,464	$86,196
Substance use treatment visits	$44,119	$88,239	$132,358
Mental health clinic visits	$18,106	$36,213	$54,319
Face to face meetings	$21,898	$43,796	$65,694
Telephone meetings	$9,067	$18,134	$27,201
Housing	$359,721	$719,441	$1,079,162
TOTALS	$(222,884)	$(445,768)	$(668,652)

Section summary

Each scenario presented in Table 22 represents cost savings, which increase linearly as the population reached by the intervention increases. There are some limitations which are important to note here when considering these estimates. First, these estimates represent a point in time. They do not consider potential increasing returns to a housing first intervention, which may have decreasing marginal costs over time. If the program is effectively implemented alongside other interventions, the population experiencing houselessness is likely to decline, meaning per capita returns on investment are likely to increase. Second, this analysis considers specific costs of services, which are variable. A housing first intervention with case management and supportive services will also have fixed costs in the implementation phase, which are not included here because those will specifically depend on the implementation strategy of the potential intervention plan chosen.

Key takeaways:

- **Investing in prevention efforts always yields cost savings, with much larger savings associated with helping households experiencing poverty remain housed.**
- **The largest cost savings from investments in supportive services come from declines in hospitalizations and their associated costs.**
- **The largest cost increase of a housing first program is through housing costs.**
- **There is potential for additional social benefits associated with housing first that were not included in this assessment but may impact costs over time.**

Barriers and Challenges in Unhoused Care System Function in Mesa County

In addition to capacity and demand across the housing continuum and supportive services to aid PEH in finding stability, there are a set of key and essential system components that have been identified as vital for communities to be able to effectively address the challenge of houselessness. The essential components examined in this needs assessment included resources, processes, and education (Table 23).

Each element of the system was examined and explored in interviews with study participants, a full list of which can be found in Appendix A. Nested within each of these categories of resources, processes, and education are specific sub-themes that highlight the identified challenges, barriers, and current areas in need of improvement within the unhoused continuum of care in Mesa County and Grand Junction.

Table 23. Barriers and challenges: key themes and subthemes

Resources	Processes	Education
Housing affordability	Referrals, data collection, and coordination	Lack of awareness of services
Limited staff and service capacity	Service navigation and paperwork	Lack of community support
Limited funding	Service restrictions and availability	Stigma and public perception
	Rental requirements	

Resources

The theme of resources includes barriers related to housing affordability and the limited staffing and funding capacity of housing and supportive service agencies to be able to provide comprehensive services based on the demand they experience within their organizations.

Housing affordability

The most commonly mentioned barrier among lived experts in being able to secure housing was the current cost of housing in the area. Participants shared that housing costs have soared in recent years, and often there are no housing options available that they can afford on their income alone. Several of the participants interviewed were employed at the time of the interview; several were actively seeking employment; and many received disability income, supplemental security income (SSI), or other federal income support. Based on the income they receive and the current cost of housing in the area, participants felt that there is no realistic path forward for them to get into housing.

> *Wages aren't matchin' it really. I mean, you'd have to work one-and-a-half full-time jobs almost, or somethin' to even get into that. So, I, I don't know of any other options really at this point other than just kind of us waiting until maybe things shift, or I don't know what's gonna happen. —Lived expert*

Lived experts consistently shared that housing costs are beyond the reach of PEH, despite many of them having a source of income. The current housing market has left many participants feeling hopeless at the prospect of securing housing without some kind of financial assistance or support program. For many participants, the fundamental barrier to being able to exit houselessness and reach stability in their lives is the current cost of housing in the Grand Junction area.

Key informants echoed this barrier, as the overall lack of affordable housing inventory in the Grand Junction area, specifically for lower income households and households with Section 8 Housing Choice vouchers, which makes it difficult to assist clients in exiting houselessness. Every key informant participating in the assessment described the recent rise in housing costs and limited availability of existing affordable units as a barrier in both preventing households from losing their housing and supporting PEH to secure housing, ultimately exacerbating the incidence of houselessness in the area.

> *We see far more pain for people who are at the lowest incomes, who are now struggling to just make ends meet, and then many of them just can't. And then, that pushes them into…situational homelessness. And, it's a pretty desperate feeling. Our clients are coming to us really scared, and we have nothing for them. I mean, almost nothing. It's really a bad situation. -- Key informant*

Another service provider who works with families with young children, similarly described the current housing market as causing "a level of desperation" among their clients and service providers themselves. As they shared, clients come to them saying, *"Oh, okay. Now I'm unhoused. What can you do for me?"* to which the provider responds, *"I can refer you to community resources. We can help with some very, very basic needs, but we don't have housing."*

Limited staff and service capacity

A common challenge noted among service providers was the high demand for services and the limited capacity to meet the demand, particularly relating to agency staffing. Agencies struggle to secure operational funding, making it difficult to offer competitive staff wages and expand their number of staff. Several key informants noted a high demand for their services, often pushing the limits of their staff and overall service capacity: *"So the demand is high, the ability to meet the needs is struggling."*

While some service providers operating in the Grand Junction area for many years shared that *"demand has always exceeded supply significantly,"* most participants described a net increase in the demand for their services in recent years. Additionally, the overall number of agencies serving PEH in the community has increased, suggesting a growing need among area residents. As one city representative shared, *"I don't see a major shift happening here except that we have more people who are in need."*

> *I mean, we serve 20,000 people a year, so the demand is high. All of our housing is full, all the time. Some of the only reasons why we would have to modulate availability to housing is staff to support it in our staff-supported environments, because staffing is hugely difficult." —Key informant*

Limited staff and a reliance on volunteers were often the norm among the service providers represented in the assessment. Despite considerable volunteer support, the sheer demand for services that many providers are currently experiencing continues to spread their staff and volunteers thin.

While wages and operational funding play a significant part in the staffing equation, serving PEH and unstably housed individuals can be mentally and emotionally challenging. Therefore, it requires a particular skillset and disposition that can be difficult to recruit. As one provider shared, *"We don't have enough people who can listen and work through problems with people, and you don't have to have fancy degrees to do that. You have to care and walk beside somebody."*

Overall, in the context of growing demand for services, staffing is a major consideration and challenge in looking to expand existing or develop new services and supportive housing models. Indeed, a participant representing Mesa County underscored that "*any housing we stand up"* to support PEH is *"going to require a lot of workforce,"* and that housing infrastructure alone will not sufficiently address houselessness.

Limited funding

The majority of supportive services available to PEH and unstably housed residents in the Grand Junction area are non-profit entities or faith-based groups that primarily rely on grant funds to support their

operations and programs. As several key informants shared, relying on grant funding to both sustain and expand services for PEH is often limiting for agencies for several reasons: Applying for grants and meeting reporting requirements once a grant is awarded is time-consuming and often cumbersome; grants are often project-oriented and limited in the types of funding they will provide; and as a result of the types of grant funding available, agencies find themselves competing with other Grand Junction area agencies for the same pot of funds. Taken together, challenges related to agency funding limit the ability for collective and sustained impact and likely discourage agencies from expanding existing or adding new services to meet the growing needs of the community.

As one non-profit administrator noted, while there are improvements within the control of agencies when it comes to strengthening services for PEH, funder support for unrestricted funding is not one of them: *"We have the talent, we can find the talent, we can collaborate better. We can communicate more with [the City]. That's all within our control, and we should hold ourselves accountable for doing all of that. What is not in our control right now is unrestricted revenue."*

> *"We actually know what the problem is. Funders are getting more narrow on what they fund. Funders are not wanting to fund general services... Like one example, we have one program that has 10 different funders. The program is small, and every single one of them wants to fund something different within that program, and so you have ... It's almost not worth it, to provide the service. – Key informant*

Collectively, limitations due to grant funding create competition among agencies serving PEH. Several key informants expressed frustration relating to the competitive environment around grant funding and felt that the existing funding landscape serves as a significant barrier to the community's ability to come together and effectively make progress toward common goals. As one service provider noted:

> *We have over 40, 50 services here, and they're all fighting for the same funding. And so, we did [apply for] all that funding with the city. And we have so many programs ourselves, and we're dying here. And we're watching all these other places get 50, $100,000 sent to them. And it's like, "Well, wait a minute, but all of them call us." So, we need some kind of safety net. And if you're not going to give [the grant] to us, we don't freaking care--we want to make sure that gap is filled and then we relax, we can go move on to the next thing. – Key informant*

One participant suggested that there may be a role for local government in helping to address these funding-related barriers and building a better path to collective impact: *"But I think that's where the city or even the county can be more center focused with getting the end result done versus how they get there."*

At the same time, city staff pointed out that Grand Junction and Mesa County serve as a regional hub of services for many of the rural communities within Colorado's Western Slope, often spreading thin the available funding resources allocated through the state. Given this broader funding context and the challenges described by service providers, it may be necessary for the city and county to leverage support from surrounding communities to advocate for additional funding support for the region.

As participants shared, the current funding landscape presents considerable barriers to the type of work local agencies are able to do and the ways in which they are able to support their operations and staff. Participants expressed a desire to move away from a funding model that results in individual agencies competing with one another and toward a collaborative one driven by community needs.

Processes

Processes are the organizational and intraorganizational infrastructure required to support a collaborative and shared engagement with both efficiently providing services to those who are unhoused and linking individuals to successful outcomes.

Referrals, data collection, and coordination

In addition to providing a standardized process for assessing and prioritizing individuals for appropriate housing and services, the BNL specifically, and coordinated entry in general, provide a platform through which service providers can actively coordinate with one another to efficiently connect individuals with needed services while avoiding unnecessary duplication of services. Further, an ideal coordinated entry system promotes transparency and collaboration among various organizations, agencies, and service providers involved in houselessness response through a system of shared data collection.

The Grand Junction area's BNL was implemented relatively recently and, as with any BNL and coordinated entry system, full and consistent participation in the BNL requires time and continuous engagement of service providers. As it stands, the Grand Junction area BNL currently lacks comprehensive and consistent data to fully understand the characteristics and needs of the unhoused population in the area. Improving the scope of the BNL and enhancing the coordinated entry system is critical to providing more efficient and effective services to individuals experiencing houselessness and ensuring that the experience of houselessness is rare and brief.

Managing BNL data presents several data quality issues due to the complex nature of houselessness and the challenges associated with data collection in this context. In the Grand Junction area, barriers to data quality include underreporting and data fragmentation, lack of standardization, duplication of records, data integration challenges (i.e., aggregating across various sources, such as shelters, housing programs, and social services, can be challenging due to differences in data formats, systems, and data-sharing protocols), and data biases (i.e., data does not accurately represent the diversity of the population, certain demographics may be overrepresented or underrepresented due to sampling biases or data collection methodologies). These limitations underscore the need for improved data collection processes; better integration of technology; and increased collaboration among service providers, key stakeholders, and policymakers to develop more accurate and timely information sharing.

According to one key informant, the BNL *"is not a functional system. That is not a true by-name list."* This participant reflected that due to the inconsistencies in data collection and coordination across providers, the current BNL cannot be relied upon to accurately understand the Grand Junction area's unhoused population and the extent to which services are being provided.

Tools for prioritization

Currently, the prioritization tool being used in Grand Junction to determine the level of vulnerability of each unhoused individual engaging in services is the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT). This is an assessment tool used to measure the vulnerability and service needs of PEH (there are three versions of the VI-SPDAT: individual, youth, and family). It is designed to help prioritize individuals for housing and supportive services based on their level of vulnerability. Although the VI-SPDAT has been widely used throughout the U.S. and has contributed to houselessness response efforts in various communities, there are criticisms and concerns about its validity and effectiveness. The VI-SPDAT seeks to measure complex and multifaceted issues related to an individual's vulnerability, such as mental health, substance use, and physical health, and critics argue that attempting to simplify these complexities into a single score may not accurately capture the full scope of a person's needs.

The VI-SPDAT primarily relies on quantitative data, such as the number of emergency room visits or the number of times a person has experienced houselessness. This approach might not fully account for qualitative factors and individual experiences that contribute to vulnerability. Another concern is that assigning scores based on vulnerability could inadvertently stigmatize individuals and lead to labeling that defines them solely by their challenges rather than their potential for growth and recovery. The VI-SPDAT likely fails to adequately consider cultural differences and unique life experiences that impact an individual's vulnerability. Further, it is not a holistic tool,

in that it does not fully encompass the combination of structural, economic, social, and personal factors that result an individual's experience of houselessness. Critics additionally argue that the VI-SPDAT focuses on immediate needs and vulnerabilities without necessarily addressing the underlying causes of houselessness, such as the social determinants of health, which may lead to individuals cycling in and out of houselessness. The VI-SPDAT has been shown to prioritize white people over BIPOC, and this may be particularly true for white females.[17] However, it is important to note that other prioritization tools share similar qualities with the VI-SPDAT, and most tools lack supporting evidence for reliability and validity.

Using a tool to determine who receives services and housing can further raise ethical concerns, as it may involve making difficult decisions about who is more deserving of assistance. There may be inconsistencies in how the VI-SPDAT is administered and interpreted across different service providers, leading to variations in prioritization and resource allocation. The creators of the VI-SPDAT have endorsed retiring the tool, noting that it was not designed to be utilized in its current capacity (including the current 3.0 versions). HUD does not endorse any specific assessment tool or approach, but there are universal qualities that any tool or criteria used for coordinated entry process should include. A full list of available prioritization tools and details about reliability and validity is included in the appendix.

Best practice for coordinated entry systems is to shift towards more individualized, qualitative approaches to assessment and service prioritization. In recent years, efforts have been made to refine and improve assessment tools to better capture the complexity of houselessness and the needs of those experiencing it. Within the context of the BNL, there appears to be limited utilization of VI-SPDAT, and it is worth understanding how organizations do or do not prioritize access to services.

While the coordinated entry system and BNL have been active in Grand Junction for about four years, it was noted by multiple key informants that data sharing is still siloed and needs improvement. Another key informant discussed the limitations of the current system of data collection and the case conferencing meetings that occur between service providers in which they discuss individuals on the BNL and determine what services are available:

> *…but [we] really haven't figured out a good coordinated entry system. And so that's definitely an area that we are... It allows for a little bit more cherry-picking. I think there's only a certain amount of people in certain organizations that really participate in that well. And then I always have concern that all of the different options for housing aren't always represented when those meetings are happening. –Key informant*

Additionally, participants touched on a dissonance between service providers regarding how data will be governed: *"With this lack of agreement on how we track information, what information we track, the fact that we have to collect something, that we should be sharing it. As long as everybody thinks that they can do it, that their way is the best way and they can do it differently and better, we're not going to advance."*

Another challenge of incomplete and inconsistent data collection and sharing is the inability to fully capture the demographics, current needs, and future service needs within the community's unhoused population. One service provider discussed how the gaps in data lead to a lack of understanding of the characteristics of PEH:

> *Interviewer: Do you think that houselessness, or housing instability, is impacting different populations or certain populations differently?*
>
> *Key Informant: I would assume so. Without data, I don't know. It's all anecdotal. That's the problem, is we hear from […] that they have X number of homeless [...], but I don't know where they are.*

[17] (Cronley, 2022)

I don't know what their impact is. Are they homeless and couch-surfing? Are they homeless and living in a car? Are they homeless in our streets? I just don't know the answer to that to know how that impacts them.

Participants discussed the need for stronger partnerships and collaboration among service providers, including shelters, housing agencies, mental health services, and substance use treatment centers. They noted that partners should establish clearer referral pathways within coordinated entry, ensuring that individuals are more seamlessly connected to the appropriate services, reduce duplication of services and individual data entries, and lower the burden of intake/entry for the individual who is unhoused. The following section provides feedback on the challenges of accessing services from the perspectives of lived experts.

Service navigation and paperwork

Lived experts frequently noted specific challenges related to accessing servies: navigating the different services available and the paperwork and documentation required to receive those services. Knowing what resources are available and to whom and completing the necessary paperwork for each can be confusing and overwhelming for PEH seeking services. Several lived experts described the frustration of going from provider to provider, continually having to complete forms, only to wait for services.

