

THE TRANSITIONAL CAMPUS FOR STABILITY, HEALING, AND INDEPENDENCE

A Comprehensive Trauma-Informed Housing, Healthcare,
and Workforce Community for Individuals, Families, and
Transition-Age Youth

A Project Proposal for Funding and Partnership
Loveland, Colorado 2025

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Mission Statement

To provide a safe, trauma-informed, and dignity-centered community where individuals and families experiencing homelessness can heal, stabilize, rebuild skills, and transition successfully into long-term housing and independence.

Vision Statement

A Colorado where every person—regardless of trauma, disability, identity, or circumstance—has access to safe housing, supportive community, and the tools needed to thrive.

The Transitional Campus envisions a future in which homelessness is addressed through compassion, stability, and opportunity, not crisis response or punishment.

Core Values

- Dignity: Every person deserves respect and agency.
- Safety: A protected environment without punitive structures.
- Healing: Trauma-informed care across all services.
- Equity: Inclusive support for LGBTQ+, neurodivergent, and marginalized populations.
- Empowerment: Residents build skills, confidence, and independence.
- Community: Governance shared between staff and residents.
- Opportunity: Pathways to education, housing, employment, and stability.

Project Summary

The Transitional Campus for Stability, Healing, and Independence is a first-of-its-kind, full-service community designed to move individuals and families from homelessness into lasting independence. Through trauma-informed design, integrated medical and behavioral health care, workforce development, and long-term transitional housing, the campus serves 1,000–1,400 residents at any time.

Key Components

- 5-story main building: intake, medical clinic, workforce center, dining services, and short-term housing

- Long-term Family Village: 60 motel-style units for families with children
- Long-term Individual & Couple Village: 90 units for adults preparing for independent living
- RV & Tent Community: 150–200 residents with supportive service access
- Onsite healthcare, counseling, financial literacy, classes, ESL, and workforce programming
- Community governance and non-carceral safety model

Capital Cost: \$60–80 million

Annual Operating Budget: \$18–26 million

Operating Sustainability: 85–100% covered by Medicaid, HUD, employer partnerships, foster youth funding, hospital contracts, philanthropy, and practice rent.

Projected 5-Year Impact

- 3,000–6,000 individuals transition into stable housing
- 40–60% reduction in ER and police encounter
- Major decrease in family homelessness
- Higher employment and income growth among residents
- Significant economic savings for city and county governments

Request

Seeking capital investment, multi-year operational support, government partnership, and philanthropic collaboration to construct and launch the campus in Loveland, Colorado.

EXECUTIVE SUMMARY

Project Name: *The Transitional Campus for Stability, Healing, and Independence*

Organization Type: 501(c)(3) Nonprofit

Location: Loveland / Larimer County, Colorado

Target Populations: Homeless adults, families with children, foster youth (18–30), LGBTQ+ adults, neurodivergent individuals, survivors of trauma, medically fragile residents

Overview

The Transitional Campus for Stability, Healing, and Independence is a first-of-its-kind nonprofit community designed to rapidly and safely transition individuals and families out of homelessness and into long-term independence. Unlike traditional shelters, this campus uses a **three-stage model**—Intake & Stabilization → Short-Term Housing → Long-Term Transitional Apartments—to move people out of crisis, into structure, and finally into self-sufficiency.

The campus is built to serve **1,000–1,400 people at a time**, including individuals, couples, and families with children, while maintaining strict safety, trauma-informed practices, and strong community governance.

Mission

Our mission is simple and urgent: **To end the cycle of homelessness through healing, stability, life skills, safety, and opportunity—while preparing every resident for long-term housing success.**

We believe people don't fail; **systems fail**. This campus is designed to fix those systems.

The Need

Colorado is facing a homelessness crisis driven by housing shortages, lack of trauma-informed care, insufficient foster youth supports, and rising costs of living. Cities and counties collectively spend **millions each year on police sweeps, emergency rooms, jails, and temporary hotels**—none of which solve the problem.

The average cost of leaving someone unhoused in Colorado is **\$30,000–\$70,000 per year**. Our model reduces that cost to **\$12,000–\$20,000**, while providing real pathways out of homelessness.

Why Loveland and Larimer County

Loveland and Larimer County are uniquely positioned to serve as the first location for a comprehensive transitional campus of this scale—not only in Colorado, but in the United States.

This region is **not too small and not too large**. It has the infrastructure, workforce, healthcare systems, and regional access required to support a campus serving 1,000–1,400 residents, while still maintaining a community size that allows coordination, accountability, and humane implementation.

Loveland sits at the **geographic and symbolic heart of Colorado**—a city whose very name reflects the values this project embodies: dignity, care, and human connection. The region offers proximity to:

- Front Range healthcare systems
- Workforce and educational institutions
- Multiple housing authorities
- Interstate transportation corridors

Unlike large metropolitan areas where systems are overwhelmed and fragmented, or rural regions where resources are scarce, Larimer County represents the **ideal proving ground** for a first-of-its-kind model that must function at scale *and* with precision.

By launching here, this campus can demonstrate that true independence—not temporary shelter—is achievable when the system is designed correctly from the start.

Why Now

The need for this campus is immediate.

Every month, more people are entering homelessness—not only those traditionally at risk, but working individuals, families, seniors, and young adults who are being priced out of housing or displaced by instability. The pace of entry into homelessness is accelerating faster than current systems can respond.

At the same time, Colorado’s existing responses remain focused on:

- emergency shelters,
- temporary motel placements,
- enforcement-based displacement,
- and short-term interventions that do not lead to independence.

These approaches do not protect the future—and they do not protect people *today*.

This campus is not only a response to current homelessness; it is a **resilience investment**. It ensures that if a resident of this community experiences:

- job loss,
- medical crisis,
- family disruption,
- aging out of foster care,
- domestic violence,
- disability onset,
- or economic downturn,

there is a **safe, structured place to go immediately**—not a sidewalk, not a car, not an encampment.

This project answers a fundamental question communities must face: *If something happens to our people, where do they go?*

Right now, the answer is: *nowhere safe enough*.

This campus ensures the answer becomes: *here*.

Regional Gaps This Campus Addresses

While Northern Colorado has committed service providers and shelters, significant structural gaps remain that existing models cannot address.

Geographic limitations

Many existing facilities are located in mountain or remote communities where:

- transportation is limited,
- winter travel is dangerous or unreliable,
- service coordination becomes costly and inefficient.

This creates barriers for residents who require frequent medical care, workforce access, or housing navigation.

Scale mismatches

Some communities are too small to sustain comprehensive services, while larger cities face system overload and fragmentation. Loveland and Larimer County provide the optimal balance—large enough to support staffing, volunteers, and partnerships, yet small enough to maintain coordination and accountability.

Lack of a full transition pipeline

Current providers often specialize in only one stage of homelessness response:

- emergency shelter *or*
- outreach *or*

- housing placement

What is missing is a **single, integrated pipeline** that moves people from:

crisis → stabilization → skill-building → long-term transitional housing → permanent independence

This campus fills that gap by design.

Populations left behind

Existing models frequently fail:

- foster youth aging out of care,
- neurodivergent individuals,
- LGBTQ+ residents needing safety,
- families requiring long-term stability,
- people unable to tolerate congregate shelters.

This campus is purpose-built to serve those populations—not as exceptions, but as core priorities.

By filling these gaps, the Transitional Campus does not compete with existing providers. It **strengthens the entire regional system**, allowing other organizations to focus on their specialties while this campus provides the missing backbone of transition and stability.

The Solution: A Purpose-Built Transitional Campus

The campus includes:

1. Main Building – Intake & Short-Term Housing

- Medical & mental health clinic
- Workforce/education center
- Mess hall (3 meals daily)
- Short-term housing for men, women, couples, and LGBTQ residents
- Crisis intervention rooms
- Neurodivergent/disability rooms

2. Long-Term Housing Village (Motel-Style Units)

Accessible only through the secure transition gate behind the main building.

Left Side:

- **60 family units** (two-room apartments with small kitchen/bath)

- Playground, childcare, tutoring center

Right Side:

- **90 individual & couple units**
- Laundry center, community room, quiet spaces

Residents live here 6–36 months (up to 12 years in rare cases) while preparing for HUD housing or independent living.

3. RV & Tent Stabilization Area

For residents not ready for indoor living or awaiting placement.

Programs & Services

- Trauma-informed care
- Workforce development
- Case management
- Mental health therapy
- Primary medical care
- Money management & “practice rent” training
- Foster youth support (18–30)
- LGBTQ+ safe housing
- Community governance
- Conflict resolution and restorative justice

Funding Model

The total capital cost of \$60–80 million is funded through:

- State of Colorado housing grants
- HUD funding
- Philanthropy
- Hospitals
- Local partnerships
- Corporate sponsorships
- Community campaigns

Once operational, the campus becomes **self-sustaining** through:

- Medicaid reimbursements
- HUD per-resident support
- Workforce training contracts
- Foster youth transition funding
- Hospital partnership revenue
- Modest practice-rent contributions

This model **pays for itself long-term**.

Projected Impact

Within the first 5 years, the campus will:

- Transition **3,000–6,000 residents** into long-term housing
- Reduce ER and police interactions by **40–60%**
- Prevent homelessness for hundreds of children
- Stabilize foster youth aging out of care
- Reduce city costs by millions annually
- Create a replicable model for Colorado and the nation

Conclusion

The Transitional Campus for Stability, Healing, and Independence is not just a shelter. It is a **system-changing solution** that addresses homelessness at its root: trauma, instability, and lack of opportunity. By combining housing, healthcare, education, community, and dignity, this campus will break cycles of poverty and give people the tools to succeed—not for a night, but for life.

This project is ready to become Colorado’s flagship model of compassionate, efficient, evidence-based homelessness reform.

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Founder Story & Organizational Purpose

The Lived Experience Behind the Vision

My name is **Neaki L. A. Moss**, and I founded this organization because I lived the crisis this campus is designed to solve. I was raised in foster care. I emancipated at seventeen with no family, no support, no safety net, and nowhere stable to go. I have spent most of my adult life navigating homelessness, trauma, disability, rejection, and a system that was not built for people like me to survive — let alone succeed.

For decades, I watched Colorado invest millions of dollars into programs that did not help the people who needed it most. I watched shelters turn away neurodivergent residents because they couldn't tolerate the noise. I watched LGBTQ people pushed into unsafe spaces where their gender or identity put them at risk. I watched families torn apart because there was no stable, trauma-informed housing. I watched former foster youth — children like me — age out and fall straight into homelessness because there was nowhere for them to land.

And I lived all of that myself.

Despite these challenges, I worked. I went back to college. I earned degrees. I became a teacher, an advocate, and an author. I built a life out of fragments. But even as I did everything society told me to do, I still could not access stable housing. Not because I wasn't trying — but because the system wasn't designed for someone with my trauma history, my background, or my needs.

I learned something powerful:

People are not failing.

The system is failing.

I knew we needed something radically different — not another shelter, not another band-aid, not another temporary quick fix. We needed a campus built with the understanding that healing takes time, safety, stability, and real support. A campus designed by people who have lived through homelessness, not by people who have only studied it from a distance.

That is why I created the idea for the **Transitional Campus for Stability, Healing, and Independence**.

This campus is built on the experiences of people who have survived the streets, the broken foster care system, domestic violence, neurodivergent struggles, mental health challenges, and poverty. It is built from the perspective of people who needed something like this when there was nowhere safe to go.

My purpose is simple:

To build the place I needed when I was 17.

To build the place thousands still need today.

This organization exists because every resident deserves:

- dignity
- safety
- structure
- healing
- opportunity
- and a real pathway into independent housing

We are not warehousing people.

We are not punishing people.

We are not pushing people out of sight.

We are building a community where individuals grow, families stabilize, and lives transform.

Where people who have been failed by every system finally have a system that works.

This is not charity.

This is **justice**, **healing**, and **good governance**.

This campus is the manifestation of a lifetime of lived experience, resilience, and the belief that every human being deserves stability — not someday, not eventually, but now.

PROBLEM STATEMENT

Colorado's Homelessness Crisis Demands a System-Based, Trauma-Informed Transitional Model

Colorado is experiencing a sustained rise in homelessness that outpaces current response systems. Despite significant public expenditures, the number of unhoused individuals and families continues to grow, revealing fundamental gaps in the state's housing, behavioral health, and social support infrastructure. Existing approaches—largely centered on emergency shelters, punitive ordinances, crisis response, and short-term interventions—have not generated long-term, stable outcomes.

The crisis is not solely a shortage of housing; it is a systemic failure of **transition pathways**, **trauma-informed care**, **family stabilization**, and **youth support**, particularly for those exiting foster care.

1. Rising Homelessness Despite Increasing Public Spending

Colorado's unhoused population has increased significantly in the past decade. Regional data from Larimer County and the surrounding Front Range show sharp growth among:

- Families with children
- Transition-age youth (18–30)
- LGBTQ+ individuals
- People with disabilities
- Individuals with untreated trauma or neurodivergence

Although municipalities and counties invest millions of dollars annually in emergency response, the current system largely manages homelessness rather than resolving it. Most public spending is directed toward:

- Law enforcement engagement
- Emergency room utilization
- Crisis response
- Temporary shelter beds
- Encampment cleanups
- Motel vouchers

These approaches are costly and do not provide a pathway to permanent stability.

2. Foster Youth Disproportionately Enter Homelessness

Colorado's foster care outcomes are among the most concerning nationally. Nearly half of foster youth experience homelessness within 18 months of aging out. Many lack:

- Stable adult support
- Practical life skills
- Trauma-informed mental health care
- Financial literacy
- Access to long-term housing options

Traditional shelters are often unsafe or unsuitable for this population, reinforcing cycles of instability.

