Service Plan Charity's House Apartments

A. Applicant and Project Overview

1. Applicant Legal Name: Charity's House Ministries
2. Applicant Legal Address: 3022 Welton St. Denver, CO 80205
3. Application Primary Contact (name and title): Eddie May Woolfolk, Executive Director
4. Applicant Primary Contact Information (email and phone): eddew@aol.com (303) 296-2454
5. Applicant Executive Director Information (name and contact information): same as above
6. Project Name: Charity's House
7. Project Address: 3022 Welton St. Denver, CO 80205
8. Requesting Rural Preference: No
9. Describe Community (for rural preference). N/A
10. Project Units
    a. Total units, including # bedrooms: 36 1-bedroom units
    b. Total SH units, including # bedrooms: 36 1-bedroom units
    c. Number of PBVs requesting from DOH: 0
    d. Number of PBVs committed from another entity (name): 36 (Denver Housing Authority)
11. Proposed Rents by Unit Type: 1-bedroom, 30% AMI, $1,204
12. Proposed Tenants' Utility Responsibilities: all utilities will be paid by the project
13. Project description (brief narrative of the proposed project, housing type, number of buildings, amenities, etc.). The property will consist of one building with 36 one bedroom units restricted to extremely low income individuals at or below 30% of Area Median Income. The building will also contain 4,500 square feet set aside for operations of permanent supportive services to the residents of Charity's House. The units will be equipped with amenities such as air conditioning, high-speed internet, refrigerator, electric ranges, in-sink and garbage disposals, all in an energy efficient and noise-reducing building design.
14. Brief narrative regarding how the project meets the funding priority of SH.
    This project meets the funding priority for PSH. All residents will have year-long leases with the option for renewal every year. Robust services will be provided but not a requirement of housing. Staff will use trauma informed engagement practices/harm reduction and housing first strategies will be followed at all levels of the project. Sobriety will not be a requirement for housing.
15. Project Developer/Owner (name and contact information): BlueLine Development, Oriana Sanchez, (303) 519-1419, oriana@bluelinedevelopment.com
16. Property Management (name and contact information): BlueLine Property Management Company, Darlene Piszczek, (414) 935-8705 darlene@blpmc.com
17. If another entity has committed vouchers to this project, attached a signed letter stating commitment, including the number of vouchers.
    See Attached letter from Denver Housing Authority.
18. If requesting DOH vouchers, attached a letter of commitment from a current DOH Voucher Administrator agency indicating willingness to administer the PBV vouchers from DOH if applicant is awarded. Please contact DOH with questions regarding existing DOH Voucher Administrator agencies.
19. Attach completed and signed CSH Supportive Housing Commitment to Quality Checklist https://drive.google.com/file/d/1bs6sJS6post4VRYxI78HK_gdyrPRP-zt/view?usp=sharing.

B. Lead Service Provider

The applicant must identify an entity that will be primarily responsible for managing the supportive services. This entity must have the experience and capability to effectively carry out this responsibility. This entity may be the project lead, the project owners, a managing member of an ownership LLC, or another entity, such as a service provider.

1. Lead Service Provider: Mental Health Center of Denver
2. Primary contact for services plan (name, title, phone, and email): JoAnn Toney, Director of Housing and Residential Services, (303) 504-7960, joann.toney@mhcd.org
3. Provide an overview of agency, including mission, history (including origin and years in operation), financial stability, and staff size.
   Founded in 1989, MHCD is a private, not-for-profit organization 501(c)(3) and the community mental health provider for the City and County of Denver. Through multiple community sites, mental health providers in 18 Denver public schools, collaborations with community partnerships and home-based outreach, MHCD provides a comprehensive, innovative and accessible array of mental health, substance abuse and integrated healthcare services to over 18,000 people annually. The annual budget for MHCD is approximately $98.5 million dollars, the majority of which is funded through Medicaid and State funded dollars.