> *I had to really stop and realize that I'm not the only person that needs all these services. And there is a lot of people out there, and [it] isn't like you can show up, fill out your paperwork and get [the resource] immediately. The immediate gratification was never there, and it was very frustrating…Sometimes you filled out a form and then you'd go to the place they told you to go, and they'd say, "We never got the form," and you'd have to go back out. It just seemed a lot of back and forth and a lack of communication. – Lived expert*

One woman who uses a wheelchair and is on disability joked about needing a secretary to help with all the paperwork and appointments needed to access services, including getting on the waitlist for a housing voucher. While a few of the participants interviewed had case managers supporting them with service navigation, whether through Veterans Affairs, Mind Springs, or another provider, most did not have a case manager or someone designated to support them in meeting their specific housing-related needs.

In addition to the sheer amount and frequency of paperwork that PEH are often required to complete, many services and assistance programs, particularly those tied to federal funding sources, require personal identification and documentation that many PEH have lost or had stolen while experiencing houselessness. Not having an ID or other proper documentation can be a significant barrier for PEH in both accessing supportive services or housing and in seeking employment. One participant, an 18-year-old, living in short-term housing for teens through Karis explained that he is unable to get a job because his wallet containing his ID and social security card were stolen, making it extremely difficult for him to exit houselessness.

Other participants noted the irony that comes with seeking housing and housing-related services without a current address, as one previously unhoused participant explained:

It's just kinda, it, it's hard to find the information for one, and gettin' through the application process and stuff. And it's like how are you supposed to receive a section eight letter saying that you're on the waiting list and you're ready if you don't have like a physical address that you're at, or you know, I think those things need to be thought of a little bit better. – Lived expert

While there are services in the Grand Junction area that allow PEH to receive mail, not having reliable access to mail or a phone can make the process of getting needed services difficult. Often, the path to accessing supportive services, and housing in particular, is complex and onerous for PEH, adding to the existing challenges they face while experiencing houselessness.

Service restrictions and availability

When reflecting on supportive services available to PEH, lived experts commonly expressed that the restrictions and limited availability of particular services can often serve as a barrier to being able to meet their needs. For example, the emergency shelter options available in the area have strict rules regarding behavioral conduct. Similary, most services that provide for basic needs, such as meals and bathroom facilities, are only available during certain hours of the day.

For several lived expert participants, congregate shelter options that require clients to follow a strict set of rules are not a helpful option for them. Feeling as if shelter access comes at the expense of their autonomy, participants described using such shelter options as *"like going into jail."* Some participants also mentioned having mental health concerns that make congregate shelters feel unsafe or anxiety-inducing. A few participants also had been banned from particular services as a result of breaking the facility's rules and had no clear pathway for being able to access those services again. Multiple lived experts felt that they had been unfairly banned from services as a result of punitive rules and, as a result, the remaining shelter options available to them were severely limited.

Another common restriction that lived experts run up against is the "no pets" rule. A significant number of participants mentioned having pets and not wanting to part with them as a reason they do not seek out shelter resources in the area or are unable to secure housing. One participant who is currently living out of their RV noted that having dogs has *"been a big barrier as far as getting into a place."* They went on to explain why keeping their dogs is so important to them: *"And you know, people say, 'Well, why don't you get rid of the dogs?' Well, they're family."* For many participants, the trade-off of giving up their pets to be able to access particular services or resources is not worth it.

Several participants also shared that the operating hours for certain key services are limited and make it difficult to be able to fulfill their needs. For example, participants were grateful for the services offered by the Grand Valley Catholic Outreach Day Center but suggested that their operating hours are too limited, especially for people staying on the other end of town. Similarly, several participants expressed frustration that there are so few spaces available for them to go during the middle of the day, particularly during the heat waves of summer and cold snaps of winter.

A handful of participants also mentioned that, while they are currently unhoused and unable to afford housing, they often do not qualify for particular services because they make "too much money," including individuals with fixed incomes from disability or SSI. Under these circumstances, participants explained that services fail to consider the other bills that they have to pay in addition to monthly rent. One participant felt that the limits on income required of services amount to discrimination against PEH who are employed. As he explained, *"It is a never-ending cycle, and I just wish something could be done to where people, just because you have full-time employment doesn't mean you should be discriminated on because you made too much money."*

While participants were often understanding of why services have particular rules in place and cannot be open at all hours of the day, the restrictions on services and their limited availability pose challenges for PEH, who are often navigating diverse needs and circumstances.

Rental requirements

In addition to unaffordable housing costs, another frequently mentioned barrier shared by lived experts were the fees and qualifications required to be able to even get into a rental unit.

When it comes to rental applications, participants described having to pay an application fee for each unit, which adds up in such a competitive rental market. In addition to the application fee, many lived experts mentioned the barrier of credit and criminal background checks that are typically part of the rental application process. A young single mom currently staying at Pathways Family Shelter shared that, while she does not have a bad credit score, her score is still not considered good enough to be accepted for a rental. She described the requirements of rental applicants as being unrealistic for and unsupportive of

single parents such herself.

> *I didn't have bad credit or nothing, but I didn't have good, like good credit. I wasn't, like the best applicant, you know what I mean?...So I never get picked for an apartment. And, and 'cause I can only work…it's a single parent income and most of the places want three times over the rent or whatever… And requirements…that are not realistic for single moms at all.*

Another young mother described the same experience where her application was denied due to a low credit score: *"That's a real bummer that they look at that and go, 'Okay, well nope, your rental credit score isn't good enough.' So, and so it's like so what do I do? …I literally don't know."* Many participants suggested that there are no housing options available to households with low credit scores or "anyone who has any sort of a criminal past or felony record" and felt that they have no realistic chance of securing a house or apartment.

Many participants also mentioned that, if one manages to make it through the application hoops and is accepted, property managers or landlords typically require first and last month's rent as a deposit. Even in instances where individuals can manage to afford the monthly rent, having to pay the deposit on top of rent is often well beyond their budget. One participant who is currently unhoused, employed, and has part-time custody of his kids explained how the upfront costs of a rental are so enormous that he cannot afford to get into housing while also continuing to pay his bills:

> *Even if I can get a place that goes off my income, I'm cool with that, but I can't even get into a place because they want the first month, the last month, the deposit. I can't afford any of that upfront. It may take me a year or two just to save up all the money to do it. Then I'm constantly broke because I'm homeless, and I don't qualify for food stamps. So, I'm constantly throwing out money to buy food and gas and spend money on my kids when I have my kids. –Lived expert*

Most participants shared negative and frustrating experiences trying to apply for and secure market-rate rental housing. In general, they described market-rate rentals in the Grand Junction area as not being an available option to them, both due to the cost and the restrictive application requirements. Without a feasible chance of getting into a market-rate rental, participants described feeling hopeless and stuck.

Education

The topic of education with regard to barriers and challenges within the unhoused care system included lack of awareness among potential utilizers of services as well as a lack understanding among community members of the realities of the experience of houselessness.

Lack of awareness of services

A challenge mentioned by a few key informants in being able to address houselessness is a lack of awareness among PEH and unstably housed residents in the Grand Junction area about the services available to them. Further, efforts to increase awareness through outreach requires considerable time, resources, and capacity that are often limited within agencies. A lack of awareness of their services was most commonly mentioned by agencies in the context of services that seek to prevent houselessness, such as financial literacy courses, legal services, and support with applications for federal assistance programs.

One key informant speculated that there is a greater need for their services within the community than their current client base suggests, because PEH and unstably housed residents are not always aware of their services. As they explained, *"I think that there's probably a much greater need and that folks don't find out that we exist."* Another participant shared a similar observation, positing the following questions: *"How many houseless people in Mesa County know we provide free medical care? I don't know the answer to that. How many know that they can take a shower, and sleep at [facility name]? How many know that there are counseling and rehabilitative services here? A lot don't know that, I'm sure.*"

Without the awareness of their services among those in need, the ability of providers to support PEH and individuals at risk of losing their housing is limited. While participants felt the solution is clear—more

street outreach—they also shared that *"outreach is definitely hard."*

As participants noted, a lack of awareness of services points to a broader gap in street outreach among services providers in the Grand Junction area, further discussed in the supportive service section of the report. Several participants felt that, while many services see a high demand, certain programs are likely underutilized and could be offering more support to PEH and unstably housed members of the community if there was stronger outreach and, as a result, greater awareness about them.

> *I think [outreach] is very important. I think that it takes time. It definitely takes a lot of resources and a lot of capacity to do that... On top of it being heartbreaking and just extremely frustrating. It's very consuming. I think that having every organization do outreach is superimportant… it's so incredibly crucial to do that, but it just takes a lot of time to build that relationship and that trust. –Key informant*

Lack of community support

Another major barrier noted by key informants in the effort to serve PEH and meaningfully address houselessness is a lack of understanding and compassion and, therefore, a lack of support among the broader Grand Junction area community. Participants described frequently encountering harmful myths and misinformation being used to characterize houselessness and PEH in the area and the ways in which these sentiments impact their work. As one service provider described:

> *It's not what people think, and I think there's a misconception. And then, once those urban legends spread out within the community, it's very hard to get the community behind these decisions that the city and the counties are trying to make. Because they're not educated, and education is huge… "Can't they just go get a job?" Well, they can't, because they have no ID, they have no social security card. It's been stolen. They would love to, but there's a process there. –Service provider*

As this participant shared, stereotypes and "urban legends" regarding PEH lead to challenges building the momentum and support needed to move new policies and initiatives forward aimed at addressing houselessness at the community scale. One of the most pervasive and insidious stereotypes that participants discussed as a challenge to their work is the idea that most PEH are willfully unhoused and are not interested in seeking employment and following the societal rules required to maintain housing.

As a result of this common mischaracterization of PEH among members of the general public, participants described running up against an effort to superficially minimize the visibility of houselessness rather than substantively address it, what one participant called the *"out of sight, out of mind mentality."* Another service provider expressed, *"my concern is really that it's working hard to address the appearance of the problem rather than actually addressing the problem."*

In general, participants described public perception of houselessness and PEH as playing a significant role in what the community is and is not able to do with regard to addressing houselessness. Most key informants described a prevalence of negative and misinformed stereotypes about PEH as having a considerable negative impact on the work of service providers and of the community as a whole in being able to effectively move the needle on houselessness despite its growing urgency.

> *We have not encountered any clients who are homeless or facing homelessness who are doing that by choice. —Key informant*

Stigma and public perception

Negative public perception of houselessness was also discussed as a barrier by lived experts, who regularly face stigma and animosity from members of the general public and businesses, including potential employers. Participants shared that their interactions with members of the broader Grand Junction community can often be dehumanizing. Several lived experts felt that there is a common sentiment of hatred for PEH among members of the public. As one participant living on the streets shared, the *"blatant disrespect"* he and fellow PEH receive from the public *"is something I've never seen before in my life,"* and it is perhaps the worst part about being unhoused.

Similarly, another participant staying at the HomewardBound shelter described feeling like *"there's a lot of people that look down on the homeless as just evil"* and undeserving of resources and support. This participant went on to share, *"a lot of the homeless population, they have mental issues. I am one of them. I'm not going to keep that back. And that could possibly be a reason that they're unable to have sustained housing."*

The lack of understanding and compassion from members of the public was also discussed in the context of seeking employment. Several participants explained that they want a job and are actively seeking employment but living on the streets and the limited access to bathrooms, showers, and transportation result in employers refusing to hire them. As one young woman explained, *"No job will take a homeless girl, especially when I can't take a shower every day."* As a result, she has resorted to begging for change from passersby, many of whom make offensive gestures or yell at her rather than give her money.

Based on the stigma they face, several lived experts wished to express to city and county leadership that many of the prevalent stereotypes circulating in the community regarding PEH are inaccurate and harmful, and it is essential to hold up the voices of PEH and find opportunities to educate the public about the realities of being unhoused. Participants shared messages along the lines of *"the main push should be toward public education and advocacy, building compassion."* By taking the time to understand what PEH experience and learning their stories, lived experts felt that the community can more readily come together and identify meaningful solutions to address houselessness.

United to Solve Homelessness

As part of its implementation of the City of Grand Junction's 13th Housing Strategy, the City Housing Division, in collaboration with United Way of Mesa County and service providers, launched the United to Solve Homelessness Campaign with a specific focus on increasing awareness of the experience of houselessness and reducing stigma toward PEH. Through the program, the city and partners have hosted poverty immersion experiences, led classes, and spoken at a variety of community events.

Additional barriers or challenges

While mentioned with less frequency across the key informant participant group, some other notable barriers or challenges mentioned by key informants included: landlords who are uninterested or unwilling to support lower income households or PEH, changes within the population of PEH, and a lack of trust in and among providers.

Multiple participants mentioned that, while their agency has working relationships with some landlords and property managers, there are many landlords in the community who are primarily concerned with increasing their profits and are not interested in working with providers or their clients to help make rentals more accessible to PEH and lower income households.

Another participant noted that some PEH in the community do not trust services and their staff to support them in meeting their particular needs. As they shared, PEH have unique needs and a one-size-fits-all approach often leads to frustration and mistrust:

> *There's a lot of mistrust for being in housing. I've heard that tons, especially amongst veterans. They don't want to use services in the community, because they aren't trusting of those services.*

Homeless shelters can be dangerous. There're people who are trying super hard to be sober, and so being amongst programs oftentimes puts them in contact with people who are not sober, and so they don't want that, so they try to isolate themselves in the community, unhoused, so there's a lot of that. We hear that often. –Key informant

Another participant shared that, while service providers in the Grand Junction area often communicate with one another, there is sometimes a lack of authentic trust between providers that does not always allow space for providers to be vulnerable, take risks, or try new things. As this participant mentioned, providers often discuss the need for low barrier services for PEH, but they suggested there is also a need for *"low barriers for providers to provide service,"* meaning there is a need to create the space, resources, and flexibility for providers to explore different ways of doing things without the fear of failure or judgment from other providers or agencies.

Section summary

In addition to gaps and areas for improvement within housing and supportive service types for PEH, service providers face barriers and challenges in being able to effectively provide services, while PEH face barriers in being able to access those services. Key informant and lived expert perspectives provide valuable insight into understanding these barriers and challenges and the ways in which they intersect or compound with one another. Looking at the themes of resources, processes, and education, there are several notable system limitations within the continuum of care impacting the community's ability to effectively prevent and respond to houselessness.

Key takeaways:

- **The cost of housing in the Grand Junction area poses considerable challenges to service providers addressing the needs of PEH while inhibiting the ability of PEH to exit houselessness.**
- **Service providers described a funding environment that is competitive and limiting, challenging their ability to recruit qualified staff and effectively meet the demand for their services.**
- **PEH would likely benefit from more support with navigating and accessing existing services and stronger coordination among providers.**
- **Participants discussed the impact of stigma and negative public perceptions on PEH themselves and service providers, suggesting a need for improved, PEH-centered communication and outreach to the public.**

Engagement with Law Enforcement and First Responders in Mesa County

There are occasions where those who are experiencing houselessness engage with first responders and/or law enforcement. Often, these incidences increase when there is insufficient housing and supportive services within a community to effectively prevent and respond to houselessness. The nature of these engagements with first responders and law enforcement is important to examine and understand, as the goal of an effective continuum of care is to limit unnecessary engagements with first responders and law enforcement. Limiting these interactions can also result in considerable cost savings. It is important to note, however, that some level of engagement between law enforcement or first responders and PEH remains necessary, such as in response to a medical emergency.

This section of the report provides a summary of activities being undertaken in the county and city by both first responders and law enforcement to offer diversion strategies and improve the efficacy of the contacts between first responders and PEH. In addition, we provide summary information on engagements over time with both first responders and law enforcement.

