

Comprehensive Assessment of the Colorado Coalition for the Homeless: Operations, Impact, and Challenges

I. Executive Summary

The Colorado Coalition for the Homeless (CCH), frequently referenced as the "Denver Homeless Coalition," represents Colorado's most substantial provider of housing and comprehensive services for individuals experiencing homelessness. With a distinguished history spanning over four decades, CCH has achieved widespread recognition at both state and national levels for its pioneering and integrated approach to healthcare, housing, and supportive services. The fundamental mission guiding CCH's endeavors is the collaborative prevention of homelessness and the development of sustainable solutions for families, children, and individuals who are either experiencing or at significant risk of homelessness throughout Colorado. This mission is firmly rooted in the organizational conviction that all individuals possess an inherent right to adequate housing and healthcare. In 2023, the Coalition's extensive operational scope was demonstrated by its provision of services to 22,434 individuals, with 17,064 patients specifically accessing healthcare services. Furthermore, CCH reported housing 4,400 households on a nightly basis, achieved through a combination of its 23 owned or managed properties and various landlord partnerships.

A thorough assessment of CCH's operations reveals several critical areas of performance and challenge. In terms of housing, CCH's permanent supportive housing initiatives exhibited remarkable efficacy in 2023, with an impressive 99% of residents maintaining stable housing for over 12 months. The Coalition has significantly augmented the housing landscape by developing more than 1,900 housing units and consistently providing nightly shelter to 4,400 households. However, the organization faces considerable challenges in employee relations. Early 2025 witnessed the unionization of CCH's Housing Supportive Services Department, affiliating with SEIU Local 105. This action was primarily driven by widespread concerns among staff regarding increased workloads, high turnover rates, insufficient resources, and pressing safety issues. Negotiations for a pivotal contract are presently underway.

Regarding property-related matters, a 2012 audit by the U.S. Department of Housing and Urban Development (HUD) Office of Inspector General (OIG) found no substantiated control weaknesses within CCH's Homelessness Prevention and Rapid Re-Housing Program. More recently, however, public scrutiny has emerged concerning Renewal Village, with allegations suggesting it has become a "haven for drug dealers." CCH has publicly addressed these concerns, attributing such issues to external factors that exploit vulnerable communities. A significant operational impediment has been the substantial delays in receiving payments from the City and County of Denver for services already rendered. This financial lag, amounting to \$1.7 million in unpaid funds for over four months, has directly led to a reduction in CCH's on-site medical care capacity and delays in hiring crucial nursing staff, highlighting systemic inefficiencies within government contracting processes.

In its engagement with external evaluations and advocacy, CCH maintains an active and responsive posture. The organization has positively collaborated with the Urban Institute on the

successful Housing to Health program, which has demonstrated positive outcomes. Conversely, CCH has issued robust rebuttals to reports from the Common Sense Institute concerning "Housing First" policies, contending that their data interpretations are misleading and misrepresent the model's effectiveness. Financially, CCH's total revenues and support in 2023 reached \$115.5 million. Government contracts and grants accounted for 54% of this income, with program income contributing an additional 34%. Total expenses for the same period were \$115.6 million, with housing (45%) and healthcare (38%) representing the largest categories of expenditure.

A significant observation is the direct link between the stability of funding and the quality of service delivery. The reported delays in payments from the City and County of Denver, totaling \$1.7 million over four months, have had tangible consequences, forcing CCH to reduce its on-site medical care and leaving critical nurse positions unfilled. This situation underscores how financial instability, particularly from governmental partners, can directly compromise the operational capacity and effectiveness of essential social services. Such delays not only create immediate operational challenges for CCH, affecting its ability to fulfill its mission, but also impose considerable financial strain on the non-profit, potentially impacting long-term sustainability and staff morale. This highlights a systemic issue within public-private partnerships where bureaucratic inefficiencies can directly undermine critical social services.

Furthermore, CCH faces the complex challenge of managing external perceptions while simultaneously addressing internal staff morale. Public concerns, such as those related to Renewal Village being perceived as a "haven for drug dealers", necessitate CCH to actively counter societal stigmas associated with homelessness. Concurrently, internal employee feedback points to significant concerns about an "unsafe environment" and a perceived lack of "admin support safety". These internal issues directly contributed to the recent unionization efforts within the Housing Supportive Services Department. This interplay suggests that negative external perceptions, often rooted in broader societal biases against the homeless population, are compounded by internal challenges related to staff well-being and support. If CCH's frontline staff feel unsafe, undervalued, or unsupported, it can lead to increased turnover, diminished service quality, and a reduced capacity to effectively address external criticisms. The unionization is a direct manifestation of these internal pressures, signifying a collective demand for improved working conditions, which staff explicitly link to providing better services for their clients. Addressing internal organizational health is therefore crucial for maintaining public trust and programmatic effectiveness.