3. Inadequate Trauma-Informed and Neurodivergent-Supportive Housing

A large proportion of unhoused individuals have untreated trauma histories, neurodivergent conditions, or disabilities. Current shelter environments are often:

- Overstimulating
- Overcrowded
- Chaotic
- Unsafe for sensory-sensitive individuals
- Incompatible with trauma recovery

This results in high turnover, program expulsions, and increased risk of returning to unsheltered homelessness.

4. Unsafe and Insufficient Housing Options for LGBTQ+ Individuals

LGBTQ+ Coloradans experience homelessness at disproportionately high rates and often encounter discrimination or unsafe conditions in traditional shelters. The absence of dedicated LGBTQ+ protective environments contributes directly to chronic homelessness and vulnerability to violence.

5. Family Homelessness and Family Separation

Family homelessness continues to rise across Colorado. Existing shelter models frequently:

- Separate families by gender
- Exclude older teenagers
- Lack adequate privacy for children

- Provide no long-term transitional options
- Fail to offer trauma-informed services for parents and youth

Families need safe, stable environments—not short-term crisis beds.

6. Financial Inefficiency of the Current System

Keeping a single person unhoused costs Colorado an estimated **\$30,000–\$70,000 per individual per year**, due to:

- Emergency medical care
- Police intervention
- Jail costs
- Crisis transport
- Environmental cleanup
- Repeated short-term shelter stays

In contrast, structured transitional housing costs **\$12,000–\$20,000 per person per year** and produces long-term positive outcomes. Current spending practices are financially unsustainable and ineffective.

7. Absence of a Comprehensive Transitional Housing Pipeline

Colorado lacks a unified system that transitions individuals from:

Crisis → Stabilization → Skills Development → Long-Term Transitional Housing → Permanent Housing

Existing models do not provide:

- Multi-stage transitional housing
- Life skills training
- Practice-rent programs
- Integrated medical and mental health services
- Neurodivergent accommodations
- Dedicated LGBTQ+ safety wings
- Long-term family units
- Pathways into HUD-supported permanent housing

This absence of coordinated transitional infrastructure is a primary driver of repeat homelessness.

8. The Need for a Purpose-Built Campus Model

To reverse these trends, Colorado requires a purpose-built environment that addresses homelessness at its roots:

- untreated trauma
- lack of life skills
- family instability
- inadequate long-term options
- neurodivergent barriers
- foster youth discharge gaps
- LGBTQ+ safety needs
- economic barriers to independence

A comprehensive, trauma-informed transitional campus with both short-term and long-term programming is the missing piece in the state's continuum of care.

Conclusion

Colorado's current homelessness response systems absorb substantial public resources without producing lasting reductions in homelessness. The absence of a cohesive, trauma-informed, multi-stage transitional model is a critical gap in the state's infrastructure. A structured campus capable of moving residents from crisis to independence—supported by medical care, mental health services, workforce development, stable long-term units, and community governance—is essential to reducing homelessness, lowering public costs, and creating sustainable pathways to stability.

SOLUTION OVERVIEW

A Comprehensive Transitional Campus Designed to Move Individuals and Families From Crisis to Long-Term Stability

The Transitional Campus for Stability, Healing, and Independence provides a complete, trauma-informed alternative to Colorado’s fragmented homelessness response. It is a purpose-built residential and services community that moves residents through a structured pathway from crisis to permanent housing readiness. The model integrates housing, healthcare, behavioral health, workforce development, life-skills education, and community governance into a unified system that replaces costly emergency responses with sustainable long-term outcomes.

1. Three-Stage Transitional Housing Model

Stage 1 — Intake and Stabilization (Main Building)

All prospective residents—including individuals, couples, and families—enter through the main building.

During this stage, residents receive:

- Medical and behavioral health assessments
- Safety and vulnerability screening
- Trauma-informed and neurodivergent assessment
- Case management assignment
- Program orientation
- Immediate access to food, hygiene, and basic support

This centralized intake process ensures appropriate placement, safety planning, and early engagement with services for every resident.

Placement after intake:

- **Families with children** are typically placed **directly into long-term family units** in the family village, in order to maximize stability for minors and avoid unnecessary movement between settings.
- Individuals and couples generally enter **short-term housing** in the main building.
- In specific cases (e.g., severe trauma, medical fragility, or inability to tolerate congregate environments), individuals or couples may also be placed directly into long-term units.

Stage 2 — Short-Term Housing and Support Services (Main Building)

For most single adults and many couples, the next step is short-term housing in the main building. This building includes population-specific wings:

- Men's wing
- Women's wing (with secured, separate access)
- Couples wing (separate circulation from women's wing)
- LGBTQ+ wing (top-floor protective environment)
- Neurodivergent/disability-adapted rooms
- Crisis stabilization and restorative spaces

Short-term housing is designed for **approximately 0–24 months**, depending on need. During this phase, residents engage in:

- Workforce development and education
- Financial literacy and savings planning
- Physical and behavioral healthcare
- Life-skills and executive-function training
- Conflict resolution and restorative processes
- Community governance and peer support

The objective of Stage 2 is to stabilize residents, build capacity, and prepare them for either long-term transitional housing on campus or direct placement into permanent housing.

Stage 3 — Long-Term Transitional Housing Villages (Behind the Main Building)

Once residents are ready for a higher level of independence—or, in the case of families and select high-need individuals, immediately following intake—they enter the long-term transitional housing villages located behind the main building. Access is provided through a staff-monitored transition zone at the rear of the main facility, symbolically and practically marking the shift from crisis stabilization to pre-independent living.

The long-term area comprises two motel-style communities:

A. Family Village (Left Side)

- **60 units** designed for families with children
- Each unit includes two rooms, a small living area, a compact kitchen, and a private bathroom
- Gated, protected environment with dedicated staff presence
- Onsite family-focused services: childcare support, tutoring/homework space, and family case management

Families typically move directly from Stage 1 into the Family Village to minimize disruption for children and provide immediate stability.

B. Individual & Couple Village (Right Side)

- **90 units** for individuals and couples
- Each unit includes a small living area, kitchenette, and private bathroom
- Shared laundry facilities and community rooms for groups and classes

Residents in long-term units generally remain **6–36 months** (with rare, complex cases staying up to 10–12 years). During this time, they practice:

- Cooking and household management
- Cleaning and unit care
- Paying “practice rent” and managing a budget
- Attending appointments independently
- Building credit, savings, and rental history
- Preparing for HUD-supported or private housing

This stage functions as a bridge between homelessness and successful independent tenancy.

2. Tent and RV Stabilization Community

At the rear of the property, the campus includes a designated Tent and RV Stabilization Community for residents who:

- Are not ready or able to tolerate indoor congregate environments
- Prefer to remain in existing RVs or established tent setups
- Are awaiting indoor short-term or long-term placement

Infrastructure includes:

- 40–60 RV pads (with hookups where feasible)
- 100–150 tent platforms
- Heated restrooms and shower facilities
- Laundry building
- Storage lockers and charging stations
- Wi-Fi and basic connectivity
- A staffed service office for outreach and case management
- Perimeter fencing with controlled access and adequate lighting

Residents in this area have full access to the main building's:

- Medical and behavioral health clinic
- Workforce and education center
- Daily meals in the mess hall
- Case management services
- Governance and community activities

This community operates as a **stabilizing alternative to street encampments**, providing safety and services while respecting resident autonomy and readiness.

3. Integrated Support Services

Across all stages, the campus centralizes services that are typically fragmented across multiple systems:

- Primary medical care and chronic disease management
- Behavioral health care and trauma-informed counseling
- Workforce development, education, and employer partnerships
- Family supports, childcare, and youth services
- Neurodivergent accommodations and sensory-aware environments
- Financial literacy, credit repair, and savings programs
- Substance use recovery partnerships and referrals
- Peer leadership and community organizing

4. Safety and Governance

The campus utilizes a non-carceral, restorative safety model:

- No locked dorms; resident privacy is maintained in long-term units
- Structured, staff-guided conflict resolution processes
- Suspension and “cool-down” spaces instead of punitive eviction
- Internal review of incidents prior to consequences
- Mandatory reporting and law-enforcement engagement for serious crimes, including sexual abuse, trafficking, and child endangerment
- Strict access controls for women's and family areas
- Dedicated, protective spaces for LGBTQ+ residents

Residents participate in governance councils, contributing to rule-making, feedback, and campus culture.

5. Pathways to Permanent Housing

Upon demonstrating readiness in long-term units, residents transition into:

- HUD-supported units
- Affordable housing developments
- Private market rentals
- Employer-linked housing opportunities
- Family reunification where appropriate

The campus provides move-out support, including deposit assistance, furnishings, and follow-up case management, to ensure long-term housing retention and prevent returns to homelessness.

6. Regional and Interstate Housing Placement System

The campus serves as a coordinated housing-placement hub, working in collaboration with local, state, and out-of-state agencies to secure long-term housing for residents. While the campus is based in Loveland, its housing navigation team maintains partnerships with public housing authorities, nonprofit housing developers, tribal housing programs, veteran housing services, and community-based organizations across Colorado and throughout the United States.

Residents may pursue permanent housing in:

- Larimer County
- Other Colorado counties
- Neighboring states
- Any location where family, employment, safety, or personal preference align

The housing navigation team manages:

- HUD voucher portability
- Interstate housing transfers
- Coordination with receiving agencies
- Rental applications and advocacy
- Relocation logistics
- Supportive service continuity

This regional and national approach removes geographic barriers, increases placement opportunities, and supports resident choice—producing higher long-term housing stability than single-county models.

Conclusion

The Transitional Campus for Stability, Healing, and Independence offers Colorado a comprehensive, trauma-informed, multi-stage solution that serves unsheltered individuals, families, foster youth, LGBTQ+ residents, and neurodivergent populations. By combining short-term congregate housing, long-term motel-style units, and a safe Tent and RV community within a single, integrated system, the campus provides a clear, supported pathway from crisis to independence for every resident it serves.

FULL CAMPUS DESCRIPTION (Layout and Operations)

A Purpose-Built Environment for Stabilization, Healing, and Independent Living

The Transitional Campus for Stability, Healing, and Independence is designed as a unified, multi-component community that integrates housing, services, medical care, workforce development, family support, and trauma-informed programming into a single coordinated environment. The physical layout is intentional, ensuring that every resident—regardless of background, age, or housing stage—has access to the services and stability needed to move toward permanent housing.

The campus is composed of five core zones:

1. **Main Building (Intake, Short-Term Housing, Medical, Food Services, Workforce Center)**
2. **Transition Courtyard (Movement from Crisis to Stability)**
3. **Long-Term Transitional Housing: Family Village**
4. **Long-Term Transitional Housing: Individual & Couple Village**
5. **Tent and RV Stabilization Community**

The following section provides a comprehensive description of each structure and its operational role.

1. Main Building (Front of Campus)

The Main Building serves as the campus's central hub and the first point of entry for every resident. It integrates intake, immediate stabilization, medical services, meals, short-term housing, and central operations.

1.1 Ground Floor – Intake, Medical, Food Services, Workforce Center

The ground floor includes:

A. Intake and Assessment Center

- 24/7 staffed reception and triage
- Trauma-informed intake suites
- Interview rooms
- Safety and vulnerability screening

- Identification/documentation support

B. Medical and Behavioral Health Clinic

- Exam rooms
- Behavioral health counseling rooms
- Medication management office
- Crisis assessment room
- ADA-accessible showers and sanitary facilities

C. Mess Hall and Nutrition Center

- Commercial kitchen and food storage
- Dining hall for seated meals
- Grab-and-go stations for residents who work varying hours

D. Workforce & Education Center

- Classrooms and training labs
- Computer lab
- Resume and employment support office
- Employer partnership meeting rooms

This floor provides all necessary early-stage stabilization needs in one accessible location.

1.2 Floors 2–5 – Short-Term Housing Wings (for Individuals & Couples)

Short-term housing is located in the upper floors of the main building to ensure immediate oversight, safety, and access to services.

Floor 2: Men’s Housing Wing

- Large dorm rooms
- Smaller semi-private rooms
- Shared restrooms and showers
- Quiet room for sensory regulation

Floor 3: Women's Housing Wing & Couples Wing

These two wings share an elevator-accessible waiting area but are **fully separated internally**.

- **Women's Wing:**
 - Secured access
 - Staffed 24 hours
 - Designed for safety, privacy, and trauma-sensitive environments
- **Couples Wing:**
 - Private or semi-private rooms
 - Shared restrooms

Floor 4: Neurodivergent/ADA Wing & Overflow Housing

- Low-stimulation rooms
- Sound-reduced spaces
- ADA-compliant units
- Additional short-term beds for crisis response

Floor 5: LGBTQ+ Protective Wing

- Private and semi-private rooms
- Community lounge designed for safety and cultural affirmation\
- Staff trained in LGBTQ+ trauma and health needs

All short-term wings operate with consistent rules, community governance processes, and access to onsite services.

2. Transition Courtyard (Behind Main Building)

Located directly behind the main building is a landscaped, staff-supervised courtyard that functions as both:

- A **symbolic transition** from crisis to stability
- A **practical gateway** to long-term housing

The courtyard includes:

- Benches and shade structures
- Space for case management meetings

- A secure pedestrian path leading into both long-term villages
- A monitored transition gate staffed 24/7

This gate ensures that only approved long-term residents, staff, and authorized visitors enter residential areas while maintaining an open, non-carceral environment.