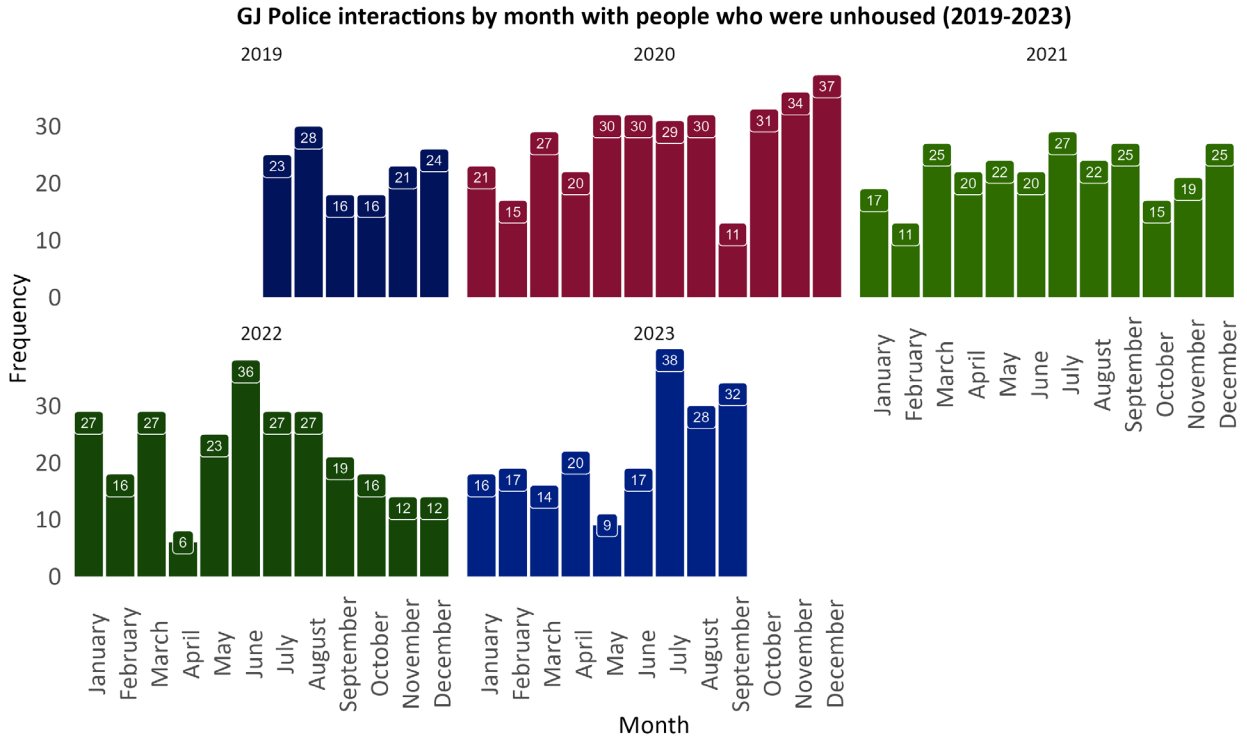
Law enforcement

Law enforcement's approach to working with people experiencing houselessness can vary widely depending on local policies, community resources, and the overall philosophy of law enforcement agencies. The relationship between law enforcement and individuals experiencing houselessness can be complex and nuanced, as it involves a balance between ensuring public safety, addressing quality of life concerns, and showing empathy towards vulnerable individuals.

> *"Really, our role is we have the community care-taking function but also preventing crime and disorder… And really the vision is to be a voice at the table, to have the ability to work with the service providers, the ability to work with folks in the unhoused community and build relationships and try to help folks. Really, that's the bottom line is to try to help people and to try to help people out of that situation. —Key informant*

Figure 28 shows total monthly encounters that the Grand Junction Police Department (GJPD) report with PEH between July 2019 and September 2023. On average, GJPD has 22 interactions with PEH per month, and there is not a seasonal trend for these encounters. Approximately 73% of encounters were with males. Just under 11% of these encounters included offender alcohol use, and 14% included offender drug use. Trespass was the most common incident type (18%), followed by assault (9.6%), arrest warrant (9.1%), drug violations (8%), and theft (7.3%). The most common case subject type was arrestee (51.6%), followed by subject (16.8%), victim (15.7%), and suspect (12%).

Figure 28. Grand Junction Police Department encounters with people who are unhoused: 2019 - 2023



The City of Grand Junction recently implemented a specialized unit of officers trained in crisis intervention and community outreach known as the Community Resource Unit (CRU). Community Resource Officers (CRO) in the context of houselessness are law enforcement officers who are specially trained and assigned to work directly with PEH. The primary role of a CRO is to bridge the gap between law enforcement and the unhoused population by focusing on outreach, engagement, and connecting individuals with needed supportive services. CROs proactively engage with PEH to establish rapport, offer support, and connect them with available services, such as shelters, healthcare, food, and mental health resources.

While data specifically capturing CRO interactions with PEH were not available for this assessment, interview participants, including both key informants and lived experts, expressed that the program has been a meaningful development in strengthening rapport between law enforcement and PEH and supporting PEH in accessing needed resources and services.

> *I usually don't have such nice things to say about the police, but I will say they, [the CROs] have definitely...gone above and beyond to, to help when they can. –Lived Expert*

However, one key informant expressed that the resources and ability to recruit new CROs has been challenging. With the CRU's limited capacity, they described how other law enforcement officers are often drawn into non-emergency interactions with PEH, limiting the police department's ability to engage in other activities such as crime prevention and community engagement.

With a limited number of active CROs, lived experts living outside explained that their interactions with law enforcement are often with officers outside of the CRU programs and tend to be negative. Most often, negative interactions between law enforcement and PEH were described as PEH receiving code violation tickets (e.g., for smoking in the park or littering), or continually being asked to vacate their belongings from a public area.

> *A lot of times when they go to our camps, they try to get at us for littering too. And most of the times, it's not even trash, it's just our belongings and they go and try to say that we're trashing the place when it's just our belongings. —Lived Expert*

Ultimately, when it comes to engagement between law enforcement and PEH, the biggest challenge relates to limited resources and a lack of safe places for PEH to go. Both from the perspective of law enforcement and PEH, there are few or no places for PEH to go once they are asked to leave public property, which often results in a cycle of negative interactions.

Jail transitional supports

Jail transitional supports attempt to assist individuals who are being released from jail or prison to successfully reintegrate into society and provide housing support, mental and behavioral health treatment, and social support networks.

In September 2022, Mesa County introduced multiagency collaboration (MAC), which aims to help people successfully transition out of incarceration and reintegrate into their community. MAC provides case management services and connects people to agencies that assist with employment, housing, transportation, basic needs, and access to mental health services or drug and alcohol treatment programs. From September 2022 through August 2023, MAC served 291 individuals, of which 165 (57%) reported recently being unhoused.

Additionally, the Support Services Division within the Mesa County Sheriff's Office includes a Transition Coordination program where coordinators support inmates at the Mesa County Detention Facility to access needed services, build community supports, and develop positive relationships with law enforcement. Transition Coordination services include assistance acquiring IDs and other personal documents, connection to recovery and transitional housing programs, and transportation upon release.

The Freedom Institute provides Work and Gain Education and Employment Skills (WAGEES) services for prison parolees and for the county jail in Grand Junction. The WAGEES program is the only program in the Grand Junction area that accepts registered sex offenders. Additionally, the Freedom Institute has 60 transitional living beds, for individuals who are shifting out of prison or jail, and they are in the process of expanding their transitional bed capacity to 100.

First responders: Fire & EMS

Emergency Medical Services (EMS) and Fire play an essential role in responding to incidents with unhoused individuals and addressing their needs, especially in situations that involve medical emergencies, safety concerns, or other crisis incidents. While EMS and Fire's primary role is to address immediate medical and safety concerns, their interactions with PEH can also contribute to broader efforts to address houselessness through collaboration with social services and community organizations.

Unhoused individuals may face a variety of health challenges due to exposure, lack of access to regular healthcare, and living conditions. EMS and Fire also respond to situations involving mental health crises. In such cases, responders receive specialized training to handle these situations with empathy and de-escalation techniques, connecting individuals to appropriate mental health resources when necessary. Further, they address safety concerns for people experiencing homelessness, such as fires in makeshift encampments or other hazardous living conditions.

Optimally, EMS and fire work in collaboration with local government agencies, non-profit organizations, and social services to provide a more holistic response to incidents with PEH. However, key informants expressed that the number and type of resources available in the Grand Junction area significantly limit their ability to connect PEH with needed resources. As a result, participants expressed wanting to see more resources, particularly shelter beds and mental health services, available for them to refer and/or direct PEH to.

> *That's generally the cause of our response, medical response of course, is the lack of resources. People utilize 911 as the entry point to get into those systems. Come the colder months, we get tons of calls for people, houseless people, that are wanting a warm bed for a while. So, they get that at the ER...There's just such a lack of resources in the area and that spills over to the 911 system... [A need is:] temporary housing, for sure, such as shelters...So basically, we're stuck with*

[one emergency shelter], which is packed constantly...It's just not a very well-resourced area. –Key informant

Figures 29 and 30 provide month to month engagements by fire and EMS, respectively, with individuals who are identified as being unhoused at the time of response. Figure 31 provides detailed dispositions for those who were unhoused at the point of engagement by EMS and offers emergency department utilization among those who are unhoused, as tracked by the CRN.

Figure 29. Fire department encounters with people who are unhoused: 2022-2023

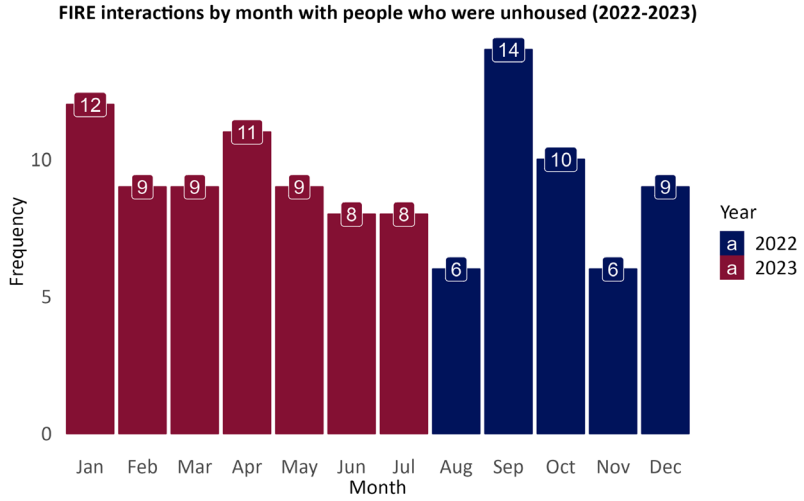


Figure 30. EMS engagements with people who are unhoused: 2022-2023

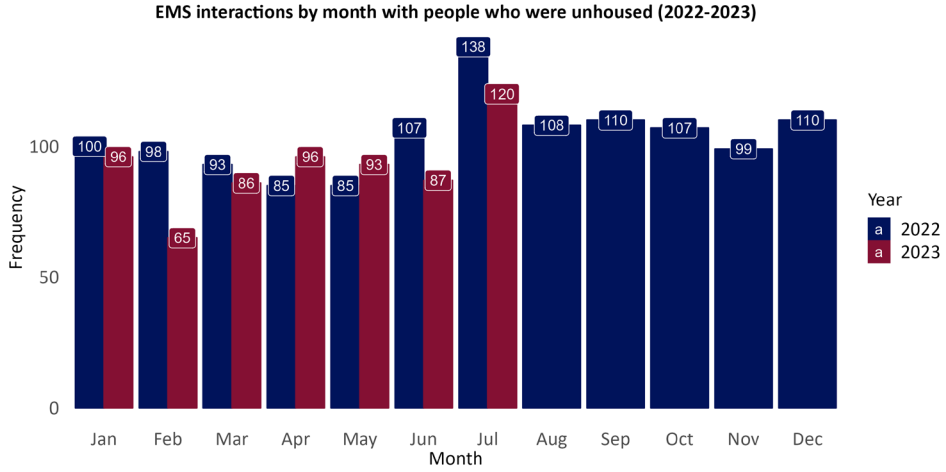
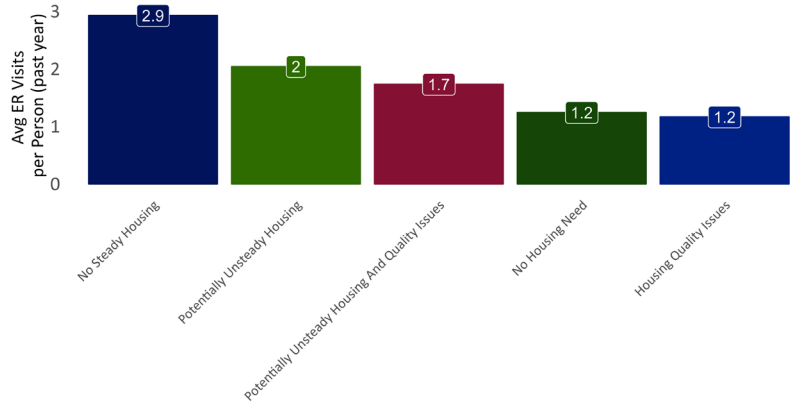


Figure 31. Emergency room visits by housing type in community resource network: 2019-2023



Across Fire, EMS, and CRN data, there appears to be consistent engagement with individuals who are unhoused within the past two years and a broad downward trend of unhoused individuals visiting the emergency room across each type of houselessness circumstance.

Section summary

First responders, law enforcement, and emergency personnel are a critical component of the unhoused continuum of care. However, when housing and supportive services are limited in their ability to prevent and respond to houselessness, demand for emergency services can often outpace capacity, leading to costly and inefficient outcomes. Understanding the number and types of encounters between medical and law enforcement services and PEH can help to pinpoint the key service gaps, barriers and challenges, and areas for improvement within the continuum of care to more effectively and efficiently provide PEH with the services they need to reach stability.

Key takeaways

- **The City of Grand Junction and Mesa County have developed new programs to improve the ways in which first responders and emergency personnel respond to encounters with PEH, including the Police Department's CRU and the MAC program.**
- **Emergency and first responders have had consistent and significant engagement with PEH over the last two years, however, emergency room visits by PEH have declined.**
- **Participants attributed many of negative interactions between law enforcement and PEH to the lack of appropriate places for PEH to go when asked to vacate public or private property.**

Recommendations for Strengthening the Care Continuum

In looking across the complex picture of houselessness through diverse datasets, three key considerations emerged in the context of strengthening the Grand Junction area's care continuum as a whole in order to comprehensively address houselessness: a) the unique role of government, b) committing to a coordinated entry system, and c) centering decisions and strategies on the voices and expertise of those with lived experience of houselessness.

Key informant perspectives on role of government

Given the City of Grand Junction and Mesa County's recent engagement in addressing houselessness, including commissioning this needs assessment, a key question posed to service providers and city and county staff who participated in interviews was, "What should the role of local government be in addressing houselessness?" Overall, key informants agreed that there is an important and unique role for local government to play that is distinct from the role of service providers. Given these distinctions, key informants outlined the following roles that they would like to see the City of Grand Junction and Mesa County grow into.

Championing big picture vision and strategy

As the city and county naturally have a broader lens through which they see a community and its challenges and opportunities than an individual service provider, key informants suggested that local government has a role to play in helping generate a system-wide, big picture vision for addressing houselessness as a community and developing strategies for implementing the vision. Once a vision has been set and strategies identified, it is then important for local government to champion that vision and ensure that it is realized across service providers and the broader community.

As the champions of a big picture vision and strategy for the Grand Junction area's approach to houselessness, local government can lend its platform to a community-wide effort while ensuring that there is the necessary accountability to achieve key goals and objectives.

Facilitating coordination and collaboration

Directly tied to championing a big picture vision and strategy, key informants also felt that local government can support service providers in creating spaces to bring agencies together, facilitate meaningful conversations, and create opportunities for increased coordination and collaboration across agencies. First, having local government take on this role frees up capacity for service providers, who might otherwise need to dedicate their time and resources to communicating with other agencies. Second, by leveraging its resources and unique position external to service providers, local government can serve as a central hub for communication and collaboration across agencies and the broader community.

As one key informant shared, *"I think they should be a convener."* Another key informant expressed interest in seeing local government create *"more open partnerships, where there's a lot more open communication."* Rather than leaving communication and collaboration across agencies to the agencies themselves, participants were interested in seeing local government tackle challenging conversations, open up new pathways of communication, and support a collaborative working environment.

Funding and supporting existing services

The most commonly expressed role that key informants would like to see local government play is leveraging funding sources and supporting existing services in the Grand Junction area rather than *"reinventing the wheel, really honing in on what already exists in our community and how can we make sure that they're having success."* Participants consistently expressed that, while government has an essential role in

addressing houselessness in the Grand Junction area, their role should not be as a service provider but as a champion of existing service providers.

> *I know that the city just barely started their homelessness services, having that department, and I think that that's an important piece and just beginning to raise awareness as to how large the issue really is for our community. And so, I think that their responsibility is to support the service providers in our community and having more affordable housing options. And I think specifically, yeah, thinking about even if they can help support the staff that we have, that we aren't able to pay really well and more competitively, they're struggling for housing too. –Key informant*

In general, key informants shared that the city and county should grow their efforts to fund and provide resources to *"empower those of us in the community who do have the expertise and the focus"* to directly serve PEH by exploring *"different creative ways, and how they work tax dollars towards pools of money"* for direct service providers in a non-competitive way.