II. Organizational Profile and Mission

Official Name and Historical Context

The organization commonly referred to as the "Denver Homeless Coalition" is officially registered as the Colorado Coalition for the Homeless (CCH). Founded in 1984, CCH possesses a rich 40-year history dedicated to addressing the complex issue of homelessness in Colorado. Its innovative and integrated approach to healthcare, housing, and supportive services has earned the organization substantial recognition at both state and national levels. The genesis of CCH's direct service provision dates back to 1985, when it commenced delivering essential healthcare services in downtown Denver, specifically tailored to meet the unique medical needs of individuals experiencing homelessness.

Over the years, CCH's mission and operational scope have significantly expanded. Initially

focused on direct healthcare, the organization evolved to encompass a comprehensive "continuum of housing" and a diverse "variety of services". The current mission explicitly includes the "prevention of homelessness" and the establishment of "lasting solutions". This evolution demonstrates CCH's strategic adaptability and a deep understanding of the multifaceted nature of homelessness. The shift from a specialized healthcare provider to a comprehensive housing and service organization signifies a recognition that positive health outcomes are profoundly dependent on stable housing and holistic social support. While this comprehensive approach is a significant organizational strength, it also introduces increased operational complexity, demanding diversified resources and expertise, and requiring robust internal coordination across various program areas.

Mission, Philosophy of Service, and Core Values

The bedrock of CCH's operational philosophy is the unwavering belief that all individuals are inherently entitled to adequate housing and healthcare. This fundamental principle underpins every aspect of their work. The Coalition is committed to systematically removing barriers that impede access to these basic rights, asserting that such efforts ultimately benefit society as a whole.

CCH's philosophy of service is further articulated through several core tenets:

- **Dignity and Empowerment:** The organization strives to honor the inherent dignity of those it serves, affirming their capabilities and actively fostering hope for a better life.
- **Community Building:** CCH is dedicated to building strong, caring, and trauma-informed communities through the seamless integration of housing, healthcare, and supportive services.
- **Advocacy for Equity:** The Coalition actively advocates for social and racial equity, inclusivity, and diversity, consistently challenging existing systemic injustices in partnership with its workforce and the individuals it serves.
- **Excellence and Innovation:** CCH pursues excellence through continuous quality assurance, fostering innovation, and investing in professional development for its staff.
- **Judicious Resource Management:** The organization is committed to utilizing its resources judiciously and effectively to maximize impact.

Collectively, these principles form the foundation of CCH's assertion that homelessness is a solvable issue.

Organizational Structure and Leadership

The Colorado Coalition for the Homeless is led by President and CEO Britta Fisher. Her reflections in the 2023 Annual Report highlight a period of continued operational growth and adaptation, particularly in the context of rising homelessness following the pandemic. The organization's enduring legacy is also evident in the naming of the John Parvensky Stout Street Recuperative Care Center, honoring former President and CEO John Parvensky for his foundational contributions to CCH's work. This dynamic points to a successful leadership transition that has maintained the organization's core values while adapting to contemporary challenges. The continuity of strategic direction, combined with the integration of new leadership perspectives, is crucial for sustaining CCH's long-term effectiveness and its capacity to innovate in response to evolving societal needs. This also suggests a culture that honors its past while embracing future development.

The leadership team includes key personnel such as Cathy Alderman (Chief Communications &

Public Policy Officer), Eli Allen (Vice President, Housing Assistance), Jennifer Cloud (Chief Real Estate Officer), and other vice presidents who oversee various critical departments, ensuring a comprehensive approach to service delivery. CCH benefits from an extensive and diverse support network, which includes robust relationships with state and city governments, numerous foundations, private businesses, and individual donors, all contributing to its capacity to respond effectively to the challenges of homelessness in Colorado.

III. Housing and Property Management

Overview of CCH's Housing Portfolio

The Colorado Coalition for the Homeless has played a pivotal role in expanding housing options for vulnerable populations in Colorado. The organization has been instrumental in developing over 1,900 housing units specifically designed for individuals experiencing or at risk of homelessness. Currently, CCH directly manages and operates 23 properties. In addition to its owned portfolio, CCH actively fosters partnerships with private landlords, collectively providing housing for approximately 4,400 households each night.