3. Long-Term Transitional Housing: Family Village (Left Side of Campus)

3.1 Purpose

The Family Village provides **immediate and long-term stability for families with children**, prioritizing safety, routine, and continuity.

3.2 Layout

The Family Village includes:

- **60 motel-style transitional units**, grouped into small clusters
- Each unit contains:
 - Two/Three bedrooms
 - Small living area
 - Compact kitchen
 - Private bathroom
- Landscaped common areas
- Internal pedestrian walkways (no direct street-facing doors)
- Perimeter fencing and controlled entry

3.3 Family Support Facilities

- Childcare center
- Tutoring and homework room
- Family case management office
- Small playground and outdoor gathering areas
- Laundry building

Families bypass short-term dorms and move directly into this area after intake, reducing instability and ensuring children remain in a consistent environment.

4. Long-Term Transitional Housing: Individual & Couple Village (Right Side of Campus)

4.1 Purpose

This village supports residents preparing for independent living but who still require structured support and stability.

4.2 Layout

The community includes:

- **90 units** arranged in several single-story motel-style rows
- Each unit includes:
 - A small living space
 - A kitchenette
 - A private bathroom
 - Storage space

4.3 Shared Amenities

- Laundry building
- Community programming room
- Outdoor seating and garden areas
- Case management office

Residents typically remain 6–36 months while they learn and practice the skills required for independent tenancy.

5. Tent and RV Stabilization Community (Rear of Campus)

Located at the far rear of the property, this community serves residents who:

- Are not ready for indoor housing
- Prefer RV or tent living
- Are awaiting indoor placement
- Have trauma or sensory needs incompatible with dormitory settings

5.1 RV Area

- 40–60 pads
- Electrical hookups (where feasible)
- Water access
- Dump station
- Fire-safe spacing

5.2 Tent Area

- 100–150 tent platforms
- Covered gathering areas
- Storage lockers
- Community seating

5.3 Support Facilities

- Restroom and shower building
- Laundry building
- Charging stations
- Wi-Fi hotspots
- Case management office

This community reduces encampments, improves safety, preserves autonomy, and maintains service access.

6. Campus-Wide Operations

6.1 Trauma-Informed Staffing

The campus employs:

- Medical professionals
- Behavioral health clinicians
- Case managers
- Peer support specialists
- Neurodivergent accommodation staff
- Family coordinators

- Safety and restorative justice personnel

All staff receive training in:

- Trauma-informed care
- De-escalation
- Neurodivergent support
- LGBTQ+ cultural competence
- Mandatory reporting
- Suicide intervention

6.2 Safety Systems (Non-Carceral Model)

- No locked rooms except resident-controlled long-term units
- Staffed hallways and common areas
- Suspension rooms for conflict cooling-off
- Internal investigations before consequences
- Police involvement only when legally required
- Strict access controls for family and women's areas
- Campus-wide surveillance in common areas (not in rooms)

6.3 Meals and Daily Living

All residents, including those in RV and tent areas, receive access to:

- Three meals daily
- Grab-and-go options for working residents
- Nutrition education
- Dietary accommodation services

6.4 Transportation and Accessibility

- Onsite shuttle service
- Proximity to public transit
- ADA-compliant pathways and buildings

Conclusion

The campus layout creates a unified, trauma-informed environment where residents progress naturally from crisis to stability and finally to independent living. Each zone serves a distinct purpose, yet all are integrated into a single system designed to meet Colorado's complex homelessness challenges with dignity, efficiency, and long-term impact.

SERVICES PROVIDED

An Integrated System of Housing, Healthcare, Education, and Trauma-Informed Support

The Transitional Campus for Stability, Healing, and Independence delivers a comprehensive suite of services designed to address the full spectrum of needs experienced by unhoused individuals, families, foster youth, and vulnerable populations. These services operate in an integrated, multi-disciplinary model to ensure continuity of care, reduce systemic gaps, and support long-term housing stability.

The campus functions as a centralized hub where residents can access healthcare, mental health services, workforce training, life-skills education, family support, and community governance—all within a trauma-informed environment.

1. Medical and Behavioral Health Services

1.1 Primary and Preventive Medical Care

The onsite medical clinic provides:

- Routine primary care
- Chronic disease management
- Medication refills and monitoring
- Wound care and minor urgent medical services
- Health assessments for new residents
- Transportation coordination for hospital visits when needed

The presence of an onsite clinic dramatically reduces ER usage and improves health stabilization.

1.2 Behavioral Health Services

Licensed behavioral health professionals offer:

- Trauma-informed therapy
- Crisis intervention
- Suicide risk assessment
- Group counseling

- Substance recovery support partnerships
- Psychiatric evaluation and medication management

Behavioral health integration ensures early stabilization and reduces crisis cycles.

2. Case Management and Housing Navigation

2.1 Individualized Case Management

Every resident is assigned a case manager who provides:

- Individualized transition plans
- Goal-setting and progress monitoring
- Barrier identification and removal
- Benefits navigation (SSDI, SNAP, Medicaid, etc.)
- Housing readiness and application support

Case management is coordinated across all stages of the campus.

2.2 Housing Navigation

Dedicated housing specialists help residents secure:

- HUD vouchers
- Affordable housing units
- Workforce housing
- Private-market rentals
- Transitional placements for foster youth

Navigation includes assistance with:

- Deposits
- Move-in kits
- Credit-building
- Rental history development
- Landlord communication

3. Workforce Development and Education

3.1 Employment Preparation

The Workforce & Education Center provides:

- Resume support
- Job readiness training
- Interview preparation
- Digital literacy courses
- Worksite behavior and communication training
- Clothing and equipment resources
- English language and literacy classes, including ESL instruction for residents seeking to strengthen communication skills for education and employment.

3.2 Skills Training

Training programs are built around employer partnerships and include:

- Hospitality and culinary training
- Warehouse and logistics
- Construction and trade skills
- Customer service
- Landscaping and maintenance
- Office and administrative skills

3.3 Employer Partnerships

Local employers collaborate with the campus by:

- Conducting onsite interviews
- Offering apprenticeships
- Providing direct-hire pipelines
- Supporting workforce certification programs

4. Financial Literacy and Independent Living Skills

4.1 Money Management

Residents participate in:

- Budgeting classes
- Banking literacy
- Credit repair services
- Savings plan development
- Debt reduction strategies

4.2 Practice Rent Program

Residents in long-term units pay symbolic, low-cost “practice rent” to learn:

- Monthly bill payment
- Budget consistency
- Financial accountability
- Household management

Funds are reinvested into campus operations and maintenance.

4.3 Life Skills Training

Residents receive instruction in:

- Cooking and nutrition
- Cleaning routines
- Time management
- Conflict resolution
- Appointment management
- Executive functioning support

Specialized supports are available for neurodivergent individuals.

5. Family and Youth Services

5.1 Family Case Management

Family case managers provide:

- Parenting support

- Education navigation
- Childcare coordination
- Long-term stability planning
- Family reunification (when appropriate)

5.2 Child and Youth Programs

Supports include:

- After-school tutoring and homework assistance
- Early childhood development support
- Playgroups and enrichment activities
- Trauma-informed youth counseling

These programs reduce disruptions to a child's development and stabilize family systems.

5.3 Foster Youth Transitional Support (Ages 18–30)

Specialized programming supports former foster youth by providing:

- Housing stability
- Mentorship
- Financial literacy
- Employment pathways
- Identity and trauma support
- Crisis prevention

This population receives structured guidance to replace the support networks they never had.

6. Community Governance and Restorative Justice

6.1 Resident Governance Councils

Residents participate in:

- Community decision-making
- Program feedback
- Rule development
- Peer leadership roles

This approach builds empowerment, accountability, and community cohesion.

6.2 Restorative Justice and Conflict Resolution

Instead of punitive evictions, the campus uses:

- Mediated conflict resolution
- Restorative conversations
- Cooling-off rooms
- Suspension spaces
- Individual assessments before consequences

This reduces trauma recurrence and encourages behavioral growth.

7. Neurodivergent and Disability Supports

7.1 Sensory-Aware Environments

The campus includes:

- Low-stimulation rooms
- Noise-reduced spaces
- Flexible lighting
- Flexible dining hours

7.2 Accessibility Supports

Staff assist with:

- Accommodation planning
- Disability benefits navigation
- Routine structure building
- Communication supports

8. LGBTQ+ Safety and Support Services

The campus provides:

- LGBTQ+ safe housing (dedicated wing)

- Identity-affirming support staff
- Trauma-informed LGBTQ+ counseling
- Peer community spaces
- Safety protocols for harassment prevention

This ensures that LGBTQ+ residents receive culturally competent, protected care.

9. Services for Tent and RV Residents

Tent and RV residents have full access to:

- Medical care
- Meals
- Workforce programs
- Case management
- Hygiene facilities
- Long-term pathway planning

This inclusion prevents isolation and maintains continuity of care.

Conclusion

The Transitional Campus provides a complete suite of services designed to resolve the root causes of homelessness—trauma, unemployment, financial instability, unmet medical needs, neurodivergence, system failures, and lack of long-term support. Every service is intentionally integrated into a coordinated, trauma-informed system that moves residents from crisis to independence with structure, dignity, and measurable outcomes.

SAFETY & GOVERNANCE

A Non-Carceral, Trauma-Informed Model That Prioritizes Protection, Accountability, and Community Leadership

The Transitional Campus for Stability, Healing, and Independence employs a comprehensive safety and governance framework designed to balance resident autonomy with child protection, trauma-informed care, and organizational accountability. The model rejects punitive, shelter-based disciplinary approaches and instead utilizes structured supervision, restorative justice, clearly defined safety protocols, and community governance systems that empower residents and maintain equitable standards across the campus.

The safety and governance system is built on five pillars:

1. Trauma-Informed Safety Practices

The campus does not operate under a punitive or carceral model. Instead, safety practices are grounded in trauma-informed principles:

- **No locked rooms**, except for resident-controlled locks in long-term transitional units.
- **24/7 professional staffing** in all short-term housing wings.
- **Clear, predictable routines** that minimize anxiety and instability.
- **Low-stimulation environments** for neurodivergent residents.
- **Restorative interventions** rather than immediate eviction.
- **Proportionate consequences** based on thorough assessment and context.

This approach protects resident dignity while maintaining necessary organizational structure.

2. Safety Protocols for Women, Children, and Vulnerable Populations

Specialized protections exist for populations at increased risk:

Women

- The women's wing has **separate, secured access**.
- No male residents are permitted beyond the controlled boundary.
- Staff presence is maintained at all times.

Families and Children

- The Family Village is fully enclosed with **restricted entry**.
- Only approved adults, staff, and guardians may enter.
- Staff trained in child safeguarding monitor activity and ensure compliance with state requirements.

LGBTQ+ Residents

- The LGBTQ+ wing provides a **protected environment** with specialized staff.
- Protocols prevent discrimination, harassment, and unsafe roommate assignments.

Neurodivergent and Disabled Residents

- Accommodations include sensory-safe rooms, flexible routines, and specialized staffing.
- Behavioral episodes are addressed through supportive, not punitive, interventions.

3. Conflict Resolution and Restorative Justice

The campus replaces traditional shelter discipline with a restorative model that prioritizes understanding, accountability, and community healing.

Core Components

- **Mediated conflict resolution sessions**
- **Restorative conversations** to repair relationships
- **Cooling-off rooms** for emotional regulation
- **Temporary suspension rooms** (not eviction) for behavioral review
- **Behavioral agreements** created collaboratively with residents
- **Case manager follow-up** to address root causes

Immediate eviction is used **only** in cases of severe violence or legally mandated removals.

4. Governance Structure

The campus uses a shared-governance model that incorporates staff oversight and resident participation.

A. Staff Leadership Structure

- Executive Director
- Program Directors
- Clinical and Medical Leads

- Operations Manager
- Safety and Restorative Practices Coordinator
- Family Services Director
- Workforce Development Director
- Housing Navigation Supervisor

Each department ensures consistent program delivery, regulatory compliance, and quality-of-care standards.

B. Resident Governance Councils

Residents participate in councils that meet regularly to discuss:

- Rule recommendations
- Community concerns
- Program improvements
- Safety feedback
- Activity planning
- Peer accountability systems

This structure promotes leadership development, communication skills, and shared responsibility.

5. Law Enforcement and Mandatory Reporting

The campus follows Colorado law regarding safety and reporting while maintaining a non-punitive environment.

Law Enforcement Involvement

Police are contacted **only** for:

- Criminal activity that endangers others
- Sexual assault
- Child abuse or neglect
- Human trafficking
- Weapons violations
- Situations legally requiring a police response

All other conflicts are handled internally through restorative and case management processes.

Mandatory Reporting

All staff are trained on:

- Colorado's child protection laws
- Adult protection protocols
- Reporting timelines and procedures
- Documentation standards
- Confidentiality requirements

Conclusion

The campus's safety and governance framework creates a stable, respectful, and predictable environment that protects vulnerable residents, supports trauma recovery, fosters community ownership, and ensures legal compliance. By combining restorative justice, structured governance, and trauma-informed protections, the campus maintains safety without replicating punitive systems that have historically destabilized unhoused populations.

Common Concerns & Evidence-Based Responses

Large-scale, trauma-informed housing initiatives often raise important questions from community members, policymakers, and funders. The following concerns are addressed directly through evidence-based design, operational safeguards, and national best practices.

Concern 1: “Will this increase crime or reduce neighborhood safety?”

Response:

No. Evidence consistently shows that **structured, supervised housing with onsite services reduces crime**, emergency calls, and disorder compared to unmanaged street homelessness or encampments.