4. Describe the agency's experience administering federal, state, or local funds for housing or services programs, particularly supportive housing. Include any recent loss of programs/contracts as the result of performance, compliance, or financial challenges.

   The Mental Health Center of Denver and its Sabin Group, Inc. subsidiary have also been providing housing with supportive services to residents for 30 years supporting their mission of "Enriching Lives and Minds by Focusing on Strengths and Wellbeing". MHCD provides a strong link between stable housing and effective supportive services that enables people to live productive lives and be less dependent on emergency and other public services merely to survive. As an owner and manager of supportive housing MHCD understands first-hand the benefit of using Housing First and Harm Reduction models in supportive housing.

5. Describe agency's experience in serving those with histories of homelessness. Include specific services, units/types of housing, or other programs.

   The Mental Health Center of Denver has a long history of serving those with homelessness. Across their entire portfolio Clinicians, program managers and case managers along with property management staff engage the residents in a monthly communal activity. A broader group of program managers, clinicians and therapists work as a team to address concerning behaviors, increased symptoms and/or signs of addiction. Residents are given an opportunity to engage in services or explore new ones, such as more intensive substance treatment. MHCD uses the SOAR model of benefit acquisition and when needed and appropriate employs its Personal Financial Services system as payee.
   MHCD actively monitors and supports residents, providing services and/or making emergency referrals to the hospital or mobile crisis services as appropriate. The Mental Health Center of Denver also keeps track of and when appropriate contacts resident's natural support systems of family and friends. Such early intervention is crucial to keeping the tenant stable in housing and continuously making progress in recovery.

Residents who are enrolled consumers of the Mental Health Center of Denver as a result of referral from Charity's House, will be eligible for the Mental Health Center of Denver's full array of behavioral health and rehabilitation services, including (but not limited to) supported employment and education, household goods from the resource center, benefits acquisition support and the use of an onsite pharmacy at the Recovery Center clinic.

Evidence-based services MHCD employs to treat residents include:
Assertive Community Treatment (ACT)
ACT is the fundamental method of delivering high intensity case management services at MHCD. ACT is for those who experience the most severe symptoms of mental illness and have problems taking care of even their most basic needs and who typically experience homelessness, substance abuse and legal system involvement. ACT offers services to manage psychiatric symptoms, housing, finances, employment, medical care, substance abuse, family life and activities of daily living. A multi-disciplinary ACT team includes: clinical case managers, psychiatrists, nurses, a clinical supervisor and therapists. In ACT, the staff to client ratio is 1:12. This intensive intervention includes: outreach and engagement through strengths-based case management, medication evaluation, medication monitoring, benefits acquisition and management, group therapy, supportive housing services and referral to primary care providers for integrated medical treatment. One of the most important services is assistance in locating and maintaining stable, safe, affordable housing to support the consumer's recovery goals. For the target population, mental illness is almost always the root cause of legal system involvement, and the ACT approach has been effective in reducing recidivism.

C. Residents

1. Special Priority Populations:

Priority Populations	Number of SH units	Additional explanations (as needed)
Chronically homeless		
Homeless veterans		
Homeless families		
Homeless youth		
Homeless Reentry/Justice Involved	30	
Homeless with behavioral health conditions	6	
Homeless with physical, developmental, intellectual disabilities		
Other homeless (describe):		

Total number of SH units	36	

2. Demand:

According to the 2018 point in time count there are 2,732 homeless individuals (unaccompanied adults) in Denver County/City. Of these, 996 have mental health concerns and 983 have substance abuse concerns. The Denver Metro numbers are even higher. In 2018 there were 3,910 homeless individuals in the region.

A report generated by Metro Denver Homeless Initiative (MDHI) in May of 2019, shows of the total adult only households in Salesforce, the former OneHome database, 1,796 are 30% AMI or below and literally homeless. In addition, we see an average inflow of approximately 144 per month of adult only households that are literally homeless and 30% AMI.