Removing barriers and creating opportunities

Finally, key informants would like to see local government play a role in: removing systemic barriers, creating opportunities for service providers to expand their services, and incentivizing the creation of low-income housing options. In this context, the barriers discussed largely related to zoning and land use regulations that make it difficult for non-profit agencies to acquire land and develop it to provide additional housing units along the lower-income end of the housing continuum.

Multiple key informants mentioned a desire to see policies in place that limit the amount landlords can raise rents, which would also incentivize landlords to work with lower-income households. However, Colorado state legislation does not allow local governments to implement policies to restrict rents, limiting the strategies available to encourage affordable rental rates.

Key informants that are engaged in developing and managing housing inventory mentioned how challenging and costly it can be to push affordable and low-income housing projects through local processes for approval. At the same time, participants felt that expedited and more affordable processes for development approval should not be applied unilaterally but should apply specifically to non-profit developers and collaborative projects that are designed to serve unhoused and low-income households.

Key informants expressed the importance of local government supporting housing projects that aim to address houselessness and housing instability, given the growing risk of houselessness in the community.

> *I think it's [their] responsibility to not rubber stamp every large developer that comes here. I think it's [their] responsibility to put out active feelers for low-income housing developments. I think it's [their] responsibility to work on creative zoning.—Key informant*

Many key informants felt that there are policy tools available to local government that can be used to make it easier and more financially feasible for agencies to pursue the development of creative housing solutions to address houselessness, while limiting the continued rise in housing costs that has contributed to the rise of houselessness in the Grand Junction area. Further, developing supportive policies is a clear and distinct role for local government.

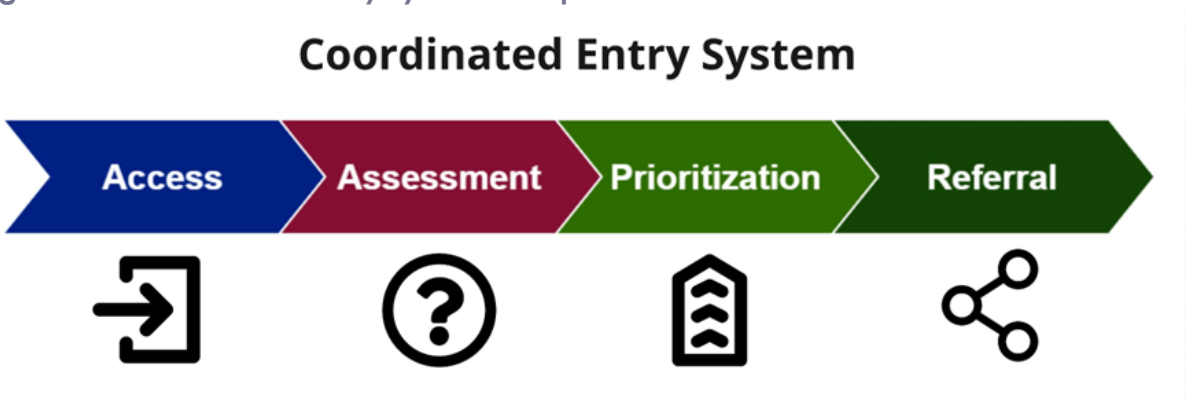
Commitment to coordinated entry system

Based on key informant feedback, the limitations of existing data collection and coordination, and national best practice frameworks, there is both a significant gap and opportunity in data collection and sharing and data-driven, collaborative decision making across housing and supportive service providers in the Grand Junction area. According to HUD's guidance, "an effective coordinated entry process is a critical component to any community's efforts to meet the goals" of the federal plan to prevent and end houselessness.[18] Key

[18] (U.S. Department of Housing and Urban Development, 2015)

considerations for realizing a robust coordinated entry system to prevent and respond to houselessness in the Grand Junction area are briefly outlined below according to the core components of a coordinated entry system: access, assessment, prioritization, and referral (Figure 32).

Figure 32. Coordinated entry system components



Access

Ensuring equitable and fair access to services requires both dedicated outreach and service promotion across key unhoused subpopulations and clear policies and procedures for coordination across providers, activities which service providers noted as challenging given limited staff capacity, funding, and collaboration. Further, in order to provide equitable and fair access, the barriers to access must be well understood and addressed, which is in part achieved through comprehensive data collection and sharing.

As detailed throughout this report, there are several service providers operating along the housing continuum and offering supportive services to PEH in the Grand Junction area, and most of the lived experts who participated in interviews for the assessment noted regularly accessing services from at least one service provider in the area. However, as both the quantitative and qualitative analyses suggest, there are limitations to understanding how and why PEH are accessing resources and services and the number of PEH in the Grand Junction area who may not be accessing services at all.

Assessment

When it comes to connecting an individual or family experiencing houselessness with appropriate resources or services, the assessment process is essential to understanding the unique needs, barriers, and vulnerability factors of each person seeking services. Assessments within a coordinated entry system determine how individuals or families are subsequently prioritized and referred to services.

An effective and equitable assessment process requires the use of a standardized assessment tool across service providers and trained staff to conduct assessments. As noted previously, service providers in the Grand Junction area utilize the VI-SPDAT tool in assessment, which may introduce biases and inconsistencies in the assignment of vulnerability scores. Additionally, it is valuable to shift toward a more individualized, qualitative approach to assessment and service prioritization that incorporates a standardized prioritization tool but does not solely rely on a vulnerability score to lead decision making. Service providers also expressed a lack of understanding about the type of data that should be collected, who is responsible for collecting and sharing the data, and how the data are used.

A number of assessment prioritization tools have been developed, but very few have any supporting evidence for reliability or validity. The tools with the most empirical support include the Rehousing, Triage, and Assessment Survey (Calgary Homeless Foundation) and the Vulnerability Assessment Tool (Downtown Emergency Service Center, Seattle WA). Alternatively, some CoCs (e.g., Calgary Homelss Foundation; Memphis/Shelby County, TN; and Montana CoC Coalition), have developed and piloted their own tools. However, those tools similarly lack an evidence base for reliability and validity. There are universal qualities that any prioritization tool used for coordinated assessment process should include:

1. Valid – The tool should be evidence-informed, criteria-driven, tested to ensure that it: appropriately matches people to interventions and levels of assistance, is responsive to people's needs, and makes meaningful recommendations for housing and services.
2. Reliable – The tool should produce consistent results, even when different staff members conduct the assessment, or it is conducted in different locations.
3. Inclusive – The tool should encompass the full range of housing and service interventions needed to end homelessness, and where possible, facilitate referrals to the existing inventory of housing and services.
4. Person-centered – Provide options and recommendations that guide and inform, rather than rigid decisions about what people need. High value and weight should be given to a person's goals and preferences.
5. User-friendly – The tool should be brief, easily administered, and worded so it is easily understood by those being assessed and minimizes time to utilize.
6. Strengths-based – Assess both barriers and strengths to attaining permanent housing and include a risk- and protective-factors perspective to understand diverse needs.
7. Housing first oriented.
8. Sensitive to lived experiences.

Prioritization

An effective, equitable, and fair process for determining an individual's level of vulnerability and relative priority for housing and supportive services depends on the assessment tool used and the quality of data collected, including information about the individual's needs, the needs of other PEH seeking services, and the supply of available services.

While service providers in the Grand Junction area utilize the VI-SPDAT and key elements of a prioritization process, such as the BNL and case conferencing, there is a lack of consistency across service providers in how individuals are prioritized for service, and data collection and management regarding supply and demand of services is often incomplete. Without a consistent process for prioritization across providers, inefficiencies are introduced in connecting PEH with needed services, and barriers to access are often exacerbated.

The community and CoC must decide what factors are most important and use all available data and research to inform prioritization decisions. Recommendations for considering how to prioritize people for housing and houselessness assistance include:

1. Significant health or behavioral health challenges or functional impairments which require a significant level of support to maintain permanent housing.
2. High utilization of crisis or emergency services, including emergency rooms, jails, and psychiatric facilities, to meet basic needs.
3. The extent to which people, especially youth and children, are unsheltered.
4. Vulnerability to illness or death.
5. Risk of continued houselessness.
6. Vulnerability to victimization, including physical assault or engaging in trafficking or sex work.

Referral

The final component of a coordinated entry system is referral. Referrals may occur at various stages of the coordinated entry process, depending on a community's general approach to coordinated entry, but fundamentally rely on well-established communication pathways between providers and a clear understanding of the resources and services offered by individual providers as well as their capacity.

Based on limited service provider data specific to referrals received by the assessment team and feedback from key informants and lived experts, the process for referrals across service providers varies significantly, with some providers having clearly established referral relationships and others having more informal processes for referral. Additionally, the sometimes-incomplete data collection regarding service provision and supply makes it difficult to understand the full scope and nature of referrals in Grand Junction area's care continuum and likely leads to inefficiencies connecting individuals with needed and available services.

Centering lived experience

A key priority of this assessment was to engage diverse lived expert perspectives in order to understand the various experiences of houselessness in the Grand Junction area and identify the needs and gaps within the care continuum. As service providers and lived experts shared, common misconceptions exist in the Grand Junction community about the experience of houselessness and the desires and needs of PEH, ultimately impacting how the community moves forward in preventing and responding to houselessness. In order to meaningfully understand the needs of PEH in the Grand Junction area and develop appropriate and effective strategies to respond to their needs, it is essential to actively engage the perspectives of those with lived experience of houselessness in tandem with increasing awareness and understanding of the experience of houselessness among the broader community.

Summary of Key Needs

Each section of the report created a sequential picture of the multifaceted unhoused population and continuum of care for those who experience houselessness in Grand Junction and Mesa County. Below is a summary of the key needs identified through this assessment according to different components of the care continuum.

Housing

- Emergency shelter:
  - ☐ Additional emergency shelter capacity serving specific subpopulations:
    - Individuals fleeing domestic violence
    - Women
    - Elderly and individuals with severe disabilities (higher care need)
    - Individuals identifying as LGBTQ+
  - ☐ Low barrier shelter facility practicing harm reduction model without restrictions on sobriety, pets
  - ☐ Non-congregate shelter options (e.g., hotels, motels, dormitories)
- Transitioinal shelter:
  - ☐ Designated space(s) where camping and/or parking and living out of a vehicle are permitted
  - ☐ Semi-permanent, non-congregant shelters such as huts, tiny homes, or shelters made of pallets to support PEH who may be unable to access traditional emergency shelters while seeking permanent housing
- Transitional housing:
  - ☐ Additional transitional housing beds/units serving specific subpopulations:
    - Individuals in recovery after inpatient treatment for substance use disorder
    - Individuals in need of medical respite after receiving significant medical care and/or exiting treatment from the emergency room
  - ☐ Transitional housing beds/units that specifically support individuals with building financial stability, housing navigation, and skills to maintain housing
- Permanent supportive housing:
  - ☐ Additional permanent supportive housing units
- Subsidized housing:
  - ☐ Additional units accepting housing vouchers
- Affordable housing:
  - ☐ More rental housing units that meet affordability standards of 60% AMI or lower in the Grand Junction area
  - ☐ More requirements and/or incentives to include affordable units in new housing developments in the area
  - ☐ Streamlined process for affordable housing development
  - ☐ Reduced upfront cost to secure rental housing and fewer rental restrictions based on income or credit score

Supportive services

- Prevention and diversion services:
  - ☐ Additional emergency financial resources to support households in keeping their housing (e.g., rental/mortgage payment assistance)
  - ☐ Greater outreach/awareness of existing prevention supports offered in the Grand Junction area such as financial literacy training, budget counseling, and legal services
- Basic needs:
  - ☐ Additional places to safely access drinking water
  - ☐ Climate-controlled spaces for PEH to go during inclement weather (e.g., cooling or warming shelters)
  - ☐ Additional or expanded facilities for laundry, mail services, showers
  - ☐ Additional access to toilet facilities
- Transportation:
  - ☐ Additional or expanded public transit options
  - ☐ Programs for PEH to learn and perform bike and car maintenance
  - ☐ Additional financial assistance for transportation (e.g., gas cards, bus passes)
- Transitional services:
  - ☐ Programs to provide workforce and vocational training and education for PEH
  - ☐ Programs to support PEH in financial literacy, budget counseling, and other life skills to support them in exiting houselessness and retaining housing
- Services specific for youth and families:
  - ☐ Improved outreach and access to families to increase awareness of and engagement with existing services
  - ☐ Additional services to support youth experiencing houselessness outside of school, especially those transitioning out of foster care
  - ☐ Additional childcare services and activities for families experiencing houselessness
- Behavioral health services:
  - ☐ Additional mental health care options specifically serving:
    - Chronically unhoused individuals
    - Youth
  - ☐ Additional or expanded substance use treatment services
- Case management:
  - ☐ Additional case management options and service navigation support for PEH
  - ☐ Improved outreach to PEH for existing case management services

Emergency, first responder, and law enforcement engagement

- Formal policies and procedures for engaging with PEH in key departments
- Additional or expanded trauma-informed care and crisis intervention training
- Increased collaboration between emergency response, law enforcement, and service providers

System functioning

- Funding for service providers:
  - ☐ Unrestricted and operational funding
  - ☐ Local funding options to support collaborative rather than competitive projects
- Staff and service capacity:
  - ☐ Support for service providers in increasing staff capacity through funding and training opportunities
- Coordinated entry system:
  - ☐ Clarification regarding policy and procedures for client assessment and data collection regarding service provision
  - ☐ Training program across service provider staff regarding data collection, entry, and sharing
  - ☐ Review of VI-SPDAT as assessment tool and identification of potential biases and limitations
  - ☐ Strengthened process for referrals
  - ☐ Strategy for continuous improvement of coordinated entry system as a whole
- Public education and awareness:
  - ☐ Increased street outreach to PEH and individuals at risk of losing housing across system of services
  - ☐ Public education to dispel myths regarding houselessness and share diverse experiences of PEH
  - ☐ Additional opportunities for community engagement in building solutions to houselessness

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Glossary of Terms

Affordable Homeownership Programs: Initiatives that provide opportunities for low-income individuals and families to become homeowners through subsidies, down payment assistance programs, or reduced-interest mortgages.

Affordable Housing: Housing that is built specifically to be affordable for households earning below a certain Area Median Income (AMI). In the City of Grand Junction, affordable housing is defined as housing for those earning 60% AMI or below (if renting) and 80% or below (if purchasing a home). Affordable housing is also sometimes known as "subsidized housing."

Area Median Income: Area Median Income (AMI) - The midpoint of a region's income distribution. AMI is often referred to in percentages — "60% of AMI" or "120% AMI."

At Risk of Houselessness: Individuals or families who are not currently unhoused but face imminent risk of entering houselessness due to eviction, job loss, domestic violence, or other factors.

Balance of State (BoS): The "Balance of State (BoS) CoC" includes all the jurisdictions in a state that are not covered by any other CoC. BoS CoC's include non-metropolitan areas and may include some or all the state's smaller cities. The City of Grand Junction is part of Colorado's BoS CoC.

By-Name List (BNL): A comprehensive roster or record that contains all the names of individuals experiencing houselessness within a community, along with additional information such as their demographics and specific needs. This list is often used as part of homeless management information systems (HMIS) and coordinated entry systems to track and prioritize individuals for housing and services. In the Grand Junction area, the BNL is currently managed by Catholic Outreach.

Case Management: A collaborative process which: assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet an individual's health, social care, educational and employment needs, using communication and available resources to promote quality cost effective outcomes.

Chronic Houselessness: Individuals or families with a disabling condition who have been continuously unhoused for a year or more, or who have experienced at least four episodes of houselessness in the past three years.

Community Collaboration: The coordination and partnership among various stakeholders, including government agencies, nonprofits, healthcare providers, and community members, to address houselessness effectively.

Continuum of Care (CoC): The Continuum of Care (CoC) Program, through U.S. Department of Housing and Urban Development (HUD) is designed to promote communitywide commitment to the goal of ending houselessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse unhoused individuals and families while minimizing the trauma and dislocation caused to individuals, families, and communities by houselessness; promote access to and effect utilization of mainstream programs by individuals and families experiencing houselessness; and optimize self-sufficiency among individuals and families experiencing houselessness.

Cooperative Housing: A shared housing ownership model where a building or house is jointly owned by a corporation made up of all its residents. When a resident buys into cooperative housing, they do not purchase a piece of property — rather, they personally buy shares in a nonprofit corporation that allows them to live in the residence and collectively make management decisions with other residents.