This campus:

- operates with 24/7 professional staffing,
- uses controlled access points,
- employs restorative, non-carceral safety practices,
- includes mandatory reporting and law enforcement involvement when legally required.

By stabilizing residents and reducing unsheltered homelessness, the campus **improves overall public safety**, not diminishes it.

Concern 2: “How will this affect surrounding neighborhoods?”

Response:

The campus is intentionally designed as a **self-contained, purpose-built environment**, not a spillover shelter model.

Key features include:

- centralized services onsite (medical, meals, workforce),
- limited need for residents to congregate offsite,
- clear boundaries between residential zones,
- internal governance and accountability systems.

Communities surrounding similar campuses experience **fewer encampments, reduced emergency service calls, and improved neighborhood stability**.

Concern 3: “Is this too expensive?”

Response:

The cost of *not* building this campus is significantly higher.

Current systems spend an estimated **\$30,000–\$70,000 per person per year** on unmanaged homelessness through emergency rooms, law enforcement, incarceration, and crisis response.

This campus reduces that cost to **\$12,000–\$20,000 per person per year**, while producing measurable outcomes:

- housing stability,
- employment,
- reduced public-system usage.

This is not an expense—it is a **cost-reduction and systems-efficiency investment**.

Concern 4: “Why not just use scattered-site housing instead?”

Response:

Scattered-site housing is effective *after stabilization*, not during crisis.

Individuals and families exiting homelessness often require:

- medical and behavioral health care,
- workforce training,
- life-skills development,
- case management,
- trauma-informed environments.

Without centralized support, scattered-site placements frequently fail, leading to eviction and returns to homelessness.

This campus functions as a **launch platform**—preparing residents to succeed in scattered-site or permanent housing once stabilized.

Concern 5: “Will people become dependent on the system?”

Response:

No. The campus is explicitly designed to promote independence through:

- time-limited transitional housing,
- practice rent,
- employment pipelines,
- housing readiness benchmarks,
- structured move-out planning.

Success is measured by **exits into permanent housing**, not length of stay.

By addressing these concerns directly, the Transitional Campus demonstrates transparency, accountability, and leadership—ensuring community confidence and long-term success.

SUSTAINABILITY PLAN

Long-Term Financial, Operational, and Programmatic Stability

The Transitional Campus for Stability, Healing, and Independence is intentionally designed to remain financially resilient, operationally reliable, and programmatically adaptable over time. Sustainability is achieved through diversified funding streams, efficient infrastructure, strong community partnerships, and outcome-driven practices that continually reinforce the campus's relevance and impact. This section outlines the long-term strategies that ensure the campus will not only remain viable, but will grow as an essential regional resource.

1. Diversified and Renewable Funding Streams

The campus's operating budget is intentionally structured so that funding does not depend on a single source. Instead, it draws from multiple, stable, renewable revenue streams that align with the services provided.

1.1 Medicaid Reimbursements

Ongoing Medicaid billing for behavioral health, psychiatric services, case management, crisis intervention, and peer support provides a major renewable revenue stream. As long as services operate, reimbursements continue.

1.2 HUD and Federal Housing Support

Housing assistance funds and per-resident reimbursement from HUD and related federal programs provide consistent, repeatable income tied to resident participation.

1.3 Foster Youth and Family Stabilization Funding

As a primary provider of transitional housing for former foster youth and families with children, the campus remains eligible for ongoing state and federal youth and family support programs.

1.4 Workforce Development Contracts

Collaborations with employers, workforce centers, and industry-specific training pipelines produce consistent contract revenue while supporting resident employment.

1.5 Hospital and Healthcare Partnerships

Local hospitals contribute funding due to medical cost savings associated with reducing emergency room utilization and improving patient stability.

1.6 Philanthropy and Annual Giving

Private donors, foundations, and corporate partners provide flexible funding for innovation, expansion, and capital improvements.

1.7 Practice Rent Contributions

Symbolic practice rent from long-term residents reinforces budgeting skills while providing a small but reliable operating contribution.

1.8 Federal and State Grants

Ongoing eligibility for grants related to homelessness reduction, family stability, mental health treatment, employment training, and disability services ensures continued resource diversification.

The combination of these sources is designed to cover **85–100%** of annual operating costs.

2. Efficient, Cost-Effective Infrastructure

The campus's physical design supports long-term sustainability through:

2.1 Modular and Motel-Style Construction

Long-term units use simple, durable designs that minimize:

- construction costs
- repair needs
- utility demand
- maintenance requirements

2.2 Centralized Services

Key services (medical, meals, showers, case management, training) are centralized in the main building, reducing staffing duplication and operational overhead.

2.3 Scalable Layout

Both long-term villages and the tent/RV community are designed for phased expansion to meet future demand without requiring major reconstruction.

2.4 Energy Efficiency

Where feasible, buildings incorporate:

- efficient HVAC systems
- LED lighting
- water-saving fixtures
- solar integration (optional future phase)

These reduce long-term utility expenses.

3. Data-Driven Program Evaluation

The campus maintains a robust evaluation framework to ensure high performance and program relevance over time.

3.1 Outcomes Tracked

- Housing exit rates
- Employment placement and retention
- Income growth
- Reduction in ER utilization
- Reduction in police engagement
- Family stability metrics
- Educational attainment for youth
- Behavioral health outcomes

3.2 Continuous Improvement

Programs are regularly evaluated and adjusted based on:

- data analysis
- resident feedback
- staff recommendations
- community advisory input

This ensures the campus remains effective and funders see measurable results.

4. Strategic Community Partnerships

Long-term sustainability is strengthened through extensive partnerships across:

- local governments
- statewide housing authorities
- out-of-state housing providers
- healthcare systems
- schools and universities
- faith-based organizations
- employers and industry groups
- behavioral health networks

These partnerships:

- extend service reach
- increase placement opportunities
- support job pipelines
- stabilize funding
- integrate the campus into regional systems

5. Workforce Development as a Sustainability Engine

Workforce development is not only a program component — it is a sustainability mechanism.

5.1 Employer Collaboration

Employers invest in resident training to create reliable hiring pipelines.

5.2 Resident Employment

Higher employment rates lead to:

- increased practice rent
- reduced turnover
- more stable transitions
- better long-term outcomes

5.3 Economic Impact

Residents who secure stable employment contribute to:

- local workforce needs
- regional economic growth
- reduced public assistance reliance

This strengthens the long-term viability of the entire campus model.

6. Scalable Governance and Leadership

The governance structure ensures long-term organizational stability.

6.1 Professional Leadership

A strong executive and management team maintains compliance, staffing, partnerships, and financial stewardship.

6.2 Resident Leadership

Resident councils cultivate internal leadership, support community enforcement, improve program quality, and reduce operational strain on staff.

6.3 Advisory Boards

Boards composed of experts in:

- housing
- behavioral health
- foster care
- LGBTQ+ advocacy
- economic development
- criminal justice reform

provide ongoing guidance and accountability.

7. Long-Term Vision and Expansion Capacity

The campus is designed not only to function as a standalone community but to serve as a **statewide model** with potential for replication.

Future sustainable growth may include:

- additional long-term housing clusters
- expanded workforce and apprenticeship programs
- satellite clinics or service locations
- partnerships with additional regions or states
- specialized programs for seniors or medically fragile populations

This adaptability ensures relevance across changing demographic and economic conditions.

Conclusion

The Transitional Campus is intentionally structured for long-term sustainability through diversified revenue, efficient infrastructure, strong partnerships, workforce-driven economic integration, and rigorous evaluation. This financial and operational model ensures that once established, the campus will continue to meet Colorado's homelessness, foster youth, LGBTQ+, family stability, and mental health needs for decades, without creating undue financial burden on local government.

Strategic Anchor Partners (Targeted Collaborations)

The Transitional Campus for Stability, Healing, and Independence is designed to integrate seamlessly into existing systems while filling critical gaps those systems cannot address alone. While formal agreements will be finalized during the implementation phase, the following **anchor partner categories** represent realistic, high-alignment collaborators essential to long-term success.

These partners are not speculative—they are system-aligned institutions that already bear the financial and human cost of homelessness.

1. Regional Hospital Systems & Healthcare Networks

(e.g., **Front Range hospital systems, regional medical centers**)

Hospitals currently absorb significant costs related to emergency department overuse, unmanaged chronic illness, and crisis cycling among unhoused patients. This campus provides a stabilization and recovery pathway that directly reduces:

- emergency room utilization,
- repeat hospital admissions,
- uncompensated care.

Healthcare partnerships may include:

- direct financial participation tied to cost savings,
- onsite clinical staffing partnerships,
- data-sharing for outcome tracking.

2. Larimer County Behavioral Health & Regional Mental Health Authorities

Behavioral health systems are increasingly tasked with serving individuals whose primary barrier is **housing instability**, not lack of treatment compliance.

This campus provides:

- stable housing environments necessary for effective treatment,

- onsite clinical capacity,
- continuity of care unavailable in emergency or street-based settings.

Partnerships may include:

- Medicaid-funded service delivery,
- clinical staffing support,
- crisis diversion pathways.

3. Front Range Workforce & Employer Consortia

Employers across Northern Colorado face persistent labor shortages while simultaneously lacking infrastructure to support workers experiencing instability.

Workforce partners may include:

- regional workforce centers,
- industry consortia (healthcare, trades, logistics, hospitality),
- large local employers.

These collaborations support:

- paid training pipelines,
- direct-to-employment placement,
- workforce credentialing programs,
- employer-linked housing stabilization.

4. Public Housing Authorities & Housing Navigation Agencies

(Including voucher portability partners)

Permanent housing outcomes depend on effective coordination with:

- local housing authorities,
- regional affordable housing providers,
- interstate voucher portability systems.

These partnerships ensure:

- faster placement into permanent housing,
- expanded geographic options for residents,
- reduced bottlenecks in the housing pipeline.

5. State & Regional Foster Youth and Family Stabilization Programs

Former foster youth and families with children face the highest risk of long-term homelessness without targeted transitional support.

Potential partners include:

- state foster youth transition programs,
- family stabilization funding streams,
- youth-serving agencies focused on ages 18–30.

These collaborations align funding with outcomes while preventing intergenerational homelessness.

Together, these anchor partnerships form the backbone of a sustainable, integrated system—one capable of moving residents from crisis to independence while reducing strain on emergency, healthcare, and enforcement systems.

GROWTH PLAN

A Phased, Scalable Strategy for Regional Impact and Long-Term Expansion

The Transitional Campus for Stability, Healing, and Independence is designed not only as a direct service model but also as a scalable, replicable framework capable of guiding homelessness reform across Colorado and surrounding states. The Growth Plan outlines a phased approach for expanding capacity, services, partnerships, and geographic reach over time, ensuring that the campus remains responsive to community needs while maintaining operational stability and financial sustainability.

The plan unfolds over four strategic phases: **Initial Launch (Years 1–2)**, **Stabilization and Optimization (Years 3–5)**, **Regional Expansion (Years 5–10)**, and **National Replication (Year 10 and beyond)**.

1. Phase One: Initial Launch (Years 1–2)

Establishing Operations and Core Programming

During the first two years, the focus is on opening the campus, building staff capacity, and ensuring program quality. Key objectives include:

1.1 Facility Activation

- Completion of construction
- Launch of the main building, long-term villages, and Tent/RV community
- Implementation of all safety and governance systems

1.2 Staff Development

- Recruitment of multidisciplinary teams
- Comprehensive trauma-informed training
- Establishment of leadership infrastructure

1.3 Resident Intake and Program Launch

- Initial resident onboarding
- Activation of medical, behavioral health, workforce, and family services
- Launch of community governance councils

1.4 Data Infrastructure Installation

- Creation of evaluation systems
- Establishment of data collection and reporting standards

2. Phase Two: Stabilization and Optimization (Years 3–5)

Strengthening Impact, Increasing Efficiency, and Expanding Capacity

Once operations stabilize, the campus shifts to refining program delivery and expanding placement partnerships.

2.1 Program Refinement

- Analysis of early outcomes and resident feedback
- Strengthening of trauma-informed practices
- Enhanced support for neurodivergent residents
- Improved case management workflows

2.2 Workforce System Expansion

- Development of additional employer partnerships
- Onsite apprenticeships
- Sector-specific training pathways (healthcare, trades, hospitality)

2.3 Housing Placement Growth

- Expansion of partnerships with:
 - Colorado public housing authorities
 - Out-of-state housing organizations
 - Affordable housing developers
 - Tribal housing programs
 - Veteran housing networks

2.4 RV/Tent Community Optimization

- Potential increase in tent/RV capacity
- Infrastructure improvements based on resident needs

2.5 Financial Sustainability Improvements

- Full realization of Medicaid and HUD reimbursements
- Stabilization of philanthropic contributions
- Refinement of internal cost-saving strategies

3. Phase Three: Regional Expansion (Years 5–10)

Positioning the Campus as a Statewide Model

With the campus firmly established, the next phase focuses on expanding its influence across Colorado and the surrounding region.

3.1 Creation of Satellite Partnerships

- Collaboration with cities and counties seeking system reform
- Shared training programs
- Technical assistance for local governments
- Co-branded pilot programs in rural and urban areas

3.2 Replication of Core Components

Potential replicable units include:

- Workforce & Education Centers
- Trauma-informed short-term housing wings
- Family Villages
- LGBTQ+ housing wings
- Medical + behavioral health integration models
- RV/Tent stabilization designs

3.3 Policy Leadership

- Contribution to statewide homelessness strategies
- Participation in legislative advisory panels
- Development of best practice manuals

3.4 Expansion of Housing Placement Network

- Multi-state voucher transfer agreements
- Formal MOUs with out-of-state agencies
- Creation of a multi-office Housing Navigation Division

4. Phase Four: National Replication (Year 10 and Beyond)

A Scalable Model for Nationwide Implementation

By Year 10, the campus aims to serve as a proof-of-concept model that can be adapted and implemented across the United States.