Of the 1,796 above, 827 of those fit reentry criteria i.e. have some criminal justice involvement, with an average inflow of 55 per month. MDHI believes these numbers are under reported due to; 1.) HMIS data is only just now being incorporated in to the OneHome database; 2.) some of the larger shelters have not been able to participate in OneHome missing the very population that should be included in the count, and 3.) OneHome's housing resources have been targeted to very high severity of needs potentially skewing the data. OneHome is addressing and working with service providers and HMIS to put processes in place that will allow the data to be more representative of the spectrum of needs of those experiencing a housing crisis.

Department of Corrections discharges people into homelessness and they aren't typically entered into the One Home system nor do they often score well due to HUD not recognizing incarceration as homelessness. Department of Corrections estimates upon Charity's House opening, DOC could refer 392 qualified tenants upon lease up and 70 every month thereafter.

The health consequences associated with returning offenders are severe. In 1997, 2.1 percent of all state and federal prison inmates were infected with HIV, a rate five times higher than in the general population. There also are social costs yet to come due. Children of inmates are five times more likely than average to serve time in prison when they become adults. Young, marginalized, black males are incarcerated at higher rates than any other group, and therefore they are most affected by reentry and recidivism. Sentencing policy changes throughout the 1980s, 90's and early 2000s requiring mandatory minimum sentences for a variety of drug- related offenses resulted in a significant increase in drug offenders sentenced to prison and in longer prison terms. This had a significant impact on the African-American state prison population.

High rates of incarceration, homicide, and limited employment prospects among African American males have resulted in an imbalance of marriageable African-American males to females. Some researchers argue that severely imbalanced gender ratios are a predictor of family disruption and a greater likelihood of crime and violence. In addition, Prison Fellowship estimates that only 15 percent of married couples are able to endure a period of incarceration of one partner. Of the 15 percent who do stay together during the prison term, only an estimated 3 to 5 percent are still together one year after release.

We will target having units 100% leased in 3 months of opening.

3. **Referral and Selection:**
This project will utilize a housing first approach and all applicants will be referred through OneHome (Coordinated Entry System (CES)), who have been screened and assessed using the VI-SPDAT (Vulnerability-Index Service Prioritization and Decision Assistance Tool). They will be prioritized on the waiting list according to their score (highest to lowest) based on chronicity and medical vulnerability of people experiencing or at-risk of homelessness. In addition to the VI-SPDAT score, a filter will be put on the CES priority list to give higher priority to people who a.) would benefit from behavioral health services; and/or b.) would benefit from services because of involvement in the criminal justice system. Additional referral may be received from the Department of corrections to meet leasing goals.

The housing first model is designed for individuals and families who have a history of homelessness or who are at-risk of becoming homeless and will benefit from supportive services. There will be no additional barriers to obtaining or maintaining housing due to: criminal histories, chronic and/or persistent mental illness, alcohol and/or substance abuse, health issues, unemployment and/or underemployment.

D. Services Model

Write a narrative response on each of these topics, not to exceed two full pages for all topics. Review and reference the supportive housing and services models and standards as described in this RFA, including any reference documents or appendixes.

1. **Services philosophy and models:**

The driving forces behind MHCD's mission of "enriching lives and minds" are the concepts of wellbeing and recovery. MHCD has adopted Pricilla Ridgeway's definition of recovery as an ongoing process of self-directed healing and transformation. This means that consumers set their own goals, choose their treatment methods, and utilize their strengths to achieve a life of meaning and fulfillment. In accordance with this, then, MHCD consumers are able to view their own lives positively, feeling good about themselves (wellbeing).