Coordinated Entry System: A standardized process to assess and prioritize unhoused individuals and families for housing and services based on their level of vulnerability and need. The primary goals for coordinated entry systems are that assistance be allocated as effectively as possible and that it be easily accessible.

Cost-burdened: Households who pay more than 30% of their income on housing costs and may have difficulty affording necessities such as food, clothing, transportation, and medical care.

Doubled-up or Couch Surfing: The practice of temporarily staying with friends, family members, or acquaintances due to lack of stable housing, often leading to unstable living conditions.

Emergency Shelter: Short-term accommodation providing immediate refuge for individuals and families experiencing houselessness. These shelters offer basic services such as beds, meals, and basic hygiene facilities. HomewardBound of the Grand Valley's North Ave shelter is the primary emergency shelter serving the Grand Junction area.

Functional Zero: The point where a community's houseless services system is able to prevent the experience of houselessness whenever possible and ensure that when individuals do enter houselessness, their experience is rare, brief, and one-time only. When functional zero is achieved, fewer individuals are entering houselessness in the community than exiting.

Harm Reduction: An evidence-based approach to engaging with people who use substances and equipping them with life-saving tools and information to create positive change in their lives and potentially save their lives. This approach emphasizes engaging directly with people who use substances to prevent overdose and infectious disease transmission; improve physical, mental, and social wellbeing; and offer low barrier options for accessing health care services.

Housing Affordability: When households pay no more than 30% of their gross income on housing-related expenses. This is a metric of affordability defined by the Department of Housing and Urban Development (HUD).

Housing First: Housing first is an approach to housing that prioritizes moving individuals into stable housing as a first and critical step to addressing houselessness before addressing other less critical needs, such as getting a job or receiving mental health or addiction treatment. This approach recognizes that housing stability is a crucial foundation for addressing other challenges and creating opportunities for individuals to improve their quality of life.

Houselessness: The state of lacking a fixed, regular, and adequate nighttime residence, which may result in individuals living in emergency shelters, transitional housing, cars, motels, parks, or public spaces.

Housing Navigation Services: Services to help participants search for and obtain or retain permanent, stable residence.

Housing Stability: A state in which individuals or families have secure, stable housing that meets their basic needs and supports their overall well-being.

Housing Stability Plan: A personalized plan developed in collaboration with unhoused individuals, outlining steps and goals to achieve housing stability and self-sufficiency.

Key Informants: Interview participants of this assessment who engage with houselessness in a professional capacity, including service provider staff and city and county staff.

Lived Experts: Interview participants of this assessment who had previously experienced houselessness or were unhoused at the time of interviews.

People Experiencing Houselessness (PEH): People who lack a fixed, regular, and adequate nighttime residence, including those staying in emergency shelters, transitional housing, motels, cars, parks, or public spaces.

Permanent Supportive Housing: Long-term housing combined with supportive services, often designed for individuals with chronic physical or mental health conditions. This model provides ongoing assistance to help residents maintain housing stability and improve their quality of life. Catholic Outreach, HomewardBound of the Grand Valley, and Karis currently operate permanent supportive housing options in Grand Junction.

Point-in-Time Count (PIT): A one-night, annual count of both sheltered and unsheltered unhoused individuals conducted by communities to provide a snapshot of houselessness on a specific date.

Prevention and Diversion Services: Services aimed at preventing houselessness before it occurs or diverting individuals and families away from shelter systems by offering financial assistance, mediation, or alternative housing arrangements.

Rapid Re-Housing: An approach to responding to houselessness that aims to quickly move individuals and families experiencing houselessness into permanent housing. This intervention provides short-term rental assistance and supportive services to help people stabilize in housing.

Severely Cost-burdened: Households who pay more than 50% of their income on housing costs.

Sheltered Houselessness: Unhoused individuals or families staying in emergency shelters, transitional housing, or safe havens designated for unhoused individuals.

Shelter Plus Care: A program that combines rental assistance with supportive services for individuals with disabilities, particularly those dealing with substance abuse or mental health issues.

Shelter Utilization Rate: The percentage of available shelter beds that are occupied by unhoused individuals, indicating demand for shelter services.

Single Room Occupancy (SRO) Housing: Individual rooms in shared buildings, often with shared facilities, catering to individuals with low incomes or those who have experienced houselessness.

Supportive Services: Programs and interventions that address various needs of unhoused individuals, including mental health counseling, substance abuse treatment, case management, and employment assistance.

Street Outreach: Programs or initiatives aimed at engaging and assisting unhoused individuals directly in unsheltered locations, connecting them with services and support.

Transitional Housing: Temporary housing, often limited to approximately 24 months, that serves as a stepping stone between emergency shelter and permanent housing. It offers residents more stability and support than emergency shelters and often includes case management, housing navigation, and supportive services.

Transitional Living Programs: Limited-term housing options, typically for key subpopulations (e.g., young adults aging out of foster care or individuals fleeing domestic violence). These programs provide supportive services for recipients of transitional housing, including counseling, childcare, transportation, life skills, educational and/or job training.

Trauma-Informed Care: An approach to care that recognizes and responds to the impact of trauma on individuals' well-being, focusing on safety, trustworthiness, choice, collaboration, and empowerment of patients.

Unsheltered Houselessness: Unhoused individuals living on the streets, in cars, parks, abandoned buildings, or other public spaces without access to regular shelter accommodations.

Vulnerability Index: A tool used to assess the vulnerability of unhoused individuals by considering factors such as physical health, mental health, substance abuse, and length of houselessness.

Wraparound Services: Comprehensive and individualized support services that address multiple aspects of an individual's life, such as housing, health, employment, and social integration.

Appendix 1. Study Design and Methods

The Grand Junction Area Unhoused Needs Assessment process was launched in June 2023. The purpose of the assessment is twofold: 1) understand the current and future needs of people experiencing houselessness (PEH) and the capacity of existing supportive services and housing stock to meet the current and future needs of PEH and 2) inform the development and prioritization of strategies to meet the needs identified, which will be detailed in a subsequent Strategies Report. The assessment team used multiple methods of data collection to generate a comprehensive understanding of the community's needs, including administrative service provider data, secondary population-level data, and stakeholder feedback. A key priority of the data collection process was to both capture a diversity of stakeholder perspectives and generate detailed feedback from individuals with the experience of being unhoused and the agencies providing services to PEH. Further, the multi-faceted analysis of multiple quantitative datasets provides an opportunity to characterize the broader economic and demographic trends impacting houselessness in the community while complementing the observations and perspectives of assessment participants.

The assessment was guided by the following research questions:

1. **How are economic and demographic trends in the area currently impacting houselessness and housing instability, and how are these trends expected to impact houselessness in the future?**
2. **What does utilization and capacity look like among supportive services and housing types serving unhoused and unstably housed individuals in the Grand Junction area?**
3. **What barriers and gaps exist within the area's service array and housing stock?**

Data collection

A summary of key data sources and analytical approaches used in the assessment are described below. The types of data collected were informed by previous assessments undertaken by the City of Grand Junction and partners and other similar studies conducted in other U.S. communities.[19]

Primary data collection

Primary data collection consisted of one web-based survey and interviews with assessment participants. Interviews were conducted in-person or over the phone using semi-structured interview guides and lasted for a range of 15-60 minutes depending on the participant group. Key informants, such as city, county, and agency staff involved in providing indirect or direct services to PEH and unstably housed residents were recruited via email through a contact list provided by City of Grand Junction Housing Division staff. Lived experts, defined as individuals with lived experience of being unhoused in the Grand Junction area, were recruited through city houseless outreach staff, direct service providers, and the community survey. Lived experts were compensated with a $30 Visa gift card for their participation. Between July and August 2023, a total of 78 interviews were conducted. Of these interviews, a total of 34 key informants and 50 lived experts participated (a handful of interviews were conducted with two participants, while the rest were conducted one-on-one).

The web-based survey was conducted using the survey platform Alchemer and was designed for community members, specifically adult residents of Mesa County, and distributed through targeted social media ads and a City of Grand Junction press release. The primary goal of the survey was to generate broad engagement among Grand Junction area residents on the topic of houselessness and housing instability in the community in order to understand public awareness and perspectives on the needs of the community. The survey was also used as a recruitment tool for identifying lived experts interested in participating in an interview and other community members

[19] (LaGory et al., 2005); (Kushel et al., 2023); (Douglas County, Kansas, 2022)

interested in follow-up engagement for this assessment. In total, 677 community members participated in the community survey. This level of response suggests that the survey can be interpreted with a 95% confidence level, at a 4% margin of error.

Profile of interview participants

The sample for interview participants included two primary categories: Key informant and lived expert as described below. In total, 35 key informants and 50 lived experts participated in interviews.

Key Informants: Individuals professionally engaged in providing direct or indirect services and resources related to houselessness and housing instability.

- Direct service providers (e.g., staff who work at agencies that provide services to PEH)
- Indirect service providers (e.g., legal services, non-profits, and foundations)
- City, county, and government-affiliated staff and elected officials

Agencies represented in the interview sample include:

- City of Grand Junction
- Colorado Legal Services
- District 51- REACH program
- Freedom Institute
- Grand Junction Housing Authority
- Grand Valley Catholic Outreach
- Grand Valley Peace and Justice
- Grand Valley Transit
- Habitat for Humanity
- Hilltop Community Resources
- HomewardBound of the Grand Valley
- Housing Resources of Western Colorado
- Joseph Center
- Karis
- La Plaza
- Mesa County Behavioral Health
- Mesa County Library
- Mutual Aid Partners
- Solidarity Not Charity
- United Way of Mesa County

Lived Experts: Individuals with lived experience of being unhoused, whether previously or currently (e.g., individuals who have utilized housing services and experienced housing barriers or houselessness in the Grand Junction area).

Of the 50 lived experts who participated in the assessment, most were unhoused at the time of the interviews and a handful were previously unhoused. Of the currently unhoused participants; about one third were staying at a temporary shelter facility, such as Homeward Bound's North Ave or Pathways Family Shelter; about half were camping on the street, parks, or along the river bottom; and the remainder were staying with family or friends or in a vehicle.

The ages of participants ranged from 18 to 64 years old and just over half of participants were women, with the remaining participants identifying as men. The majority of participants were either born and raised in the Grand Junction area or had lived there for several years. A handful of participants had recently moved to the area because they had friends or family living there, or they had heard about particular resources for PEH, including shelter for families and substance use recovery programs.

Administrative data

In an effort to fully describe population-level demographics and services available for people experiencing homelessness in Grand Junction, administrative data (i.e., healthcare records, education records, organizational records, social services data) were requested from 35 organizations that work directly with this population. Organizations were identified with input from The City of Grand Junction Housing Division, The Grand Junction Housing Authority, and Mesa County Behavioral Health.

Data requests were sent between July and September 2023. Data were received from 29 of the 35

organizations. Most organizations were not able to provide encounter level data with unique individual identifiers but were able to provide aggregated data. Requests were tailored to each organization, however all requested data were specifically related to the unhoused population and included demographics (e.g., age, gender, race, ethnicity, marital status), housing status, length of time unhoused, length of wait list times, types of interactions with people who are unhoused, and the frequency and types of services provided. The organizations that data were requested from included:

- 211
- Amos Counseling
- By-Name List
- Center for Independence
- Colorado Legal Services
- Community Hospital
- Community Resource Network
- Family Health West
- Fire & Emergency Medical Services
- Foundations for Life
- Freedom Institute
- Grand Junction Housing Authority
- Grand Junction Police Department
- Grand Valley Catholic Outreach
- Grand Valley Connects
- Grand Valley Peace and Justice
- Habitat for Humanity
- Hilltop Family Resource Center & Latimer House
- Homeless Management Information System
- HomewardBound of the Grand Valley
- Housing Resources of Western Colorado
- Joseph Center
- Karis
- Marillac Health
- Mesa County Behavioral Health
- Mesa County Public Health
- Mesa County Public Library
- Mesa County Sheriff's Office
- MindSprings
- Mutual Aid Partners
- Roice-Hurst Humane Society - Homeward Hounds
- School District 51 - REACH program/ McKinney Vento
- Solidarity Not Charity
- St. Mary's Hospital
- United Way of Mesa County

Secondary data

To capture economic conditions and trends related to the risk of houselessness, demographic and economic data were pulled from publicly available (except for All The Rooms data) secondary datasets from the following sources:

- All The Rooms (private subscription)
- Colorado Demography Office
- U.S. Department of Housing and Urban Development
- U.S. Bureau of Labor Statistics
- U.S. Census Bureau (2021). American Community Survey 5-year estimates (2017-2021)
- Zillow

To complete the risk mapping, data from the American Community Survey were accessed and compiled by the research team. Items identified for the risk mapping originated in the research literature and were applied for this assessment at the census tract and census block groups to demonstrate different geographies of risk within Grand Junction.

Data analysis

With the consent of participants, interviews were audio recorded and transcribed verbatim using the

online transcription service, Rev. Interview transcripts were then analyzed with thematic coding methods using NVivo Qualitative Software.[20] A coding guide was generated by three members of the research team in two phases: 1) initial coding based on the topics and themes addressed in the interview guide and resulting interviews, and 2) focused coding where more detailed categories and emergent themes were developed based on the initial analysis.[21]

The coding analysis was completed by two members of the research team, with the intent of ensuring a high degree of intercoder reliability.[22] After each coder analyzed an initial subset of transcripts, coding discrepancies were addressed through a deliberative process among the coders until agreement was reached among them.

Survey responses, administrative, and secondary datasets were cleaned and descriptively analyzed in RStudio,[23] an open-source software platform that is code-based and allows for documentation of decision making within specific lines of code.

Detailed descriptions of the methods used to generate unhoused population estimates, risk map modeling, and service capacity estimates are provided below. A review of literature and methods for cost savings and houseless interventions is provided in Appendix 2.

Estimating unhoused population of Mesa County

Based on the PIT count, as well as a few additional data sources as outlined below, we applied a method of estimating the annual unhoused population (excluding those who are doubled-up) for Mesa County. The method was developed by a group of researchers for the non-profit research organization Economic Roundtable[24] and uses the following equation:

$$annualized\ estimate = A + 51 \times B(1 - \tfrac{1}{2}\ C)$$

Where A is the PIT count of the homeless population, B is the number of currently homeless people who became homeless in the counted area during the last week, and C is the proportion of currently homeless people who had a previous homeless episode during the last year.

Using the 2023 PIT counts, as well as data from the BNL, we estimate 1,360 individuals have been unhoused in Mesa County over the past 12-months.

In addition to this estimate of the unhoused population, we also identified a method for estimating the doubled-up population overall, as McKinney-Vento doubled-up totals only include families with school aged children.

Estimates for doubled-up houselessness for the Grand Junction Census Public Use Microdata Area (PUMA) are estimated using ACS microdata gathered from IPUMS,[25] and following the methodology of Richard et al.[26] PUMAs are areas defined by the US Census Bureau with populations of roughly 100,000 people and are the smallest geographical area for which ACS microdata are available.

We use the same data and methods utilized by Richard et al.[27] to estimate doubled-up houselessness in the Grand Junction PUMA. Doubled-up houselessness is defined as poor or near-poor individuals in a poor

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[20] Lumivero, LLC, "NVivo," 2023, https://lumivero.com/products/nvivo/.

[14] (Glaser, 1978); (Saldaña, 2009).

[22] (Creswell & Poth, 2017); (Saldaña, 2009)

[23] (R Core Team, 2021)

[24] (Carlen, 2018)

[25] (Ruggles et al., 2023)

[26] (Richard et al., 2022)

[27](Richard et al., 2022)

or near-poor household (at or below 125% of a geographically adjusted poverty threshold) who meet the following conditions: a relative that the household head does not customarily take responsibility for (based on age and relationship); or a nonrelative who is not a partner and not formally sharing in household costs (not roomers/roommates). Additionally, single adult children and relatives over 65 are seen as a householder's responsibility, so those cases are included in estimates only if the household is overcrowded.

The doubled-up estimate also includes a geographically adjusted poverty measure, a measure of a household's ability to afford housing based solely on the household's income. This measure uses area median rents for a standard unit (two-bedroom units with full kitchen and plumbing facilities) and adjusting the portion of a household's poverty threshold allocated toward housing, based on housing tenure status group (owning vs. renting).