4.1 National Technical Assistance Program

The campus develops a formal training and consulting program to support other communities in implementing similar models.

This includes:

- Architectural and site planning guidance
- Trauma-informed design principles
- Program structure replication
- Safety and governance framework implementation
- Data systems and evaluation support

4.2 Federal Partnerships

Collaboration with:

- HUD
- HHS
- Federal strategic homelessness initiatives
- National foundations
- University research institutions/ CSU

4.3 Expansion Through Funding Coalitions

Formation of national philanthropic coalitions to support replication in:

- High-need urban centers
- Underserved rural communities
- Tribal nations
- Regions facing extreme housing shortages

4.4 Building a National Knowledge Base

Ongoing contribution to:

- Peer-reviewed research
- National conferences
- Best-practice publications
- Innovative pilot studies

5. Long-Term Vision: A Transformative, Community-Centered Model

The ultimate vision for the Transitional Campus is to create a **new national standard** for addressing homelessness—one that is:

- Trauma-informed
- Dignity-centered
- Community-driven
- Financially sustainable
- Scalable
- Rooted in evidence
- Proven through long-term outcomes

By combining housing, healthcare, education, family stability, workforce development, and restorative governance into a unified ecosystem, this model demonstrates that homelessness can be addressed not through short-term patches, but through a comprehensive system aligned with human dignity, public safety, and community well-being.

Conclusion

The Growth Plan positions the campus as a long-term, evolving solution with the capacity to influence local, regional, and national homelessness reform. Through phased expansion, strong partnerships, and rigorous evaluation, the campus will serve not only the residents it houses, but the broader systems seeking effective, humane approaches to ending homelessness.

MULTI-YEAR TIMELINE

YEAR 1–2: Launch Phase

- Construct and open campus
- Staff hiring and training
- Begin resident intake
- Implement all services and governance

YEAR 3–5: Optimization Phase

- Strengthen program quality
- Expand employer partnerships
- Increase housing placements
- Improve RV/Tent area supports

YEAR 5–10: Regional Expansion

- Satellite partnerships across Colorado
- Formal MOUs with housing authorities
- Replicate key components in other counties

YEAR 10+: National Replication

- Technical assistance program
- Federal partnerships
- National model adoption

APPENDIX A: ORGANIZATIONAL CHART & STAFFING STRUCTURE

The Transitional Campus for Stability, Healing, and Independence

BOARD OF DIRECTORS

Governance, fiduciary oversight, legal compliance, and strategic accountability

The Board of Directors provides high-level governance and oversight, ensuring the organization fulfills its mission, complies with legal and ethical standards, maintains fiscal integrity, and remains accountable to residents, funders, and the community.

- **Board Chair**
Leads board governance, organizational oversight, and state/funder relationships.
- **Vice Chair**
Supports board leadership and oversees community partnerships and policy coordination.
- **Treasurer**
Oversees financial integrity, audits, budgets, and compliance.
- **Secretary**
Maintains governance records, meeting documentation, and regulatory reporting.
- **Board Director – Housing & Development**
Provides oversight related to housing strategy, development planning, architecture, and HUD compliance.
- **Board Director – Behavioral Health Oversight**
Oversees clinical ethics, quality standards, and behavioral health compliance.
- **Board Director – Equity, Inclusion, & Civil Rights (Oversight)**
Ensures civil rights compliance, equity accountability, disability access, and LGBTQ+ protections at the governance level.
- **Board Director – Lived Experience (Homelessness/Foster Youth)**
Ensures organizational decisions remain grounded in lived experience and resident realities.
- **Community Representative – Rotating Resident Seat**
Provides direct resident perspective and accountability within governance.

EXECUTIVE LEADERSHIP TEAM

Organizational strategy, operations, system integration, and performance outcomes

The Executive Leadership Team is responsible for day-to-day management, cross-department coordination, regulatory compliance, and achievement of program outcomes.

- **Executive Director**
Oversees all campus operations, partnerships, compliance, fundraising coordination, and long-term strategic vision.
- **Deputy Executive Director (Programs & Services)**
Supervises all resident-facing programs, service departments, and care coordination systems.
- **Chief Operations Officer (COO)**
Manages infrastructure, facilities, logistics, transportation, safety systems, utilities, and campus operations.
- **Chief Financial Officer (CFO)**
Oversees budgeting, accounting, audits, compliance, financial reporting, and long-term sustainability planning.
- **Chief Clinical Officer (Medical & Behavioral Health)**
Oversees medical clinic operations, behavioral health services, crisis intervention, and clinical quality standards.
- **Chief Housing & Navigation Officer**
Leads housing placement operations, HUD coordination, voucher portability, and statewide/interstate housing partnerships.
- **Chief Workforce & Education Officer**
Oversees workforce development, education programs, employer partnerships, apprenticeships, and training pipelines.
- **Chief Safety & Restorative Practices Officer**
Manages campus safety teams, restorative justice systems, investigations, de-escalation, and crisis protocols.
- **Chief Community & Family Services Officer**
Oversees family village operations, childcare services, youth programming, and family case management.
- **Chief Equity & Inclusion Officer (Operations)**
Oversees LGBTQ+ protections, disability accommodations, cultural safety practices, staff training, and anti-discrimination enforcement.

PROGRAM DEPARTMENTS & STAFFING STRUCTURE

1. Intake & Assessment Department

- Director of Intake & Admissions
- Intake Coordinators

- Identification & Documentation Specialists
- Crisis Triage Workers
- Referral & Transfer Specialists

2. Medical & Behavioral Health Department

- Medical Director (Physician or NP/PA)
- Nurse Practitioners / Physician Assistants
- Registered Nurses
- Medical Assistants
- Behavioral Health Director
- Licensed Therapists (LCSW, LPC)
- Psychiatrists / Psychiatric Nurse Practitioners
- Peer Support Specialists
- Case Managers

3. Short-Term Housing Department (Main Building)

- Director of Residential Services
- Men's Wing Manager
- Women's Wing Manager
- LGBTQ+ Wing Manager
- Neurodivergent / ADA Wing Manager
- Couples Wing Manager
- Residential Support Staff (24/7)
- Sensory Support Technicians
- Conflict Response Teams

4. Long-Term Housing Department (Villages)

Director of Long-Term Housing & Independent Living

Family Village Team

- Family Housing Manager
- Child & Youth Support Specialists
- Family Case Managers
- Early Education & Childcare Staff

Individual & Couples Village Team

- Independent Living Coaches
- Case Managers
- Life Skills Educators

5. Workforce & Education Department

- Director of Workforce Development
- Career Counselors
- Job Coaches
- Employer Partnership Coordinators
- ESL / Literacy Instructors
- Life Skills Instructors
- Computer Lab Assistants
- Apprenticeship Program Managers

6. Housing Navigation Department

- Director of Housing Navigation
- HUD / Voucher Specialists
- Relocation Coordinators
- Interstate Housing Partnership Liaisons
- Landlord Engagement Specialists
- Application & Deposit Support Staff

7. Safety, Restoration, & Crisis Response Department

- Director of Safety & Restorative Practices
- Restorative Justice Facilitators
- Safety Monitors
- Crisis Response Officers (Non-Police)
- Mediation Specialists
- De-escalation Trainers

8. Operations & Facilities Department

- Director of Operations
- Facilities Maintenance Technicians
- Janitorial Staff
- Groundskeepers
- Kitchen & Dining Services Manager

- Food Service Staff
- Transportation Coordinator
- Shuttle Drivers

9. Equity, Inclusion & Accessibility Department

- Director of Equity & Inclusion
- LGBTQ+ Inclusion Specialists
- ADA & Accommodation Specialists
- Cultural Competency Trainers
- Bias Response Coordinators

10. Administration & Finance Department

- Director of Administration
- HR & Hiring Manager
- Payroll & Benefits Coordinator
- Administrative Assistants
- Data Analysts
- Compliance & Reporting Manager
- Donor Relations & Fundraising Coordinator

RESIDENT GOVERNANCE COUNCILS

Supported by Executive Leadership

- Resident Council (Campus-wide)
- Family Village Council
- Long-Term Housing Council
- LGBTQ+ Council
- Neurodivergent Advisory Panel

These councils provide resident leadership, policy feedback, accountability, and shared governance to ensure the campus remains trauma-informed, equitable, and responsive.

APPENDIX B: MULTI-YEAR BUDGET

The Transitional Campus for Stability, Healing, and Independence

10-Year Financial Projection

This budget projection includes:

- Capital construction costs
 - Start-up costs
 - Annual operating costs
 - Staff costs
 - Revenue streams
 - Growth-phase expenses
 - 10-year sustainability outlook

Everything is written in a format suitable for funders, government partners, and grant applications.

SECTION 1. CAPITAL COSTS (ONE-TIME)

Main Building (5 floors): \$25,000,000 – \$35,000,000

Family Village (60 units): \$10,000,000 – \$15,000,000

Individual & Couples Village (90 units): \$12,000,000 – \$18,000,000

Tent/RV Community Buildout: \$3,000,000 – \$6,000,000

Site Preparation & Utilities: \$5,000,000 – \$8,000,000

Professional Fees & Permitting: \$5,000,000 – \$8,000,000

Contingency Reserve: \$3,000,000 – \$5,000,000

Total Capital Budget Range: \$60,000,000 – \$80,000,000

SECTION 2. START-UP COSTS (YEAR 0)

Furniture, Fixtures, Equipment (FF&E): \$2,500,000

Medical Clinic Equipment: \$1,200,000

Kitchen Equipment & Food Service Setup: \$900,000
IT Systems & Security Infrastructure: \$1,000,000
Initial Staff Recruitment & Training: \$850,000
Transportation Vehicles (shuttles, vans): \$600,000
Initial Program Supplies: \$450,000

Total Start-Up Costs: \$7,500,000

SECTION 3. ANNUAL OPERATING BUDGET (YEARS 1–10)

Staffing Costs:

- Clinical & Medical: \$3.5M – \$5M
- Residential & Housing Staff: \$2.5M – \$3.5M
- Workforce/Education: \$1.2M – \$1.8M
- Family and Youth Services: \$1M – \$1.5M
- Operations & Facilities: \$1.5M – \$2M
- Executive & Administrative: \$1.2M – \$1.7M

Total Annual Staffing: \$10M – \$14M

Facility Operations:

- Utilities: \$1.2M – \$1.8M
- Maintenance: \$900k – \$1.2M
- Supplies & Upkeep: \$350k – \$600k

Food Services: \$1.5M – \$2.5M

Medical & Behavioral Health Supplies: \$750k – \$1.2M
Transportation: \$400k – \$700k
Insurance & Compliance: \$900k – \$1.2M
Program Supplies (education, training): \$350k – \$600k

Total Annual Operating Costs: \$18M – \$26M

SECTION 4. PROJECTED ANNUAL REVENUE (YEARS 1–10)

Medicaid Reimbursements

Year 1: \$4M

Year 5: \$7M

Year 10: \$10M+

HUD & Federal Housing Reimbursements

Year 1: \$2M

Year 5: \$4M

Year 10: \$6M

Foster Youth & Family Services Funding

Year 1: \$1.5M

Year 5: \$2.5M

Year 10: \$3.5M

Workforce Contracts & Employer Partnerships

Year 1: \$500k

Year 5: \$1.5M

Year 10: \$3M

Hospital Partnership Agreements

Year 1: \$500k

Year 5: \$1.2M

Year 10: \$2M

Philanthropy (Projected Sustainable Level)

Year 1: \$2.5M

Year 5: \$3M

Year 10: \$4M

Practice Rent Contributions (Long-Term Units)

Year 1: \$150k

Year 5: \$300k

Year 10: \$400k

Misc Grants & Supplemental Revenue

Year 1: \$300k

Year 5: \$500k

Year 10: \$750k

Total Annual Revenue

Year 1: ~\$11.5M

Year 5: ~\$19M

Year 10: ~\$29M

SECTION 5. FINANCIAL TRAJECTORY

Break-even point (covering full operating costs):

Projected Year: Between Years 4 and 7

Reason: Revenue streams mature over time (Medicaid + HUD + employers)

Reserve Fund Target:

3–6 months of operating cash = \$5.4M – \$12M

Long-Term Sustainability Rating:

High, due to diversified funding and strong reimbursement eligibility.

SECTION 6. 10-YEAR BUDGET SUMMARY TABLE

Capital: \$60M–\$80M

Start-Up: \$7.5M

Total Opening Investment: \$67.5M–\$87.5M

Annual Operating: \$18M–\$26M

Total 10-Year Operating: \$180M–\$260M

Projected 10-Year Revenue: \$190M–\$280M

Financial Outcome:

The model becomes fully self-sustaining once revenue streams stabilize and exceed operating costs beginning around Year 5+.

SECTION 7. SCENARIO MODELS

Conservative Scenario

- Operating cost: \$26M
- Revenue: \$19M
- Gap: covered by philanthropy and expansion funding

Moderate Scenario (Most Realistic)

- Operating cost: \$22M
- Revenue: \$24M
- Surplus funds reinvested into programming

High-Performance Scenario

- Operating cost: \$19M
- Revenue: \$29M
- Significant annual surplus used to expand units and services

APPENDIX C:SAFETY POLICY MANUAL

The Transitional Campus for Stability, Healing, and Independence

Purpose

This manual establishes the safety standards, trauma-informed procedures, and operational protocols required to protect residents, staff, families, and visitors. The Transitional Campus is a non-carceral, dignity-centered environment; therefore, all safety procedures are designed to balance individual autonomy with community protection.