MHCD has a solid commitment to recovery practice and is the National Center of Excellence in the practice of recovery programs, practices, and outcomes by enriching lives and minds by promoting wellbeing by focusing on strengths and recovery. MHCD believes recovery is possible for all persons who experience the symptoms and social challenges of serious mental illness and that specific structures, practices, and beliefs within the mental health system have the potential of promoting recovery beyond the illness rather than socializing people into their illness. These structures, practices, and beliefs that distinguish recovery practice from non- recovery practice are practical and measurable phenomenon that can be observed, evaluated, and improved upon. MHCD uses three outcome measures, Recovery Markers, Recovery Measures, and the PRO survey to measurer progress in recovery.

The foundation of MHCD services rests on a number of treatment modalities that are considered evidenced based practices, promising practices, and best practices that are essential to recovery. These best practices include Assertive Community Treatment (ACT),

Integrated Dual Disorders Treatment (IDDT), Trauma Recovery and Empowerment Model (TREM), Motivational Interviewing (IM), Cognitive Behavioral Therapy (CBT) and Benefit Acquisition.

2. Staffing standards and roles:

The Housing Specialist will supervise one housing case managers, one front desk staff, and one intensive therapist/clinician. All staff are trained in Trauma Informed Care, Harm Reduction, Professional Boundaries, Confidentiality/HIPPA, De-Escalation, and in local resources. Case Managers receive additional training in Motivational Interviewing, Case Management Best Practices, Benefits/Entitlements, and Financial Planning for Clients. The project will serve 36 clients, 12 clients for each staff member. Support staff include front desk staff and peer navigators who provide additional support for issues that arise. Case managers will meet with clients for intake and lease up and begin developing a rapport and relationship with the client. While following Housing First framework, clients will not be required to attend regular meetings and training but will be encouraged to have contact with case managers a minimum of once a month for the first 3 months and twice a month after that. Case managers will offer assessments, short/long term planning, resource navigation, benefit assistance, job seeking training/job placement, financial planning, health care navigation, crisis intervention, and housing support. Charity's House Ministries (CHM) will provide front desk staff to promote a welcoming, safe community while also an area for guests to check in.

3. Housing stability plans:

While services are not mandatory for residents, they are mandatory for the service providers. Staff will utilize creative engagement strategies that meet people where they are at and develop relationships and trust that lead to the development of individualized plans that address goals and outcomes identified by the client. Individual plans will vary based on client identified need but are likely to include goals around maintaining/improving housing, maintaining or getting employment, increasing income and stabilizing behavioral health. We anticipate residents may have a myriad of other goals such as: family reunification, stabilizing physical health, compliance with conditions of parole/probation, maintaining healthy relationships, or any other goals identified from residents. Staff will work side by side with residents to work on their goals with the expectation being staff document progress and/or set backs on at least a weekly basis in E-Logic Database which links services to progress on visual scales. Goal plans will be updated as the goals of the residents change or are accomplished. Our ultimate goal is to support residents to create the life they envision for themselves in a way that empowers them.

4. Supervision:

All Case Managers/Employment Specialist and all support staff meet with supervisors once a week to discuss clients and services. These meetings provide an opportunity to discuss ongoing issues and status updates on client goals and service provision. Staff have clearly defined expectations for service provision and behavior guided by best practices. Our E-Logic database can run reports to show service provision, progress notes, and client progress. These will be run on a monthly basis and staff are expected to comply with all expectations. If expectations are not met, staff will be coached, provided a verbal warning and clear

expectations and subsequent issues will result in progressive disciplinary action up to termination. All staff will be trained in Housing First, Trauma Informed Care and Harm Reduction models.

5. **Tenant Input:**

Charity's House was originally the vision of Community Outreach Service Center through direct client interaction with individuals who had a history of homelessness. Through years of client interviews COSC created the concept for a community in which individuals with lived experience can receive the support and services necessary to stabilize their lives. It is the goal of MHCD to continue this vision as lead service provider and to provide a structure for services that provides for tenant feedback and continual improvement.