Mapping risk of houselessness by census tract and census block group

The risk of houselessness within Grand Junction and surrounding communities was assessed using the variables listed below according to Census Tract and Census Block Group designations.

The variables included in the risk mapping are:

- Unemployment rate
- Percent of the population that is non-White
- Poverty rate
- Number of housing units per capita
- Median rent
- Rent as percentage of gross income
- Percentage of households with public assistance income (e.g., Supplemental Nutrition Assistance, SNAP)
- Percentage of the population with a disability

Each variable was incorporated in a risk model that was calculated by Census Tract and Census Block Group. The Census Block Group risk maps do not include the percentage of the population with a disability, as there were no data available for that variable at the block group level. Additionally, some census blocks did not have estimates in the ACS for median rent. When data were unavailable, median rent for the census tract that the block group is in was used.

To compare risk across geographies and variables, the data were first normalized to be on the same scale. Specifically, all variables were scaled to fall between zero and one, where the highest value of a single variable across geography receives a value of one, and the lowest value of that variable receives a value of zero. For example, the census tract with the highest unemployment rate has a value of one, and the

census tract with the lowest unemployment rate has a value of zero. Higher values represent a higher risk of becoming unhoused, and lower values represent lower risk. Once all variables are normalized, the average risk across all variables is calculated by census tract or block group. Each variable is given equal weight.

The average across all of the variables represents the final unhoused risk score. The risk scores are relative, meaning that the census tract or block group with the highest risk score (a score of 1), has the highest risk for people becoming unhoused relative to all other census tracts or blocks in the Grand Junction area. The census tract or block group with the smallest risk score (a score of zero), has the lowest risk relative to all other census tracts or blocks.

Capacity estimates

Capacity estimates were based upon a methodology developed by JG Research & Evaluation. This methodology is based upon the JG team's CAST assessment approach for human service system capacity. The method has been published in peer-reviewed publications, *Preventing Chronic Disease* and *Substance Abuse*, and used to complete assessments in five states.

The core of the assessment approach is the following equation, which is used for CAST estimates:

$$\frac{\text{Relevant population} * \text{Program usage rate} * \text{Frequency}}{\text{Group size}}$$

Relevant population – Estimate of the total number of individuals in a county who could use the intervention

Usage rate – Estimate of the eligible population who are likely to use the service

Frequency – Estimate of the frequency with which the population will use the service in one year

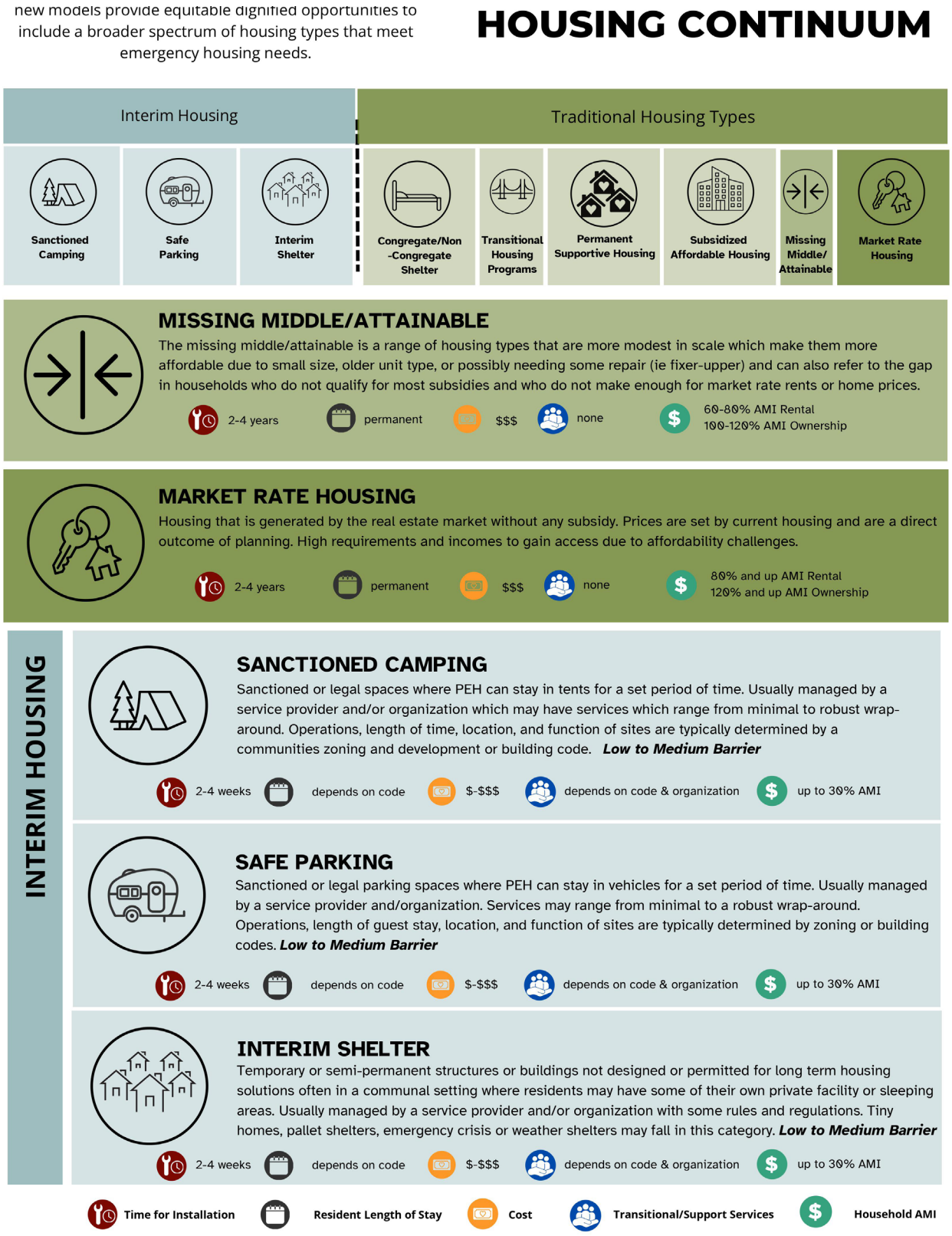
Group size – Estimate of the total number of individuals who are served by an intervention (units vary by intervention type)

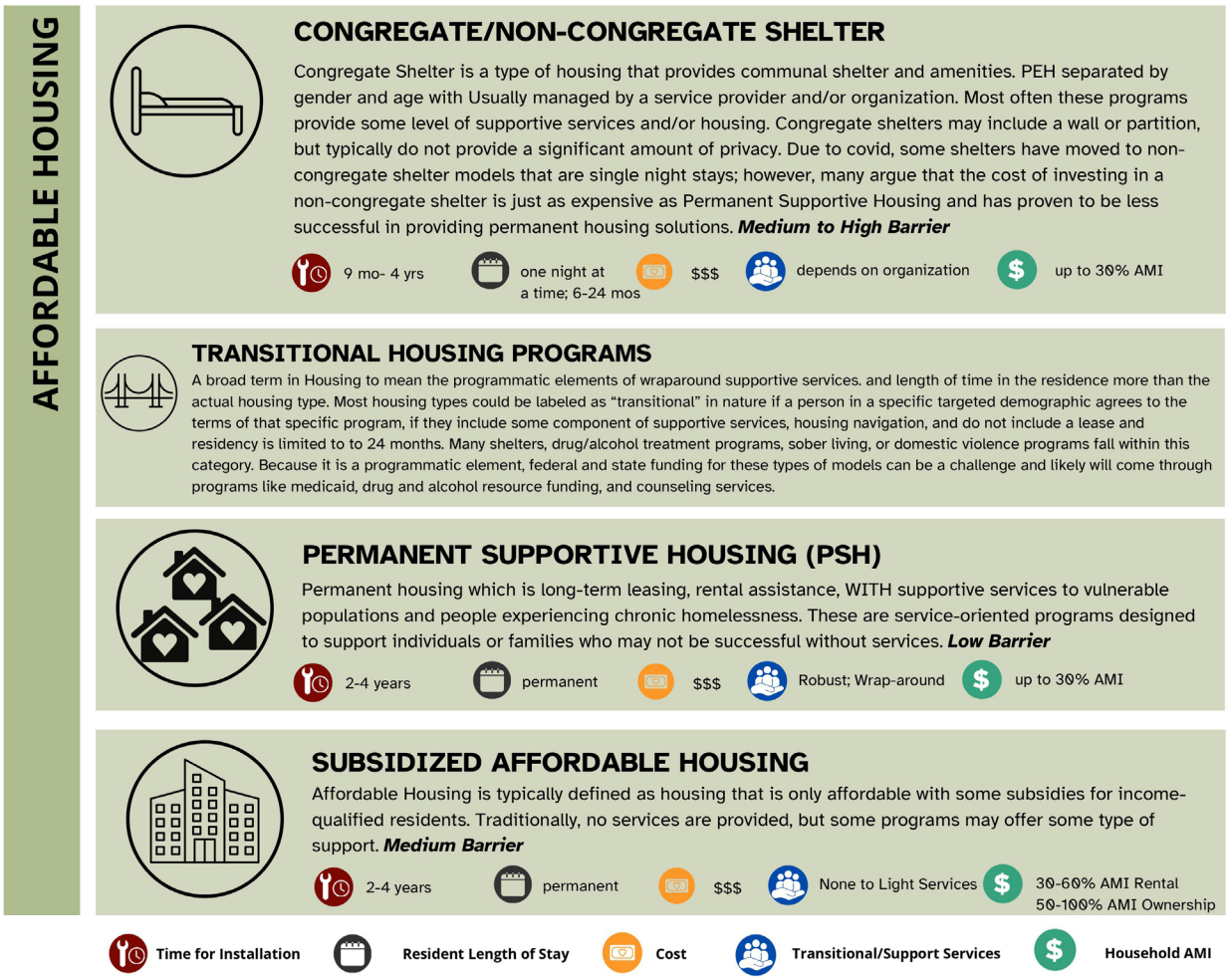
Estimates for the equation were identified by the research team, drawing from both service utilization records in Mesa County and the scientific literature on service utilization patterns. When data were not available, perspectives from key informants and local stakeholders provided the basis for the estimates.

Appendix 2. Adapted Housing Continuum

Figure 33. Adapted housing continuum

new models provide equitable dignified opportunities to include a broader spectrum of housing types that meet emergency housing needs.





As of January 2024, the City of Grand Junction began operationalizing an adapted housing continuum to support their efforts to fill key housing and shelter gaps.

Appendix 3. Review of National Estimates on Cost Savings and Houselessness Interventions

There is a wide range of potential interventions and solutions to attempt to solve the challenge of addressing and supporting the unhoused population across the United States. With such a wide range of interventions, understanding which ones are most effective and most cost efficient is important so that regulatory bodies can most efficiently allocate resources and funding. Interventions may take place across multiple stages of houselessness and may range from services to prevent vulnerable populations from becoming unhoused to emergency shelters or disaster relief services to help those currently unhoused have a safe place to stay or survive extreme weather events.

This section intends to review potential cost savings and effectiveness by intervention or prevention service, based on prior peer reviewed research or evidence from interventions or services provided in other areas of the United States. Estimates are wide ranging and highly dependent on context, as each are targeted specifically at certain populations or only consider one intervention. While cost savings or effectiveness may differ in Grand Junction from the reviews presented below, the previous literature demonstrates a comprehensive evidence base and sense of what types of costs and benefits are associated with interventions and responses to houselessness.

Houseless prevention and financial assistance

One potential intervention for addressing houselessness is through prevention and financial assistance for vulnerable individuals prior to becoming houseless. With rising costs of living and tenants struggling to keep up with these costs, eviction and the potential to enter homelessness is a real threat to people. Based on Bureau of Labor Statistics data and current rental indices in Grand Junction, 78% of the population works in occupations whose average annual wages are above a 30% rent-to-income ratio, likely making houselessness a real threat for a large portion of this population. Preventing members of this population from possible houselessness would not only be helpful for this population but would also prevent the burden on the current houselessness system and emergency services from increasing.

While prevention programs have great potential, their effectiveness has only recently begun to be studied in academic literature. Phillips and Sullivan[28] provide the first evidence from a randomized control trial that analyzes the impact of financial assistance to prevent houselessness, where families at high risk of becoming unhoused were offered temporary financial assistance for rent and costs of living at an average of $2,000 per family assigned to the treatment group. They find that the assistance significantly reduces houselessness and is also a cost-effective intervention. These types of interventions are likely to be particularly useful for people in extreme poverty or those currently experiencing doubled-up houselessness. A National Alliance to End Homelessness Report in 2011 reported that the odds of becoming unhoused for those at or below the poverty line is 1 in 25 and for those doubled-up is 1 in 10, which are both substantially greater than for the general population, which has 1 in 200 odds of becoming unhoused.

The numbers on prevention

- People offered emergency financial assistance were 81 percent less likely to become unhoused within six months of enrollment, and 73 percent less likely to become unhoused within 12 months of enrollment.[29]

[28] (Phillips & Sullivan, 2023)

[29] (Phillips & Sullivan, 2023)

- It is estimated that communities get $2.47 back in benefits per net dollar spent on emergency financial assistance.[30]
- The emergency financial assistance program has $1,898 of direct benefits to recipients and $2,605 of benefits to non-recipients.[31] Specific benefits include an estimated:
  - $316 per person savings in utilization of public services such as health and justice systems.
  - Decreased costs of eviction such as loss of possessions, difficulty finding new housing, and disruptions to children (if present).
  - $219 in benefits to landlords of avoiding evictions and damages.
  - Indirect savings to the public through reduction in violent crime. $2,386 in benefits to victims of crime.

Housing first interventions and transitional/supported housing

Housing first, or the idea that having stable housing is necessary before people experiencing houselessness can find work and transition back into the community, is one of the most studied interventions in terms of cost effectiveness for houselessness interventions. Housing first is also largely related to, or could be interchangeably used with, transitional and/or supported housing, which provides housing to people experiencing houselessness along with case management and support in receiving services. Several studies that look at housing first or transitional housing interventions are observational randomized control trials, which allows for comparison of groups who received the housing first treatment and groups that received normal treatment. These studies likely offer the most reliable results of cost effectiveness, as they are based on real comparisons and observations of new interventions compared to baseline or normal treatment. A potential shortfall of these studies is that they focus on specific populations and interventions, such as veterans with mental health disorders, so the effectiveness and effects of the interventions may somewhat differ if they were to be applied to other populations.

Rosenheck et al.[32] analyzed the cost effectiveness of HUD-VA supported housing with section 8 vouchers and intensive case management for homeless veterans with mental health disorders, compared to baseline treatments of standard VA care and/or case management only. They find that, from a cost perspective alone, the cost of the HUD-VA supported housing is slightly higher than standard care, but that there are benefits that accrue through superior outcomes such as an increase in the number of days housed for veterans experiencing houselessness and indirect effects to society. Latimer et al.[33] conducted a similar study, looking at an adult population with mental illness experiencing houselessness, and the cost effectiveness of housing first with intensive case management compared to treatment as usual. Results were similar to Rosenheck et al.[34] in that the housing first intervention was marginally more costly but that benefits accrued to individuals and society. Specifically, they found that there were meaningful cost offsets observed for emergency shelters, substance use treatment, supportive housing, and EMS services.

Basu et al.[35] conducted a comparative cost analysis of a housing and case management program for chronically ill adults experiencing houselessness relative to usual care, utilizing a two-arm randomized control trial with patients at a public hospital and a private, non-profit hospital. In this population,

[30] (Phillips & Sullivan, 2023)

[31] (Phillips & Sullivan, 2023)

[32] Rosenheck et al., 2003.

[33] (Latimer et al., 2019)

[34] (Rosenheck et al., 2003)

[35] (Basu et al., 2012)

unlike Rosenheck et al.[36] and Latimer et al.,[37] they found that the housing and case management group demonstrated substantial cost savings relative to normal care, primarily through decreases in hospitalizations, emergency services, and legal services that substantially offset the increase in housing, case management, and outpatient costs. Overall, there are some discrepancies across the literature for housing first when looking strictly at cost effectiveness or cost savings, as Ly and Latimer[38] find in a review of literature on housing first's impact on costs and associated cost offsets. They reviewed several published as well as 22 unpublished studies with variation in results and monetary cost savings across the literature base. While there is some level of uncertainty on cost savings, there are clear cost offsets in specific areas such as utilization of emergency services, legal and justice system burden, and other related costs, with clear benefits to participants and therefore PEH. They conclude that, overall, housing first initiatives represent a more efficient allocation of resources than traditional services, despite the variation in cost.