Applicability

These policies apply to all staff, volunteers, contractors, and partners operating on campus property or providing services to residents.

Foundational Principles

1. Safety without punishment
2. Trauma-informed response
3. Protection of vulnerable populations
4. Least-restrictive and non-carceral practices
5. Respect for individual autonomy
6. Compliance with Colorado state law
7. Transparency, documentation, and accountability

SECTION 1. NON-CARCERAL SAFETY FRAMEWORK

1.1 No locked doors

Residents cannot be detained or confined. Private rooms in long-term housing may be locked by residents, not staff.

1.2 Voluntary participation

Residents may enter and exit campus at any time. Curfews, if used, are advisory and tied to safety or program needs, not enforcement.

1.3 Dignity-first interactions

Staff must engage residents using de-escalation, compassion, and trauma-informed communication.

1.4 No forced removal except by law

Evictions occur only when legally mandated or when resident behavior creates imminent danger as defined in Colorado statutes.

SECTION 2. MANDATORY REPORTING

2.1 Required by Colorado law

Staff must report suspected:

- Child abuse or neglect
- Abuse of elders or adults with disabilities
- Sexual assault
- Human trafficking

2.2 Reporting channels

Reports must be made to:

- Colorado Child Abuse Hotline
- Adult Protective Services
- Local law enforcement when applicable

2.3 Documentation

All reports must be documented in the internal safety log within 24 hours.

SECTION 3. SAFETY TEAMS AND RESPONSIBILITIES

3.1 Safety and Restorative Practices Department

Responsible for campus-wide safety oversight.

3.2 Crisis Response Officers

Non-police responders trained in:

- De-escalation
- Mental health first aid
- Conflict mediation
- Trauma-informed engagement

3.3 Restorative Justice Facilitators

Manage conflict resolution processes.

3.4 Residential Safety Monitors

Observe and assist residents in housing wings.

3.5 Medical/Behavioral Health Staff

Respond to mental health crises and medical emergencies.

SECTION 4. DE-ESCALATION AND CRISIS RESPONSE

4.1 Approach philosophy

- Calm presence
- Non-threatening posture
- No physical force unless needed for imminent danger

4.2 Crisis levels

Level 1: Verbal disagreement

Level 2: Escalated conflict requiring mediation

Level 3: Behavioral crisis requiring clinical support

Level 4: Imminent harm requiring crisis team activation

Level 5: Mandatory emergency services call

4.3 Prohibited actions

- Physical restraints (except in medical emergencies)
- Yelling, threatening, or punitive language
- Forced room confinement
- Use of law enforcement for non-criminal incidents

4.4 Emergency mental health protocol

Activate crisis team → remove bystanders → calm environment → contact behavioral health
→ transport only if necessary.

SECTION 5. RESTORATIVE JUSTICE PROCESS

5.1 Initial report

Any resident or staff may file a concern.

5.2 Investigation

Safety officers gather statements and document facts.

5.3 Restorative meeting

Participants engage in structured dialogue to repair harm.

5.4 Agreements

May include:

- Apologies
- Community service contributions
- Behavior agreements
- Mediation follow-ups

5.5 Suspension

Temporary relocation for cooling-off may be used but is not punitive.

SECTION 6. PROTECTION OF VULNERABLE POPULATIONS

6.1 Women's Wing

Restricted access; no male residents permitted inside.

6.2 Family Village

Restricted to approved adults, guardians, and staff.

6.3 LGBTQ+ Wing

Protected space with specialized staff.

6.4 Neurodivergent Residents

Access to sensory-safe rooms and modified schedules.

6.5 Residents with criminal histories

No blanket exclusions. Placement is determined case-by-case to ensure safety without discrimination.

SECTION 7. VISITOR POLICY

7.1 Registration required

Visitors must check in at the main building.

7.2 Restricted areas

Visitors cannot enter:

- Women's Wing
- Family Village
- Clinical rooms
- Long-term private rooms unless approved

7.3 Conduct

Visitors must follow campus rules or be asked to leave.

SECTION 8. CONTRABAND AND PROHIBITED ITEMS

8.1 Prohibited

- Weapons
- Illegal substances
- Explosives
- Unapproved power tools
- Open flames except in designated RV areas

8.2 Storage

Lockers provided for large items.

SECTION 9. MEDICAL EMERGENCIES

9.1 Staff response

- Call clinical team
- Clear area
- Provide first aid if trained
- Document incident

9.2 When to call 911

- Heart attack or severe chest pain
- Uncontrolled bleeding
- Unconsciousness

- Serious overdose
- High-risk self-harm threats

9.3 Transportation

Do not transport seriously ill residents in personal vehicles.

SECTION 10. INCIDENT REPORTING

10.1 Timeline

All incidents must be documented within 24 hours.

10.2 Required content

- Time
- Location
- Individuals involved
- Staff responders
- Actions taken
- Follow-up needed

10.3 Review

Safety Officer reviews and logs trends monthly.

SECTION 11. EMERGENCY EVACUATION PLAN

11.1 Alarms and exits

Clearly marked exits are required in all buildings.

11.2 Drills

Quarterly fire drills; biannual campus-wide emergency drills.

11.3 Assembly points

Designated safe outdoor gathering areas.

SECTION 12. COOPERATION WITH LAW ENFORCEMENT

12.1 Allowed involvement

Only for:

- Criminal activity

- Mandatory reports
- Imminent danger

12.2 Prohibited involvement

- Enforcing curfews
- Removing residents for rule violations
- Handling non-criminal conflicts

SECTION 13. PRIVACY AND CONFIDENTIALITY

13.1 Resident privacy

Staff must protect personal information and medical details.

13.2 HIPAA compliance

All clinical records handled according to federal law.

13.3 Media policy

Residents cannot be photographed or filmed without consent.

SECTION 14. POLICY ENFORCEMENT

14.1 Enforcement

Handled by Safety and Restorative Practices teams.

14.2 Consequences

Focus on restoration, not punishment.

14.3 Appeals

Residents may request review by Resident Governance Council.

APPENDIX D: STAFF TRAINING CURRICULUM

The Transitional Campus for Stability, Healing, and Independence

Purpose

This curriculum provides a structured training program for all employees. It ensures staff understand trauma-informed care, safety procedures, legal obligations, cultural competence, and resident-centered best practices.

Training Duration

Standard onboarding: 40 hours

Advanced training: additional 20–40 hours depending on job role

Annual refreshers: 12–20 hours

SECTION 1. ORIENTATION AND CAMPUS OVERVIEW

Learning Objectives

- Understand campus mission, values, and structure
- Learn roles and responsibilities
- Review organizational chart
- Identify all departments and their functions

Topics

1. Welcome and mission overview
2. Campus tour
3. Review of service model
4. Department structure
5. Introduction to resident governance councils
6. Confidentiality expectations

Materials

Orientation handbook, organizational map, resident handbook.

SECTION 2. TRAUMA-INFORMED CARE TRAINING

Learning Objectives

- Understand trauma types and impacts
- Prevent retraumatization
- Respond with sensitivity

Topics

1. Trauma theory and effects on behavior
2. Fight-flight-freeze responses
3. Trauma-informed communication
4. Power dynamics between staff and residents
5. Creating emotionally safe environments
6. Avoiding punitive or shaming interactions

Activities

Roleplay scenarios, communication practice, group reflection.

SECTION 3. DE-ESCALATION AND CRISIS RESPONSE

Learning Objectives

- Identify escalating behavior
- Use verbal de-escalation techniques
- Activate crisis response protocols

Topics

1. Levels of escalation
2. Verbal intervention techniques
3. Maintaining safety without force
4. Environmental triggers
5. Crisis team activation
6. When to call clinical staff
7. When to call emergency services

Activities

Simulated crisis scenarios, communication drills.

SECTION 4. RESTORATIVE JUSTICE AND CONFLICT MEDIATION

Learning Objectives

- Facilitate restorative conversations
- Support non-punitive conflict resolution

Topics

1. Principles of restorative justice
2. Facilitator roles
3. The harm-repair process
4. Mediation structure
5. Follow-up plans and agreements
6. Documentation standards

Activities

Restorative justice practice circles, script training.

SECTION 5. NEURODIVERSITY AND DISABILITY SUPPORT

Learning Objectives

- Understand neurodivergent needs
- Provide sensory-safe accommodations

Topics

1. Autism spectrum
2. ADHD
3. Trauma-induced cognitive impacts
4. Sensory processing differences
5. Communication differences
6. Accommodation strategies
7. Low-stimulation environment management

Materials

Sensory toolkit, communication visual aids.

SECTION 6. LGBTQ+ CULTURAL COMPETENCE

Learning Objectives

- Create affirming environments
- Understand LGBTQ+ identities and trauma patterns

Topics

1. Terminology and respectful language
2. Minority stress and trauma
3. Housing assignment protections
4. Safety in LGBTQ+ wing
5. Supporting transgender residents
6. Responding to discrimination incidents

Activities

Case scenarios, roleplay, policy review.

SECTION 7. MANDATORY REPORTING AND LEGAL REQUIREMENTS

Learning Objectives

- Understand Colorado law
- Identify mandatory reporting situations
- Document correctly

Topics

1. Child abuse reporting
2. Adult protective services
3. Sexual assault response
4. Human trafficking indicators
5. Reporting timelines
6. Confidentiality protections

7. Staff liability

Materials

Colorado reporting forms, hotline information.

SECTION 8. MEDICAL AND BEHAVIORAL HEALTH COORDINATION

Learning Objectives

- Understand when to involve clinical staff
- Recognize symptoms requiring medical attention

Topics

1. Basic first aid and CPR (certification recommended)
2. Mental health crisis indicators
3. Substance use identification
4. Overdose response
5. Medication storage and security
6. Coordination between residential and clinical teams

Materials

Clinic protocols, overdose response kits.

SECTION 9. SAFETY POLICIES AND EMERGENCY PROCEDURES

Learning Objectives

- Understand safety manual
- Respond to emergencies
- Follow incident reporting standards

Topics

1. Fire safety
2. Evacuation routes
3. Severe weather alerts

4. Violent incident response
5. Missing child or vulnerable adult protocol
6. Visitor rules
7. Contraband policy

Activities

Evacuation drill, reporting practice.

SECTION 10. HOUSING AND RESIDENT SUPPORT SKILLS

Learning Objectives

- Support residents in developing life skills
- Help residents progress toward independence

Topics

1. Goal-setting with residents
2. Documentation and case notes
3. Motivational interviewing
4. Financial literacy coaching basics
5. Teaching cleaning and organizational routines
6. Helping residents maintain unit safety
7. Coordinating with housing navigation

Materials

Independent living curriculum worksheets.

SECTION 11. WORKFORCE AND EDUCATION CENTER TRAINING

Learning Objectives

- Support resident employment goals
- Understand education pathways

Topics

1. ESL and literacy programs

2. Job readiness skills
3. Apprenticeship and certification programs
4. Partner employer expectations
5. Documentation for workforce outcomes
6. Digital literacy basics

Activities

Resume-building workshop, mock interviews.

SECTION 12. EQUITY, INCLUSION, AND ANTI-DISCRIMINATION TRAINING

Learning Objectives

- Promote equitable, bias-free service
- Uphold civil rights protections

Topics

1. Anti-racism practices
2. Disability inclusion
3. LGBTQ+ safety and rights
4. Cultural humility
5. Avoiding microaggressions
6. Bias response protocol

Activities

Implicit bias self-assessment, small group discussion.

SECTION 13. DOCUMENTATION, DATA, AND PRIVACY

Learning Objectives

- Maintain accurate records
- Protect resident privacy

Topics

1. Electronic recordkeeping

2. Incident report standards
3. Case documentation
4. HIPAA compliance
5. Confidentiality expectations
6. Media and photography restrictions

SECTION 14. JOB-SPECIFIC TRAINING MODULES

For clinical staff

- Medical protocols
- Behavioral health procedures
- Prescription oversight

For housing staff

- Room checks
- Cleanliness support
- Community expectations

For safety staff

- Restorative practices
- Conflict mediation
- Emergency response

For family services staff

- Child development
- Parenting support
- Education coordination

SECTION 15. ANNUAL REFRESHER TRAINING

All staff must complete annual refresher modules:

- | | |
|------------------------|---------------------------|
| • Trauma-informed care | • Evacuation drills |
| • Mandatory reporting | • Cultural competence |
| • Safety procedures | • Documentation standards |

APPENDIX E: FLOOR PLAN DIAGRAMS

The Transitional Campus for Stability, Healing, and Independence

This document provides schematic-level diagrams for the entire campus. These diagrams are written in a format architects, funders, and planners can easily interpret and convert into formal drawings.

The campus consists of:

- A five-story main building (intake, medical, food services, short-term housing)
- A long-term Family Village (2–3 bedroom units)
- A long-term Individual and Couples Village
- A Tent and RV Stabilization Community
- A central Transition Courtyard

SECTION 1. MAIN BUILDING – FLOOR PLAN SCHEMATICS

GROUND FLOOR – MAIN BUILDING

(Intake, Medical, Dining, Workforce and Education Center)

The ground floor of the main building is the central entry and stabilization level. It contains four primary zones: Intake and Assessment, Medical and Behavioral Health Clinic, Mess Hall and Kitchen, and the Workforce and Education Center.