E. Outcomes and Impact

1. Describe intended outcomes for the project, such as, but not limited to:
   i. Housing retention: 80% of residents will remain housed after 1 year
   ii. Stabilized/improved physical and/or behavioral health: any resident who wishes to engage in behavioral health services will be referred to the Mental Health Center of Denver
   iii. Increased income (earned and unearned): 50% of residents will increase their income (through employment and/or benefits they are eligible and qualify for) after the first year
   iv. Recidivism to homelessness, incarceration and/or hospitalization: Reduce rates of incarceration by 80% after year 1; 90% after year 2

2. Describe how outcomes will be defined, tracked, reported and utilized for continued improvement.

Outcomes will be tracked using initial information collected through client files as well as scores and assessment through the VI-SPDAT. This data will be logged with each residents' file to determine a baseline for which outcomes are measured. Once an intake has been completed through MHCD, a file will be created for the client specifically with information about behavioral health needs and any treatment plans discussed. Finding a balance between what the resident may be required to do because of his/her parole or probation requirements, and the engagement strategies each resident chooses to pursue under a Harm Reduction model will require constant communication and dialogue with resident, staff and in cases where necessary, parole and probation officers. We will be looking specifically to track outcomes as they relate to recidivism rates; if any resident returns to jail/prison for any reason, the length of stay and reason for returning will be tracked. Additionally, inpatient and outpatient visits to the emergency room and hospitals will be tracked as will increase in income, job placement and benefits acquisition.

3. Describe how the Lead Service Provider will set expected quarterly or annual outcomes for case management staff and residents regarding outcomes.

When the Housing Specialist, Case Manager and Peer Specialists are hired, they will review their job descriptions and understand expectations set forth from the start of the job. Key Performance Indicators will be set for how each position is expected to interact/engage with residents. CHM will outline what is expected of each position, their case load and discuss engagement strategies, as well as strategies for handling difficult cases, crisis management, etc. Each staff member will have a formal evaluation annually. Individual Service Plans that are developed between case manager and resident will be used to track outcomes against specific goals in the ISP.

F. Services to be Provided

F.1. General Supportive Services	***Name of Service Provider (Legal Entity) - Include Lead Service Provider and/or Others***	***Whether Provided On-Site or Off-Site***
Tenant orientation/move-in assistance	Charity's House/Property Manager	On-Site
Tenant's rights education/tenants council	Charity's House/Property Manager	On-Site
Case management	Charity's House/MHCD	On- and Off-Site
Coordination of all resident services	Charity's House/MHCD	On- and Off-Site
Psychosocial assessment	Charity's House/MHCD	On- and Off-Site
Individualized service planning	Charity's House/MHCD	On- and Off-Site
Individual counseling and support	Charity's House/MHCD	On- and Off-Site

Referrals to other services and programs	Charity's House/MHCD	On- and Off-Site
Crisis intervention	Charity's House/MHCD	On- and Off-Site
Peer mentoring	Charity's House/MHCD	On- and Off-Site
Support groups (list below)	Charity's House/MHCD	On- and Off-Site
Recreational/socialization opportunities	Charity's House/MHCD	On- and Off-Site
Legal assistance	Will refer out	Off-Site
Transportation	Charity's House	On-Site
Meals	Charity's House	On-Site
Other nutritional services	Charity's House	On-Site
Emergency financial assistance (specify)	Charity's House	On-Site
Furnishings		
Other (specify):		
F.2. Independent Living Skills	***Name of Service Provider (Legal Entity) - Include Lead Service Provider and/or Others***	***Whether Provided On- Site or Off-Site***
Communication skills	Charity's House	On-Site
Conflict resolution/mediation training	Charity's House	On-Site
Personal financial management & budgeting	Charity's House	On-Site
Credit counseling	Charity's House	On-Site
Representative payee	Charity's House	On-Site
Entitlement assistance/benefits counseling	Charity's House	On-Site