The numbers and key information on housing first and supported housing

- Potential cost offsets, or mean reductions in costs attributable to the housing first intervention, come through a variety of mechanisms:
  - Emergency shelters: -$2,627[39]
  - Substance use treatment: -$1,148[40]
  - Supportive housing: -$1,861[41]
  - Ambulatory visits/EMS: -$2,375,[42] -$704[43]
  - Hospitalization: -$6,786[44]
  - Legal services: -$1,051[45]
- Incremental Cost Efficiency Ratios (ICER) are variable, with some studies showing slightly higher marginal costs and some showing lower marginal costs. These are likely to vary substantially depending on the study context and the total costs of the housing first intervention within the setting:
  - ICER[46]: $45, Intervention is slightly more costly.
  - ICER[47]: $56.08, Intervention is slightly more costly.
  - ICER[48]: -$6,307, Intervention is less costly. This is primarily driven by changes in hospitalization costs.
  - Benefits vary depending on cost-effectiveness acceptability curves, which measure how

[36] (Rosenheck et al., 2003)

[37] (Latimer et al., 2019)

[38] (Ly & Latimer, 2015)

[39] (Latimer et al., 2019)

[40] (Latimer et al., 2019)

[41] (Latimer et al., 2019)

[42] (Latimer et al., 2019)

[43] (Basu et al., 2012)

[44] (Basu et al., 2012)

[45] (Basu et al., 2012)

[46] (Rosenheck et al., 2003)

[47] (Latimer et al., 2019)

[48] (Basu et al., 2012)

much society values an additional day of housing. If benefits are valued at $50, the probability of benefits outweighing costs is 56%. If benefits are valued at $100, the probability of benefits outweighing costs is 92%.

- Housing first or Supported Housing is beneficial for participants:
  - At three years follow up, individuals who received the full supported housing treatment had 16% more days housed than a group that received only case management, and 25% more days housed than the group that received baseline care.[49]
  - Days of stable housing were higher by 140 days for the housing first treatment group.[50]
  - There is some uncertainty whether housing first, strictly from a cost standpoint, fully offset costs. However, there is a benefit to participants, and the interventions represent a more efficient allocation of resources compared to traditional services.

Emergency housing, shelters, and encampments

These types of interventions are generally related to the unsheltered homeless population, who may be living in unsuitable conditions, outside, or in encampments. From the cost perspective, the relationship between the public health costs of encampments and the costs of shelters and emergency housing services is complex. Additionally, because of this complexity, comparisons and understanding of the costs, benefits, and tradeoffs to permanent housing initiatives such as housing first is not well understood or clear. Costs are highly influenced by city or government response to unsheltered homeless persons, funding and support for shelters, number of beds available, and other related costs such as outreach and staffing, public services to clean or clear encampments, and emergency services that respond to emergencies related to unsheltered homelessness.

One solution that is frequently implemented to supplement shelters and somewhat manage unsanctioned camping is to designate publicly sanctioned encampments or provide other alternatives such as temporary tiny homes or safe parking. However, the evidence base suggests that these are not necessarily cost saving, as there are additional costs such as staffing and oversight, having to operate outdoors and in designated perimeters, and potentially dealing with additional substance use issues. The relationship between shelters and people's choice to enter a shelter rather than encampments is also complex, as shelters have stricter rules and limitations. It is noted in an Alternative Shelter Analysis report by EcoNW (2023) that people often avoid shelters due to potential separation from family, timing that does not align with schedules, concerns about security of personal belongings, concerns about exposure to germs and disease, and sobriety requirements at many shelters.

Overall, prior research and evidence suggest that there are no cost savings between shelter beds and sanctioned campsites, safe parking, or other similar alternative measures. While providing these sanctioned alternatives may provide support for shelters and address some of the shortcomings of shelters, there is no evidence that providing these additional short term shelters impact inflow or outflow to homelessness. Experts suggest that shelters and sanctioned camping should not be viewed as a permanent solution alone, as individuals may become reliant on these supports without receiving the necessary interventions to reduce houselessness, therefore leading to high costs over time (EcoNW, 2023).

The numbers on shelters and encampments:

- The best estimate for cost per bed at a bed-only shelter facility for a single adult, which is the most common type of facility is: $14,064[51]
- Costs of a bed can be highly variable depending on bed type and other services provided at a shelter facility:

[49] (Rosenheck et al., 2003)

[50] (Latimer et al., 2019)

[51] (Culhane & An, 2022)

Table 24. Estimated annual revenue per bed/unity, temporary and permanent housing shelters[52]

Population		Temporary ($)	Permanent ($)
Family	Mode	17,742	25,390
	Median	22,750	38,523
	Mean	26,250	52,405
Adult	Mode	14,064	18,809
	Median	19,787	24,198
	Mean	25,806	28,772
Youth	Mode	34,492	-
	Median	39,432	-
	Mean	43,519	-
Total	Mode	16,042	18,462
	Median	23,030	25,863
	Mean	27,589	32,511

- Costs of alternative shelters such as sanctioned campsites, safe parking, and tiny homes are highly variable, but comparable on a per capita basis to the costs per bed at shelters (EcoNW, 2023). Annual operating costs range from roughly $10k-$75k per bed per year, with most between $20k-$50k per bed.

Table 25. Cost of alternative housing projects[53]

Project type	Metro area	Project name	Units/ capacity	Upfront/ capital	Capital per capita	Annual operations	Annual operations per capita
Sanctioned campsite	Denver	Safe Outdoor Spaces (4 sites)	220	$700,000	$3,182	$4,169,871	$18,954
Sanctioned campsite	Los Angeles	Pilot Safe Sleep Village	90	$230,577	$ 2,562	$1,250,300	$32,959
Sanctioned campsite	San Francisco	Sleep Villages 2022-2023	63	$2,000,000	$31,746	$4,100,000	$74,545
Safe parking & sanctioned campsite	Sacramento	WX-SafeGround	185	-	-	$3,048,000	$16,476
Safe parking & sanctioned campsite	Sacramento	Miller Park	110	-	-	$3,287,452	$29,886
Safe parking	Sacramento	South Front Dr. Safe Parking	50	-	-	$1,185,000	$23,700
Safe parking	Sacramento	Roseville Road RT Station	50	$500,000	$10,000	$2,200,000	$44,000

[52] (Culhane & An, 2022)

[53] (ECONorthwest, 2023)

Project type	Metro area	Project name	Units/ capacity	Upfront/ capital	Capital per capita	Annual operations	Annual operations per capita
Safe parking	Sacramento	Coflax Yard	30	$600,000	$20,000	$2,200,000	$61,125
Safe parking	San Francisco	Bayview VTC Safe Parking	100	$3,000,000	$30,000	$3,500,000	$35,000
Safe parking	Portland	Sunderland RV Safe Park (New)	55	$200,000	$3,636	-	-
Tiny homes	Portland	Agape Village	15	$82,500	$5,500	$116,000	$7,733
Tiny homes	Denver	Beloved Community Village	24	$145,000	$6,042	$204,000	$8,500
Tiny homes	Denver	Women's Welcome Village	14	$210,000	$ 5,000	$128,800	$9,200
Tiny homes	Missoula	Temporary Safe Outdoor Space (TSOS)	30	$1,480,000	$49,333	$408,000	$13,600
Tiny homes	Los Angeles	Arroyo Seco - Hyland Park	224	$7,327,376	$32,712	$4,496,800	$20,075
Tiny homes	Los Angeles	Saticoy + Whitsett West	150	$9,007,000	$60,047	$2,930,950	$20,075
Tiny homes	Los Angeles	Eagle Rock	93	$3,832,137	$41,206	$1,866,975	$20,075
Tiny homes	Los Angeles	Tarzana Sun-flower Cabin Community	150	$5,332,220	$35,548	$3,011,250	$20,075
Tiny homes	Portland	Menlo Park Safe Rest Village	60	$400,750	$6,679	$2,430,000	$40,500
Tiny homes	Portland	Queer Affinity Village	35	$500,000	$14,286	$3,000,000	$41,096
Tiny homes	Portland	BIPOC Village	38	-	-	-	-
Tiny homes	Portland	Multnomah Safe Rest Village	30	$452,776	$15,093	$1,930,000	$64,333
Tiny homes	Sacramento	Emergency Bridge Hous-ing - Grove	24	-	-	$3,195,744	$66,578
Tiny homes	San Francisco	33 Gough Street Tiny Cabin Village	70	$2,000,000	$28,571	$5,460,000	$78,000
Tiny homes	San Francisco	16th and Mission St Cabins (New)	70	$7,000,000	$100,000	-	-
Tiny homes	Austin	Esperanza Community 2022/23 (New)	200	$7,070,035	$35,350	-	-

- Costs of responding to encampments are highly variable across cities and dependent on the way in which each city responds to encampments. The below figures demonstrate the cost per unsheltered homeless person as well as a detailed breakout of costs across four cities included in the study.[54]

Table 26. Cost of encampment response per number of unsheltered homeless population[55]

	Total spending on encampment activities, 2019	Unsheltered population, 2019	Cost per unsheltered person, 2019
Chicago	$ 3,572,000	1,260	$ 2,835
Houston	$ 3,393,000	1,614	$ 2,108
Tacoma	$ 3,905,000	629	$ 6,208
San Jose	$ 8,557,000	1,922	$ 1,080

Table 27. Cost of encampment response by type of activity[56]

	Chicago	Houston	San Jose	Tacoma
Outreach (total)	$ 3,082,000	$ 15,460,000	$ 870,000	$ 1,056,000
Outreach and housing navigation	$ 2,110,000	$ 834,000	$ 800,000	$ 168,000
Homeless outreach teams	$ 9,310,000	$ 630,000	-	$ 887,000
Substance use disorder programs	-	$ 27,000	-	-
Medical assistance	$ 33,000	$ 52,000	$ 5,300	-
Financial assistance	$ 7,000	$ 3,000	$ 17,000	$ 1,000
Encampment clearance	$ 14,000	$ 887,000	$ 4,910,000	$ 144,000
Encampment prevention	-	-	$ 1,495,000	$ 239,000
Shelter	$ 297,000	-	-	$ 2,347,000
Dedicated permanent supportive housing	-	$ 782,000	-	-
Other	$ 53,000	$ 178,000	$ 1,281,000	$ 65,000
Total	**$ 3,572,000**	**$ 3,393,000**	**$ 8,557,000**	**$ 3,905,000**

Hygiene and health interventions and services

While hygiene, health, and crisis interventions are not solutions to houselessness, they are necessary services to maintain public health standards and tools to provide basic living needs to those experiencing houselessness, particularly unsheltered houselessness. These services are highly connected to the shelter and housing tools referenced in the above section, as health and hygiene services are often associated with encampments. Additionally, reductions in the houseless populations may lead to declines in costs for these services due to a reduction in utilization.

[54] (Dunton et al., 2020)

[55] (Dunton et al., 2020)

[56] (Dunton et al., 2020)

The numbers and costs of hygiene and health services

All costs are from a Portland Hygiene, Storage, and Waste Management study for the unsheltered community.[57] Costs may be lower for Grand Junction, which is a smaller community.

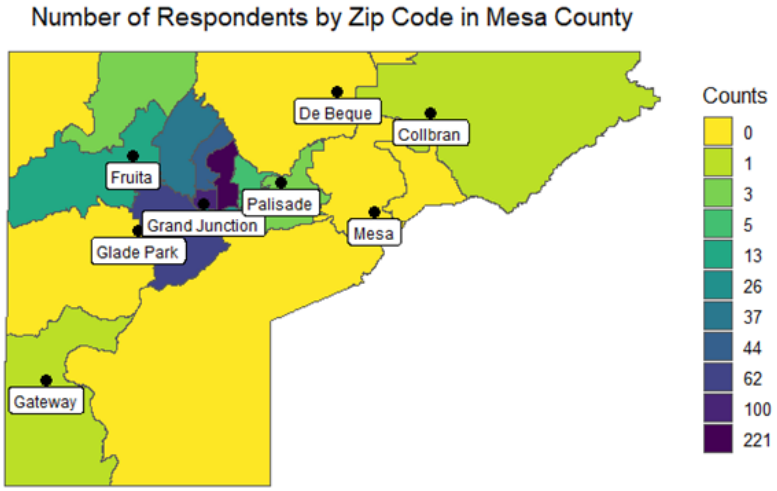
- Port-a-potties:
  - $700/unit in replacement costs
  - $35,000/month for a maintenance contract to service all units (Portland, OR)
- Standalone public restrooms:
  - $100,000/unit cost
  - $100,000 in installation costs
  - $15,000/year in utilities and maintenance costs
- Handwashing stations:
  - $60/unit plus two hours set up and two hours of maintenance/week
- Mobile shower services:
  - Mobile shower trucks are sometimes paired with toilets and offer flexibility in delivering services
  - $400,000/truck with yearly maintenance of $300,000
  - Potentially cheaper options:
    - Mobile trailer at $70,000
    - Modified bus or truck at $150,000
- RV waste services:
  - Services to provide mobile RV waste pump outs and bagged trash collection
  - Contract at $238,000/year

[57] (Green et al., 2022)

Appendix 4. Summary of Results from Survey of Community Members

The community survey was circulated through advertisements on social media which specifically targeted Grand Junction and Mesa County from July 7 through July 31, 2023. There were 677 completed survey responses included in the final analysis. A response was excluded if it was less than 30% complete, less than three minutes was spent on the survey, and if they did not currently reside in Grand Junction. Figure 33 presents the geographic distribution of respondents. Zip codes in yellow did not include any respondents.

Figure 34. Survey respondent density by zip code: Mesa County



Survey participant ages were skewed older (i.e., only 7.24% respondents between the ages of 20-29 years), and the survey does not fully capture young adult or youth perspectives on unhoused experiences in Grand Junction. Additionally, a larger number of people identifying as women responded to the survey (i.e., 61% of respondents identified as women) than the proportion of the population in the county. Respondents tended to be long-term residents of the county, with 443 respondents reporting that they have lived in the county for more than ten years.

Thirteen percent of respondents stated that they had been personally unhoused. Of those individuals, 53% had previously been unhoused in GJ and just under 17% are currently unhoused in GJ. Further, most of the individuals who were either currently or previously unhoused in GJ indicated that they had lived in the area for greater than one year, which is contrary to the often-cited belief that people who are unhoused are not "from" where they live. These beliefs can stem from a variety of factors, including misunderstandings, stereotypes, and limited exposure to the realities of houselessness. Houselessness that is more visible, such as people sleeping on the streets or in public places, might give the impression that homeless individuals are not connected to the local community. Stigma and stereotypes about houselessness frequently portray people who are experiencing houselessness as "outsiders" or "others," and this perception can lead to the misconception that people who are unhoused must be from somewhere else. While the incidence of currently unhoused respondents was relatively low (n = 24), 41% indicated that they have lived in Grand Junction for over 20 years, and this trend was the same for those who were previously unhoused in the area, with 52% reporting that they lived in Grand Junction for more than 20 years. Only 5% of people who are currently or previously unhoused in Grand Junction reported being in the area for less than one year.

There was some variation in the housing status of respondents, as displayed in Figure 34, where respondents were asked to reflect on both the quality of their current housing situation as well as their level of worry or concern about the stability of their current housing status.