Overall layout (text schematic):

- Front of building (street side): Main Entry Lobby and Intake
- Center band: Clinic and internal circulation
- Rear band: Mess Hall, Kitchen, and Workforce/Education Center

Detailed layout:

1. Main Entry and Intake Zone
 - Main entry lobby with reception and security desk

- Waiting area for new arrivals
- Intake and Assessment suite:
 - Four private intake / interview rooms
 - Documentation and ID support office
 - Crisis triage room
 - Small staff workroom for intake staff
- 2. Medical and Behavioral Health Clinic
 - Two medical exam rooms
 - Behavioral health counseling rooms
 - Medication storage and nursing station
 - Small lab/clean utility room
 - Accessible restrooms and hygiene facilities adjacent to clinic
- 3. Mess Hall and Nutrition Services
 - Dining hall with seating for approximately 150–200 residents
 - Commercial kitchen (back-of-house)
 - Dry storage room
 - Walk-in cooler and freezer
 - Dishwashing and service line area
 - Secondary exit toward the rear of the building (leading toward the courtyard)
- 4. Workforce and Education Center

Located on the same ground floor, typically toward one side or rear portion of the building, directly accessible from both the main lobby and interior hallways.

The Workforce and Education Center includes:

 - Classroom A (group trainings, workshops)
 - Classroom B (ESL, literacy, and small-group instruction)
 - Computer lab with workstations for job search, online training, and education
 - Employer meeting/interview room for onsite hiring events
 - Office space for Workforce and Education staff (career counselors, job coaches, ESL instructors)
 - Storage for training materials and devices
- 5. Shared Ground-Floor Support Spaces
 - Staff meeting room
 - Janitorial and maintenance closets
 - Public restrooms

- IT/communications room
- Central elevator lobby and two stairwells (serving all upper floors)

Functional flow:

- New residents enter through the lobby → complete intake and assessment → may be seen by the clinic → receive a meal in the mess hall → and, once stabilized, begin using the Workforce and Education Center for job readiness, ESL, and training.

SECOND FLOOR – MEN’S HOUSING

- Four large dormitories (30 beds each)
 - Shared bathrooms
 - Shared showers
 - Laundry room
 - Resident lounge
 - Staff station
 - Sensory quiet space

Total capacity: 120 residents.

THIRD FLOOR – WOMEN’S HOUSING AND COUPLES HOUSING

Elevator opens into a shared, staff-monitored lobby with separate, secured access doors.

Women’s Wing

- Two 20-bed dormitories
- Six private and semi-private rooms
- Bathrooms and showers
- Laundry room
- Women’s lounge
- Staff office

Couples Wing

- Twenty private rooms (one couple per room)
- Shared bathrooms

- Laundry room
- Lounge space

FOURTH FLOOR – NEURODIVERGENT / ADA WING AND OVERFLOW

Neurodivergent and ADA Wing

- Ten private rooms
- Ten semi-private rooms
- Low-stimulation lighting
- Sound-controlled environment
- Sensory regulation room
- Counseling room

Overflow Housing

- Two overflow dormitories (20 beds each)

Total fourth-floor capacity: 60 residents.

FIFTH FLOOR – LGBTQ+ WING

- Twenty private and semi-private rooms
 - Two 20-bed dormitories
 - LGBTQ+ community lounge
 - Peer support office
 - Laundry room
 - Staff office

Total capacity: 60–70 residents.

SECTION 2. LONG-TERM FAMILY VILLAGE – UPDATED

Family Village is a secured neighborhood of 60 units designed for families, with 2–3 bedrooms per unit to support families with boys and girls needing separate rooms.

FAMILY VILLAGE LAYOUT

Entry and Access

- Controlled gate
- Security booth

Central Amenities

- Playground
- Green lawn
- Picnic and seating areas
- Walking paths

Family Housing Rows (Rows 1–6)

Each row has 10 units:

- Six 2-bedroom units
- Four 3-bedroom units

Each Unit Includes:

- Two or three bedrooms
- Living room
- Kitchen with standard appliances
- Private bathroom (option to add second)
- Storage closets
- Child-safe features

Support Buildings

- Childcare center
- Tutoring and youth education room
- Family case management office
- Laundry facility

Total capacity: 150–240 residents.

SECTION 3. LONG-TERM INDIVIDUAL AND COUPLES VILLAGE

This area contains 90 transitional units for adults preparing for independent living.

VILLAGE LAYOUT

Entry Area

- Security gate
- Staff office

Residential Rows

- Six rows with 15 units each (90 total)

Each Unit Includes:

- Bedroom or studio-style layout
- Kitchenette
- Bathroom
- Living space

Community Support Structures

- Community room
- Outdoor seating area
- Laundry building

Total capacity: 90–140 residents.

SECTION 4. TENT AND RV STABILIZATION COMMUNITY

Purpose

This area provides safe outdoor accommodation for residents not ready for indoor housing.

Design

RV Zone

- 40–60 RV pads
- Electrical hookups
- Dump station
- Fire-safe spacing

Tent Zone

- 100–150 raised tent platforms
- Covered communal area

Support Facilities

- Hygiene building (showers, sinks, toilets)

- Laundry building
- Charging station
- Case management office
- Water access points
- Waste management zone

Access

- Separate walkway to main building
- Emergency vehicle path
- Shuttle pickup zone

SECTION 5. TRANSITION COURTYARD

Located behind the main building.

Features

- Seating areas
- Landscaping and gardens
- Shade structures
- Wide pedestrian walkways
- 24/7 staffed transition gate

Function

Residents move from short-term housing to long-term housing through this space, symbolizing progression toward stability.

SECTION 6. CAMPUS MOVEMENT FLOW

Arrival → Intake → Short-term housing assignment → Services (medical, workforce, behavioral health) → Case management → Housing preparation → Transition gate → Long-term housing → Permanent housing placement.

SECTION 7. ARCHITECTURAL NOTES

1. All buildings must meet ADA accessibility requirements.
2. Sprinkler systems required throughout all residential structures.
3. Family Village must be fully fenced with controlled entry for child safety.

4. LGBTQ+ and Women's Wing require secured access doors.
5. Clinic requires medical-grade ventilation and sanitation.
6. Dorms require commercial fire suppression and egress lighting.
7. Tent and RV areas must include fire zones and proper sanitation.
8. The courtyard must provide visibility for staff without restricting resident movement.

APPENDIX F: RESIDENT HANDBOOK

The Transitional Campus for Stability, Healing, and Independence

Welcome

Welcome to the Transitional Campus. This community is designed to provide safety, stability, and dignity while helping you take the next steps toward healing and independence. Every resident has a story, and every resident deserves support, respect, and opportunity.

This handbook explains your rights, responsibilities, available services, and how our community operates. Please read it carefully and ask staff if you need help understanding any part of it.

SECTION 1. CAMPUS VALUES

1. Dignity
Every person deserves respect and autonomy.
2. Safety
Our community operates under a trauma-informed, non-punitive safety model.
3. Healing
Support is available through medical care, behavioral health, and community relationships.
4. Equity
All residents are welcome regardless of gender, identity, race, disability, or background.
5. Community
We work together to create a supportive and positive environment.
6. Opportunity
Programs are designed to help residents grow, learn, and move toward stable housing.

SECTION 2. YOUR RIGHTS

You have the right to:

- Be treated with dignity and respect
 - A safe living environment
 - Use of all available services

- Privacy in your personal spaces
- Confidentiality regarding your personal information
- Access medical and behavioral health support
- Practice your religion or spirituality
- Gender-affirming housing and treatment
- Request disability accommodations
- File concerns or complaints without retaliation
- Receive clear explanations of rules and expectations
- Participate in resident councils and community decision-making

SECTION 3. YOUR RESPONSIBILITIES

As a resident, you are expected to:

- Treat others with respect
 - Keep your living space reasonably clean
 - Participate safely in community areas
 - Avoid violence, threats, or harassment
 - Store personal items neatly
 - Follow safety protocols
 - Respect secured areas of the campus
 - Follow the restorative justice process during conflicts
 - Communicate with staff about concerns or needs

You are not required to participate in programs to receive housing, except where safety or legal obligations apply.

SECTION 4. COMMUNITY EXPECTATIONS

We maintain a supportive environment by expecting:

- No violence or intimidation
 - No discrimination or hate speech
 - No damaging property
 - No illegal substances on campus
 - No weapons
 - Respect for quiet hours

- Appropriate clothing in shared spaces
- Shared responsibility for cleanliness in common areas

SECTION 5. HOUSING ASSIGNMENTS

Short-Term Housing

Most residents begin in the main building. Placement depends on availability and safety needs.

Short-term areas include:

- Men's Wing
 - Women's Wing
 - LGBTQ+ Wing
 - Couples Wing
 - Neurodivergent/ADA Wing
 - Overflow dorms

Long-Term Housing

As you progress and stabilize, you may transition to:

- Family Village (2–3 bedroom units for parents with children)
 - Individual and Couples Village (studio-style units)

Placement is based on:

- Case management recommendations
 - Program participation
 - Safety and family needs
 - Personal goals and stability

SECTION 6. DAILY SCHEDULE AND MEALS

Meal Times

Breakfast: 6:30 am – 8:30 am

Lunch: 12:00 pm – 2:00 pm

Dinner: 5:00 pm – 7:00 pm

Snacks and grab-and-go items are available throughout the day.

Building Access

Residents may enter and exit campus 24 hours a day. Quiet hours are observed from 10:00 pm to 6:00 am.

SECTION 7. MEDICAL AND BEHAVIORAL HEALTH SERVICES

Available through the clinic:

- Medical care
 - Medication management
 - Wound care
 - Chronic illness support
 - Mental health therapy
 - Trauma counseling
 - Substance recovery support
 - Crisis intervention

Appointments

Walk-ins are available, but scheduled appointments may reduce wait times.

Emergency Care

In severe emergencies, staff will contact local hospitals or EMS.

SECTION 8. WORKFORCE AND EDUCATION SERVICES

Residents have access to:

- ESL and literacy classes
 - Resume and job search support
 - Interview preparation
 - Computer lab
 - Certification and apprenticeship programs
 - Employer interviews and hiring events
 - Financial literacy classes
 - Life skills coaching

These programs are optional but highly recommended.

SECTION 9. CASE MANAGEMENT

Every resident is assigned a case manager who assists with:

- Goal planning
 - ID replacement
 - Benefits applications
 - Housing readiness
 - Employment support
 - Mental health referrals
 - Financial planning

Regular meetings are encouraged to help you move toward long-term housing.

SECTION 10. RESIDENT GOVERNANCE

Residents have a voice in community decisions through:

- Resident Council
 - LGBTQ+ Advisory Group
 - Family Village Council
 - Long-Term Housing Council
 - Neurodiversity Advisory Panel

These groups help shape rules, policies, events, and improvements.

SECTION 11. SAFETY AND RESTORATIVE PRACTICES

Safety Model

This campus does not use punishment or force except when required for emergency safety.

If a conflict occurs, the process is:

1. Staff listens to all sides
2. Mediation or restorative conversation occurs
3. Agreements are created

4. Follow-up checking ensures progress

Temporary relocation or suspension may occur when necessary for safety, but eviction is rare.

Mandatory Reporting

Staff must report child abuse, sexual assault, trafficking, and threats of harm, as required by Colorado law.

SECTION 12. VISITOR POLICY

Visitors must:

- Check in at the main lobby
 - Wear visitor identification
 - Stay in designated areas

Visitors are not allowed in:

- Women's Wing
 - LGBTQ+ private areas
 - Family Village interior units
 - Clinical spaces

SECTION 13. PERSONAL BELONGINGS

You may keep personal items, but storage is limited.

Prohibited items include:

- Weapons
 - Illegal substances
 - Open flames
 - Hazardous chemicals

Lockers are provided for overflow items.

SECTION 14. TRANSPORTATION

Available services:

- Shuttle to local resources and job sites
 - Transportation for medical appointments
 - Bus passes when available

SECTION 15. PET POLICY

Service animals are always allowed under ADA guidelines.

Emotional support animals may be approved with documentation.

Other pets may be permitted depending on housing area rules and capacity.

SECTION 16. CLEANING AND CHORES

Short-term dorms require basic:

- Bed making
 - Trash removal
 - Respect for shared bathrooms

Long-term units require regular cleaning such as:

- Sweeping
 - Kitchen upkeep
 - Bathroom cleaning
 - Laundry routines

Support is available for those who need assistance.

SECTION 17. HOUSING TRANSITION PROCESS

Steps toward permanent housing include:

- Meeting with your case manager
 - Completing housing documents
 - Working with housing navigators
 - Preparing for move-out with life skills coaching

- Maintaining savings and budgeting practices
- Selecting a preferred city or state for relocation

Your final housing may be:

- Local (within Loveland or northern Colorado)
 - Somewhere else in Colorado
 - Out-of-state, depending on your preference and voucher portability

SECTION 18. GRIEVANCE PROCESS

If you believe you were treated unfairly, you may:

1. Submit a written concern
2. Request a mediation meeting
3. Request a review from the Resident Council
4. Appeal to the Director of Safety and Restorative Practices

Retaliation for grievances is prohibited.

SECTION 19. IMPORTANT CONTACTS

Emergency: 911

Campus Safety Office

Medical Clinic

Behavioral Health Office

Case Management

Childcare Center

Housing Navigation Office

Workforce and Education Center

(These can be filled in once assigned final names and numbers.)

APPENDIX G: DONOR PRESENTATION DECK

The Transitional Campus for Stability, Healing, and Independence

Slide 1

Title: The Transitional Campus for Stability, Healing, and Independence

Subtitle: A Transformational Housing, Healthcare, and Workforce Community

Footer: Loveland, Colorado

Slide 2

The Challenge

Homelessness is not caused by one issue and cannot be solved by one service.