Training in cooking/meal preparation	Charity's House	On-Site
Training in personal hygiene and self-care	Charity's House	On-Site
Training in housekeeping	Charity's House	On-Site
Training in use of public transportation	Charity's House	On-Site
Assistance with activities of daily living	Charity's House	On-Site
Other (specify):		
F.3. Health/Medical Services	***Name of Service Provider (Legal Entity) - Include Lead Service Provider and/or Others***	***Whether Provided On-Site or Off-Site***
Routine medical care	Denver Health/Inner City Health Center	Off-Site
Specialty medical care	Denver Health/Inner City Health Center	Off-Site
Medication management or monitoring	Denver Health/Inner City Health Center	Off-Site
Health and wellness education	Denver Health/Inner City Health Center	Off-Site
Nursing/visiting nurse care	Denver Health/Inner City Health Center	Off-Site
Home health aide services	Denver Health/Inner City Health Center	Off-Site
Personal care	Denver Health/Inner City Health Center	Off-Site
HIV/AIDS services	Denver Health/Inner City Health Center	Off-Site
Pain management	Denver Health/Inner City Health Center	Off-Site
Other (specify):		
F.4. Mental Health Services	***Name of Service Provider (Legal Entity) - Include Lead Service Provider and/or Others***	***Whether Provided On- Site or Off-Site***
Individual psychosocial assessment	Mental Health Center of Denver	On- and off-site

Individual counseling	Mental Health Center of Denver	On- and off-site
Group therapy	Mental Health Center of Denver	On- and off-site
Support groups (specify below)	Mental Health Center of Denver	On- and off-site
Peer mentoring/support (describe below)	Mental Health Center of Denver	On- and off-site
Medication management/monitoring (specify below)	Mental Health Center of Denver	On- and off-site
Education about mental illness	Mental Health Center of Denver	On- and off-site
Education about psychotropic medication	Mental Health Center of Denver	On- and off-site
Psychiatric assessment	Mental Health Center of Denver	On- and off-site
Psychiatric services (specify below)	Mental Health Center of Denver	On- and off-site
Liaison with psychiatrist (describe)	Mental Health Center of Denver	On- and off-site
Psychiatric staff (i.e. – nurse)	Mental Health Center of Denver	On- and off-site
Other (specify):		
F.5. Substance Abuse Services	***Name of Service Provider (Legal Entity) - Include Lead Service Provider and/or Others***	***Whether Provided On- Site or Off-Site***
Recovery readiness services (tenants with active addictions)	Charity's House/MHCD	Off-Site
Relapse prevention and recovery planning	Charity's House/MHCD	Off-Site
Substance abuse counseling (individual)	Charity's House/MHCD	Off-Site
Substance abuse counseling (group)	Charity's House/MHCD	Off-Site
Methadone maintenance	Mental Health Center of Denver	Off-Site
Harm-reduction services (specify)	Charity's House/MHCD	On- and off-site

Peer support groups (i.e. - AA/NA/CA)	Charity's House/MHCD	On- and off-site
Sober recreational activities	Charity's House/MHCD	On- and off-site
Detoxification treatment and In-patient Rehabilitation	Mental Health Center of Denver	Off-Site
Rehabilitation program (out-patient)	Mental Health Center of Denver	Off-Site
Other (specify):		
F.6. Employment Services	***Name of Service Provider (Legal Entity) - Include Lead Service Provider and/or Others***	***Whether Provided On- Site or Off-Site***
Job skills training (certificate programs)	Charity's House	On-site
Job skills training (non-certificate services)	Charity's House	On-site
Education	Charity's House	On-site
Job readiness training: resumes, interviewing skills	Charity's House	On-site
Job retention services – support, coaching	Charity's House	On-site
Job development/job placement services	Charity's House	On-site
Opportunities for tenants to volunteer	Charity's House	On-site
Other (specify):		
F.7. Services for Families	***Name of Service Provider (Legal Entity) - Include Lead Service Provider and/or Others***	***Whether Provided On- Site or Off-Site***
Support group for parents	Charity's House	On-site
Support group for children	Will refer out	Off-site
Support group for families	Charity's House	On-site