Figure 35. Community survey: Current housing situation and worried about housing

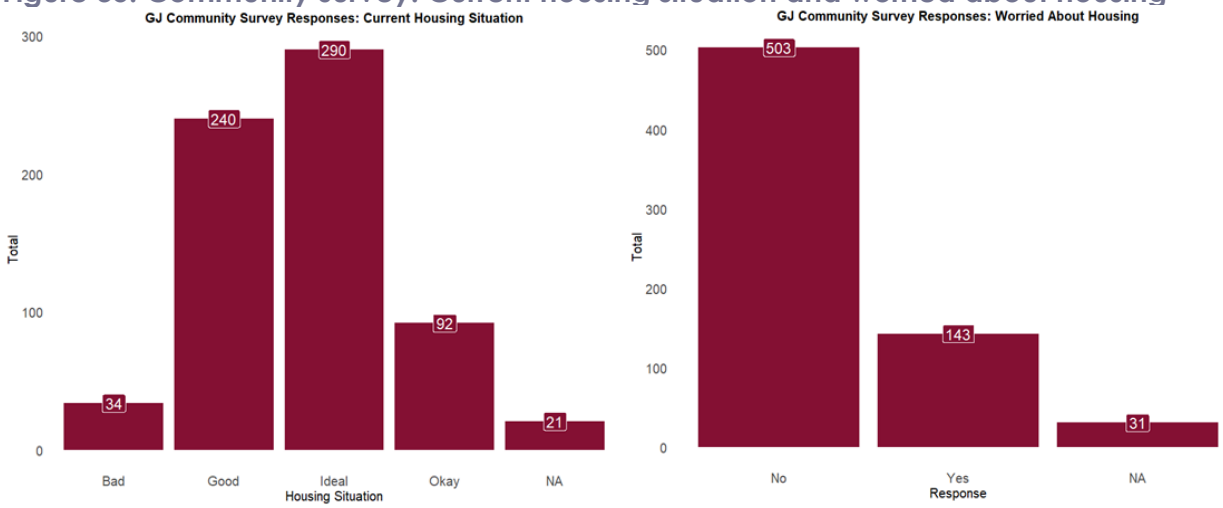


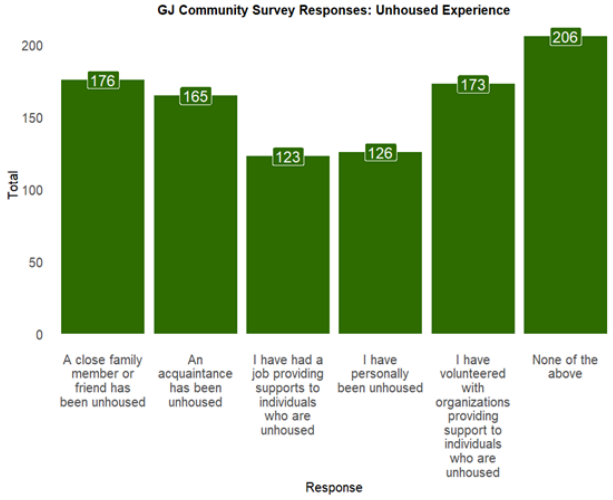
Table 28. Community survey: Reason for housing worry

Reason for housing worry	Total	%
Rent went up	36	5.32
Basic costs of living went up	36	5.32
Household income went down	31	4.58
Other	17	2.51
Household bills went up	11	1.62
Current housing situation is/was temporary	9	1.33
Landlord pursuing eviction or choosing not to renew lease	3	0.44

Note: Respondents could select more than one option. Other write in responses included: All the above, decision making from city and county officials, housing market availability and affordability, low wages, poverty, and other financial concerns

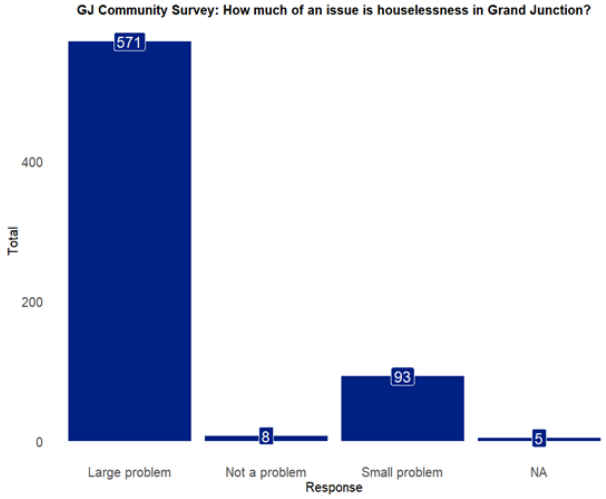
There was also a broad set of personal experiences among respondents with those who are unhoused, ranging from volunteering to provide support to personally being unhoused at some point in their lifetime. These varied experiences suggest that the respondents were at least partially knowledgeable about the experience of being unhoused in the community, and that this informed their perspectives on questions about service needs and gaps in the community. Just over 9% of respondents had personal experiences with using housing-related services in Grand Junction, with the most common being supportive services such as free meals or childcare, Housing Choice or Section 8 voucher, and rental assistance or eviction prevention.

Figure 36. Community survey: Unhoused experience



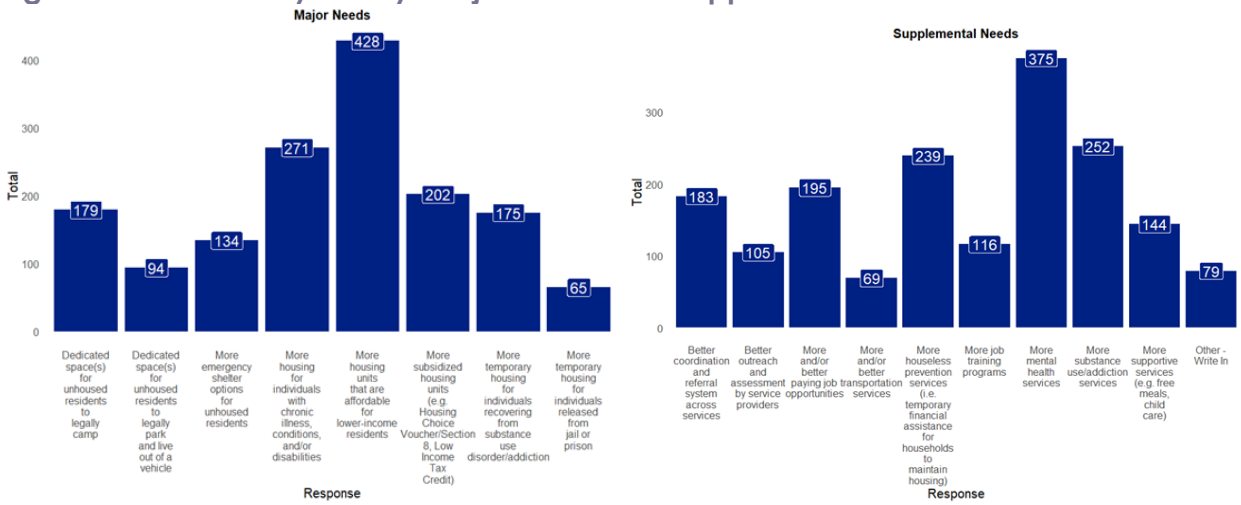
Survey respondents overwhelmingly viewed houselessness as a problem in the community, with 84% indicating that they viewed it as a large problem.

Figure 37. Community survey: How much of an issue is houselessness in Grand Junction?



Survey respondents were asked to select (from a set of housing interventions across the housing continuum) those services that had the highest need. Figure 37 displays how they ranked service needs, with affordable housing units for low-income residents being the most commonly identified need.

Figure 38. Community survey: Major needs and supplemental needs



In addition to housing types, survey respondents were asked to identify supplemental supports that can aid those who are unhoused or function as a preventative measure against an individual or family becoming unhoused. When asked about supplemental support, residents focused on the need for mental health services and substance use treatment services.

Figure 39. Community survey: Who should be responsible for emergency shelter and long term housing for unhoused residents?

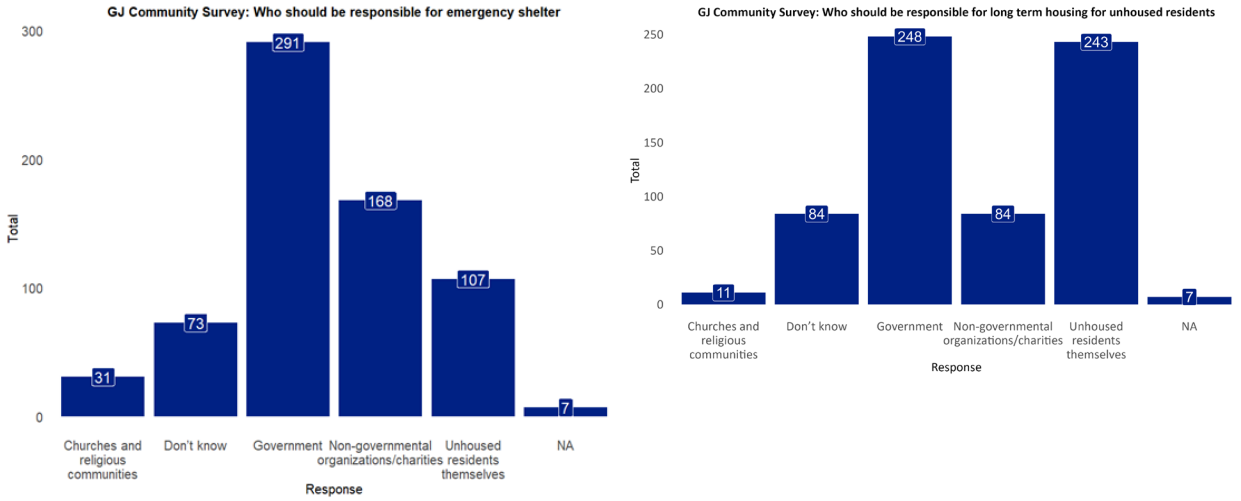


Figure 40. Community survey: Opinion on government spending to assist unhoused residents

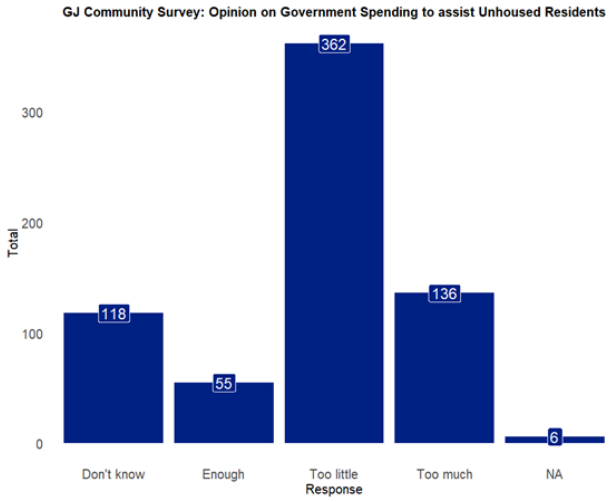
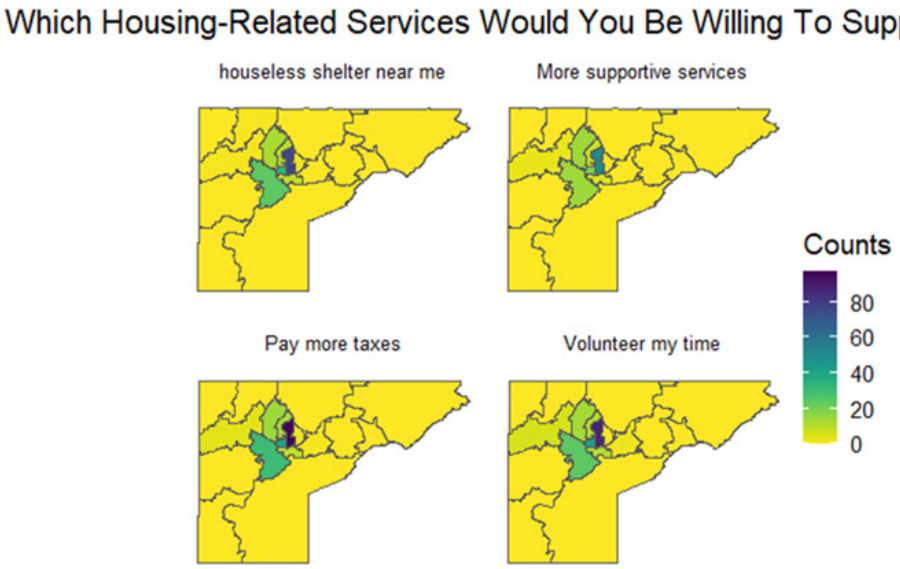


Figure 41. Community survey: Maps of support for housing-related services



Appendix 5. Supplementary Data

Table 29. Risk factors by census tract

Risk characteristics – Areas at highest risk of houselessness		
Tract Area	Risk ranking	Characteristics and risk drivers
Central Grand Junction	1	High poverty rate, high percentage of people with a disability, low number of housing units per capita. Relatively high averages across all risk indicators.
Central Grand Junction	2	High percentage of people receiving public assistance, large non-White population, high poverty rate, high percentage of people with a disability
Central Grand Junction	3	Highest poverty rate of any census tract in Mesa County, large portion of people who cannot afford rent, relatively high percentage of people with a disability
Fruita Area	4	Highest rent-to-income ratio of any census tract in county, relatively large non-White population
Southeast Grand Junction — Riverside	5	Tied for highest rent-to-income ratio of any census tract in county, high median rent, relatively high unemployment rate

Notes: The risk characteristics and drivers are based off the relative indicator rankings for the above census tracts. The indicators that appear to be driving the overall risk ranking are described, however, the overall risk ranking is driven by the average across all of the indicators.

Table 30. Rent-to-income ratio by occupation in Grand Junction: 2016-2021

Rent-to-income ratios by occupation in Grand Junction – 2016 to 2021				
	2016		2021	
Occupation	% of total employment	Rent-to-income ratio	% of total employment	Rent-to-income ratio
Food preparation and serving related occupations	10.77	50.31	10.52	50.91
Healthcare support occupations	3.44	37.44	4.63	47.69
Building and grounds cleaning and maintenance occupations	2.83	38.61	3.12	47.12
Personal care and service occupations	2.83	46.21	1.74	45.73
Farming, fishing, and forestry occupations	0.07	34.90	0.14	45.43
Transportation and material moving occupations	6.12	30.60	7.38	42.29
Production occupations	3.87	30.59	4.10	40.67
Office and administrative support occupations	15.81	32.83	12.80	39.95
Sales and related occupations	12.59	28.38	11.42	36.98
Educational instruction and library occupations			5.84	35.55
Community and social service occupations	2.20	25.95	2.00	33.60
Construction and extraction occupations	6.37	23.97	6.74	33.14
Installation, maintenance, and repair occupations	4.96	24.48	4.83	32.28
Arts, design, entertainment, sports, and media occupations	1.19	30.55	0.93	31.86
Protective service occupations	2.23	24.29	2.08	31.05
Architecture and engineering occupations	1.06	15.07	1.37	23.59
Business and financial operations occupations	4.17	17.38	5.37	23.16
Life, physical, and social science occupations	0.92	17.37	1.06	22.63
Computer and mathematical occupations	0.99	15.18	1.18	20.25
Legal occupations	0.66	16.32	0.65	18.13
Healthcare practitioners and technical occupations	7.99	13.79	8.11	16.04
Management occupations	3.36	11.52	3.99	14.87
All occupations	100.00	25.35	100.00	31.31

Source: Zillow and Bureau of Labor Statistics.

Table 31. Example assessment and prioritization tools

Tool	Developer	Details	Supporting literature; validity/reliability
Alliance Coordinated Assessment Tool Set	National Alliance to End Homelessness	24 questions and Vulnerability index	No formal evaluations or psychometric properties reported.
DESC – Vulnerability Assessment Tool	Downtown Emergency Service Center – Seattle	10 questions	Good inter-item, inter-rater, and test-retest reliability. Demonstrated good convergent and concurrent validity.[58]
Rehousing, Triage, and Assessment Survey	Calgary Homeless Foundation	45 questions	No formal evaluations or psychometric properties reported.
Homelessness Asset and Risk Screening Tool (Hart)	University Of Calgary, Calgary Homeless Foundation	21 questions; sub questions for youth, women, older adults, and indigenous populations	Good content and construct validity, but no reliability analyses reported.[59]
VI-SPDAT (version 3)	Community Solutions	27 questions	The VI-SPDAT 3 has no formal evaluation. The VI-SPDAT 2 shows poor test-retest and inter-rater reliability.[60] The VI-SPDAT 3 is based on version 2. At least three studies identified unintended racial disparities in survey outcomes.[61]
Matching for Appropriate Placement	Pathways MISI and Montana Continuum of Care Coalition	22 questions	No formal evaluations or psychometric properties were reported.
Arizona Self-Sufficiency Matrix	Arizona	18 questions	Reported low inter-item reliability, good internal consistency, and good convergent validity[62]

[58] (Ginzler and Monroe-DeVita, 2010)

[59] (Tutty et al., 2012)

[60] (Brown et al., 2018)

[61] (Cronley, C., 2020); (King, 2018); (Wilkey et al., 2019)

[62] (Cummings, 2018)

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