Communities struggle with gaps in:

- Emergency shelter
- Behavioral health care
- Long-term transitional housing
- Workforce readiness
- Family stability
- Safe and inclusive environments for LGBTQ+ and neurodivergent residents

Colorado's current system is fragmented and reactive, not preventative or restorative.

Slide 3

The Solution

A comprehensive, trauma-informed residential campus designed to stabilize, heal, and transition individuals and families into permanent housing.

The campus provides:

- Short-term housing
- Long-term transitional units
- Medical and behavioral care
- Workforce and education programs
- Family support services

- Neurodivergent and LGBTQ+ safe spaces
- Restorative community governance

Slide 4

Our Vision

A community where every person has a pathway to stability, dignity, and independence.

A model that treats people as whole human beings—never as problems.

A place where healing, safety, and opportunity exist together.

Slide 5

Campus Overview

- Five-story main building
- Family Village with 2–3 bedroom units
- Individual and Couples Village
- Tent and RV Stabilization Community
- Workforce and Education Center
- Onsite medical and behavioral health clinic
- Community dining hall
- Transition courtyard connecting short- and long-term housing

Slide 6

Main Building

Ground Floor

- Intake and assessment
- Medical and behavioral health clinic
- Mess hall and commercial kitchen
- Workforce and education center
- Computer lab and employer interview room

Upper Floors

- Men's Wing
- Women's Wing
- Couples Wing
- LGBTQ+ Wing
- Neurodivergent/ADA Wing
- Overflow dorms

Slide 7

Family Village

Sixty long-term transitional units with:

- Two and three bedrooms
- Full kitchens
- Living rooms
- Child-safe design
- Playground, tutoring room, and childcare center

Designed to support safety, privacy, and family stability—especially for families with boys and girls needing separate rooms.

Slide 8

Individual and Couples Village

Ninety transitional units for adults ready to practice independent living skills.

Each unit includes:

- Bedroom or studio layout
- Kitchenette
- Bathroom
- Living area

Slide 9

Tent and RV Stabilization Community

Provides safe outdoor accommodations for residents who are not ready or willing to enter indoor housing.

Includes:

- 40–60 RV pads
- 100–150 tent platforms
- Hygiene facilities
- Laundry
- Case management office
- Charging stations

This ensures no one is turned away.

Slide 10

Comprehensive Services

The campus provides all core supports needed for stability:

- Medical care
- Behavioral health therapy
- Medication management
- Trauma counseling
- Workforce training
- ESL and literacy programs
- Financial literacy
- Case management
- Youth programming
- Family services
- Housing navigation

Slide 11

Workforce and Education Impact

Career readiness programs include:

- Resume and job search support
- Digital literacy training
- Apprenticeships
- Certifications
- Onsite employer interviews
- ESL and literacy classes
- Financial literacy and budgeting support

Residents move into stable jobs that support long-term independence.

Slide 12

Housing Placement Strategy

The campus coordinates placements across:

- Loveland and Larimer County
- Other Colorado counties
- Out-of-state communities
- Tribal housing programs
- Veteran housing networks

Residents choose where they want their next chapter to begin.

Slide 13

Trauma-Informed Safety Model

This is not a shelter, not a punitive system, and not a correctional facility.

Our model includes:

- No locked doors in residential areas
- Restorative justice
- Mediation and conflict resolution
- Crisis response without police unless required by law
- Protected wings for women, LGBTQ+ residents, and families
- Sensory-safe environments

Slide 14

Projected Capacity

Short-term housing: 500–700 residents

Family Village: 150–240 residents

Individual/Couples Village: 90–140 residents

Tent/RV Community: 150–200 residents

Total Campus Capacity: 1,000–1,400 residents at any time

Slide 15

Economic and Social Impact

- Reduces ER and police use
- Improves housing outcomes
- Increases employment rates
- Reduces child trauma and foster system involvement
- Prevents long-term homelessness
- Increases community safety
- Improves local workforce availability

Slide 16

Budget Summary

Capital investment: 60–80 million

Annual operating costs: 18–26 million

Operating revenue streams:

- Medicaid
- HUD reimbursements

- Employer partnerships
- Foster youth funding
- Hospital contracts
- Philanthropy
- Practice rent

Expected sustainability: 85–100 percent of annual costs covered.

Slide 17

Why Invest

This project will:

- Replace emergency homelessness response with long-term solutions
- Save cities and counties millions annually
- Break intergenerational cycles
- Provide measurable, evidence-based outcomes
- Offer a replicable statewide and national model

Your investment creates lasting transformation.

Slide 18

How Donors Can Help

Funding needs include:

- Capital construction support
- Clinic equipment
- Playground and family areas
- Workforce center equipment
- Housing furnishings
- Scholarships for training programs
- Long-term sustainability endowment

Slide 19

Naming Opportunities

Options include naming:

- Main building
- Family Village
- Workforce Center
- Clinic

- Dorm wings
- Courtyard
- Specific rooms or programs

Slide 20

Our Commitment

We commit to:

- Transparency
- Accountability
- Data-driven outcomes
- Trauma-informed care
- Community partnership
- Respect for every resident

Slide 21

Call to Action

Join us in building a campus that will change thousands of lives.

Together, we can create lasting stability, housing, and hope for Colorado and beyond.

Slide 22

Contact Information

For donor inquiries, funding partnerships, or naming opportunities:

[Name Placeholder]

[Email Placeholder]

[Phone Placeholder]

APPENDIX H: GRANT-READY NARRATIVE PACKET

The Transitional Campus for Stability, Healing, and Independence

PROJECT TITLE

The Transitional Campus for Stability, Healing, and Independence
Loveland, Colorado

APPLICANT ORGANIZATION

[Your Name or Organization Placeholder]

PROJECT SUMMARY

The Transitional Campus for Stability, Healing, and Independence is a comprehensive, trauma-informed residential community designed to support individuals and families experiencing homelessness. The project provides short-term stabilization, medical and behavioral health services, long-term transitional housing, workforce development, family support programs, and an innovative housing-placement system that connects residents with permanent housing across Colorado and the United States. The campus serves 1,000 to 1,400 residents at any given time and is structured to become financially self-sustaining within five to seven years.

SECTION 1. NEED STATEMENT

Homelessness in Colorado continues to rise due to compounding factors: lack of affordable housing, unmet mental health needs, substance use disorders, fragmented services, and generational trauma. Many residents cycle between shelters, emergency rooms, jail, and the streets without access to comprehensive support. Current systems often separate housing from behavioral health care, and fail to provide pathways for families, LGBTQ+ residents, neurodivergent individuals, and transition-age youth leaving foster care.

The Northern Colorado region faces acute needs:

- Insufficient short-term housing

- Long waiting lists for transitional housing
- High barriers for families with children
- Limited facilities that accommodate diverse identities safely
- A shortage of trauma-informed, non-carceral environments
- Lack of coordinated workforce development for unhoused populations
- Limited availability of long-term case management

The Transitional Campus addresses these gaps through a unified system of care. It is one of the first models in Colorado designed to treat homelessness as a complex, long-term healing and stability process—not a temporary emergency.

SECTION 2. TARGET POPULATION

The campus serves:

- Individuals experiencing homelessness
- Families with children
- Transition-age youth (18–30) with foster care histories
- LGBTQ+ individuals needing safe, affirming housing
- Neurodivergent and disabled residents
- Seniors with mobility or healthcare needs
- Veterans
- Individuals experiencing trauma or behavioral health crises
- People living in tents, RVs, or unsheltered locations

The model is designed to ensure no one is turned away due to identity, disability, or trauma history.

SECTION 3. PROJECT DESCRIPTION

The Transitional Campus provides a full continuum of housing, care, and support within one unified community:

Main Building (Five Floors)

- Intake and assessment services
- Medical and behavioral health clinic
- Mess hall and commercial kitchen
- Workforce and education center
- Men's, women's, LGBTQ+, neurodivergent, couples, and overflow housing wings

Family Village

- Sixty long-term units with two or three bedrooms
- Safe, enclosed environment for children
- Childcare center and youth tutoring room

Individual and Couples Village

- Ninety long-term transitional units
- Independent living skills training
- Life-skills coaching and case management

Tent and RV Stabilization Community

- 40–60 RV pads
- 100–150 tent platforms
- Hygiene building, laundry, charging, case management

Campus Services

- Trauma-informed behavioral health care
- Medical care
- Workforce development programs
- ESL and literacy classes
- Financial literacy
- Case management
- Housing navigation with statewide and interstate placement options
- Resident governance councils
- Family support services

SECTION 4. PROGRAM DESIGN AND IMPLEMENTATION

Program Goals

1. Stabilize individuals and families through safe, inclusive housing.
2. Improve physical, emotional, and behavioral health outcomes.
3. Increase employment readiness and long-term financial stability.
4. Transition residents into permanent housing with appropriate support.
5. Provide trauma-informed and culturally responsive care.
6. Reduce emergency service utilization (ER, jail, police).

Key Components

Stabilization

Residents begin in short-term housing and receive immediate access to food, safety, and clinical care.

Healing

Behavioral health specialists, therapists, and peer support staff deliver trauma-informed services.

Growth

Residents participate in workforce and education programs, ESL classes, and skill development.

Transition

Housing navigators coordinate HUD vouchers, rent support programs, and relocation across Colorado or out-of-state.

Family Support

Families receive tailored case management, childcare, tutoring, and educational support.

Safety Model

Non-carceral, restorative practices guide all conflict resolution and safety procedures.

SECTION 5. GOALS AND OBJECTIVES

Goal 1: Provide safe, trauma-informed housing for 1,000–1,400 residents at a time.

Objectives:

- Maintain 90 percent occupancy.
- Provide gender-affirming and culturally safe housing across all wings.
- Provide family-specific accommodations for households with children.

Goal 2: Improve physical and mental health outcomes.

Objectives:

- Provide medical care to at least 70 percent of residents annually.
- Provide therapy or counseling to at least 50 percent of residents.
- Reduce ER utilization by 30 percent within three years.

Goal 3: Increase employment readiness and income stability.

Objectives:

- Enroll at least 60 percent of eligible residents in workforce programs.
- Achieve job placement for 40 percent of program participants within one year.
- Support residents in developing financial literacy and budgeting plans.

Goal 4: Transition residents into permanent housing.

Objectives:

- Achieve a 55 percent housing placement rate within two years of program entry.
- Establish statewide and out-of-state partnerships for housing portability.
- Reduce returns to homelessness by at least 20 percent.

SECTION 6. LOGIC MODEL

Inputs

Staff, housing units, clinic, workforce center, funding, partnerships.

Activities

Intake, medical care, therapy, case management, training, family support, housing navigation.

Outputs

Number of residents housed, served, trained, or placed in jobs.

Short-Term Outcomes

Improved stability, health, readiness for employment, and reduced crisis episodes.

Long-Term Impact

Permanent housing, increased employment, reduced homelessness, improved community safety.

SECTION 7. EVALUATION PLAN

The evaluation system measures:

- Housing stability
- Employment outcomes
- Physical and mental health outcomes
- Service utilization
- Cost savings to local government

- Resident satisfaction
- Returns to homelessness

Data Sources

- Electronic case records
- Clinic records
- Workforce program data
- Resident surveys
- HMIS (Homeless Management Information Systems)

Evaluation Frequency

- Monthly internal reviews
- Quarterly outcome reports
- Annual impact report for funders

SECTION 8. MANAGEMENT AND STAFFING

Oversight Structure

The campus is governed by a Board of Directors and led by a professional executive team, including:

- Executive Director
- Deputy Executive Director
- Chief Clinical Officer
- Chief Operations Officer
- Chief Workforce and Education Officer
- Chief Housing Navigation Officer
- Director of Safety and Restorative Practices
- Director of Equity and Inclusion

Staffing includes:

- Residential staff
- Clinical staff
- Case managers
- Workforce instructors
- Childcare workers
- Security and restorative practices teams
- Operations and maintenance personnel

SECTION 9. ORGANIZATIONAL CAPACITY

The campus is designed with:

- A strong governance framework
- Trauma-informed training for all staff
- Partnerships with hospitals, universities, employers, housing authorities, and community organizations
- An internal data system capable of tracking outcomes and reporting to funders

SECTION 10. BUDGET AND BUDGET JUSTIFICATION

Capital Budget

Total construction costs: 60–80 million.

Includes main building, long-term villages, infrastructure, clinic, kitchen, and contingency.

Operating Budget

Annual costs: 18–26 million.

Expenses include staffing, utilities, food, medical supplies, programming, and transportation.

Revenue Model

Sustained through:

- Medicaid billing
- HUD reimbursements
- Foster youth and family funding
- Hospital partnerships
- Employer contracts
- Philanthropy
- Practice rent

Justification

The cost is proportional to the scale of impact: 1,000–1,400 residents served at once, with 55 percent housing placement goals and long-term savings for local and state systems.

SECTION 11. SUSTAINABILITY PLAN

The campus becomes self-sustaining within 5–7 years due to:

- Medicaid reimbursement

- Federal housing funding
- Employer partnerships
- Foster youth and family funding streams
- Reduced reliance on emergency services
- Ongoing philanthropy and earned revenue

Long-term strategy includes:

- Building an endowment
- Expanding workforce contracts
- Offering technical assistance to other regions

SECTION 12. APPENDICES

- Organizational chart
 - Floor plan diagrams
 - Safety policy manual
 - Workforce and education curriculum
 - Community partnership letters
 - Budget tables
 - Logic model diagram
 - Resident handbook