Assistance in accessing entitlements (including child support)	Charity's House	On-site and off-site
Parenting/child development classes	Will refer out	Off-Site
All-day child care	Will refer out	Off-Site
After-school care	Will refer out	Off-Site
Temporary child care during parent's illness, detox, etc.	Will refer out	Off-Site
Tutoring children	Will refer out	Off-Site
Other children's services provided (specify):	N/A	
Referral to other children's services (specify):	N/A	
Domestic violence services	Charity's House	On-site
Family advocacy (specify):	Will refer out	Off-site
Family reunification (specify):	Charity's House	On-site
Other family services (specify):	N/A	

G. Supportive Services Staffing Plan and Budget Forecast for First 12 Months of Full Operations

Services Staffing Job Functions	Our Job Titles	% FTE	Annual Cost
Overall management/coordination	Housing Specialist	.75	$26,520
Case management	Case Manager I	1	$31,200
Front desk staff	Peer Navigator/Front Desk	1	$27,040
Other: Case Management	Intensive Therapist/Clinician	1	$67,000

Other: Security	Front Desk	2	$65,000
Other: describe			
Subtotals, Personnel Costs			$216,760
Fringe Benefits			$45,520
Subtotal, Personnel Costs			$262,280

Other Services Project Costs	Annual Cost
Client financial assistance	
Client transportation	$6,500
Food/refreshments for client events	$2,500
Other: describe	
Other: describe	
Other: describe	
Other: describe	
Subtotal, Other Services Project Costs	$9,000

Other Direct Services Costs and Indirect Overhead Services Costs (pro-rate for this project)	Annual Cost
Office rent	
Utilities - electricity, heating fuel, phone, internet	
Equipment and equipment maintenance	
Office supplies and postage	$1,000
Mileage and parking (staff)	$1,200
Training and development	$2,000
Insurance (not including insurance within employee benefits)	
Accounting	

Audit	
Legal	
Other: Furnishings (Reflected in first year budget only- donations will be sought as needed for replacement)	
Other: describe	
Other: describe	
Subtotal, Other Costs	$4,200

Total Annual Services Budget	$275,480

Budget Narrative

For the purpose of this budget, staffing for both Charity's House and the Mental Health Center of Denver have been included. A 15-year budget has been developed, taking into consideration sources that are guaranteed (cash flow and developer's fee/PSH 5% boost) but knowing that reimbursable costs to Medicaid will fluctuate based on clients' engagement and the level of need with the Mental Health Center of Denver. A case manager who is part of a high-intensity ACT (Assertive Community Treatment) team will "cost" more than a case manager who works with a resident with less severe needs. After the project opens, it is expected that we will determine that additional staff could be brought into the project to provide a higher level of care to the residents. Given the amounts that we have forecasted as confirmed sources, the staffing above (5.75 FTE) is reflected of these amounts. However, we would like to add at least one more, if not 1.0 FTE to support the needs of these residents and pay our Housing Specialist, Case Manager and Peer Specialists more money than what is currently budgeted. This is a "skinny" budget that would be adjusted, should more confirmed sources of funding become available to the project.

Based on the recent increase to Denver's affordable housing fund (from $15 million annually to $30 million annually, with 30-40% of the dollars going to support projects serving households at 30% AMI and below), CHM will be submitting an application to the Office of Economic Development as soon as an RFA is released to ask for dollars to support services at our PSH, for the first 10 years of the project. It is anticipated that while this is still a "pending" source, that some dollars from OED will go to support this project. We have put the developer's fee into the last 10 years of the budget but will adjust if money from OED does not materialize.

H. Projected Sources of Funding for Supportive Services

See attached budget forecast.