CCH's housing initiatives are diverse, encompassing various models tailored to meet a spectrum of client needs. These include permanent supportive housing, which offers long-term stability with integrated services; affordable housing options designed to address economic barriers; and transitional housing programs that bridge the gap from homelessness to permanent residency. Through its Housing Assistance Program, CCH strategically utilizes local, state, and federal funding to support 2,000 households annually by collaborating with Denver metro landlords, thereby facilitating access to essential housing vouchers and rental assistance.

Types of Housing and Capacity

- **Permanent Supportive Housing:** This model is a cornerstone of CCH's housing strategy and has demonstrated exceptional effectiveness. In 2023, 99% of residents in CCH's permanent supportive housing programs successfully maintained stable housing for over a 12-month period. This approach is explicitly recognized as "data-proven as the most effective approach for homelessness resolution and housing stability".
- **Fort Lyon Supportive Residential Community:** Located in Bent County, this unique facility offers recovery-oriented transitional housing. It has the capacity to serve up to 250 individuals, integrating housing with comprehensive supportive services such as peer support, educational programs, vocational training, and employment assistance. In 2023, the Fort Lyon program provided services to 460 people.
- **Renaissance Legacy Lofts:** This relatively new permanent supportive housing property completed its first full year of operation in 2023. It specifically targets formerly homeless individuals who were high utilizers of emergency medical and hospital services, aiming to provide a stable environment that reduces reliance on acute care.
- **Renewal Village:** A former hotel, Renewal Village commenced significant renovations in 2023. It is projected to reopen in 2024, providing 215 units of permanent supportive and transitional housing apartments, further expanding CCH's capacity to serve the unhoused population.

Housing Stability Outcomes and Success Rates

The efficacy of CCH's housing programs is consistently demonstrated through robust outcomes. In 2023, the organization reported that an impressive 99% of residents in its permanent supportive housing programs remained stably housed for over 12 months. The "Housing First" methodology, which CCH champions, is central to this success. This approach, when coupled with comprehensive supportive services, consistently yields high housing retention rates by prioritizing immediate access to stable housing without preconditions. At the Fort Lyon program, housing outcomes have shown a positive trend, with nearly 40% of individuals successfully transitioning into permanent housing in the most recent year. This figure increases to 58% when including other housing opportunities such as transitional, temporary, and long-term care placements, indicating a broad spectrum of positive housing resolutions.

The consistent success of CCH's "Housing First with Supportive Services" model, evidenced by a 99% housing stability rate, points to its effectiveness not just as a social intervention but also as a fiscally responsible solution for public systems. This is further supported by the Urban Institute's evaluation of the Housing to Health (H2H) program, in which CCH is a key partner. The H2H program has demonstrated significant economic benefits, including average savings of \$31,545 per participant over 24 months in emergency service costs and reductions in jail days. The "pay-for-success" model of H2H, where investors are repaid based on achieved outcomes, directly validates these financial returns. This evidence powerfully demonstrates that CCH's core housing strategy is not merely a social intervention but also a highly cost-effective solution for public systems. By stabilizing individuals in housing and providing integrated support, CCH reduces the burden on expensive emergency healthcare and criminal justice systems. This provides a compelling economic rationale for continued and increased public investment in such integrated "Housing First" models, framing them not just as social good but as fiscally responsible policy.

Property-Related Issues and Controversies

While CCH maintains a robust housing portfolio, certain properties have faced public scrutiny.

- **Renewal Village Concerns:** Public concerns have been raised regarding Renewal Village, with one Denver7 viewer describing it as "turning into a quote haven for drug dealers". CCH addressed these concerns by explaining that on-site staff monitor check-ins and check-outs, and while visitors are permitted, drug sellers often exploit vulnerable, lower-income communities. The organization confirmed that one individual was identified as a trespasser. CCH also emphasized its commitment to combating the societal stigma that frequently links homelessness with drug use, asserting that not all individuals experiencing or having experienced homelessness use drugs. This situation highlights a persistent tension between public anxieties and the complex realities of homelessness. While CCH is committed to evidence-based solutions, managing negative public perception is a significant challenge that can impact community support for its initiatives. The "drug haven" narrative, even if misattributed, could create "Not In My Backyard" (NIMBY) sentiments, potentially hindering future housing development and community integration efforts.
- **Stance on Urban Camping Bans:** CCH maintains a strong and consistent advocacy position against urban camping bans. The Coalition views these bans as counter-productive measures that effectively criminalize homelessness without offering

adequate or appropriate alternatives for individuals without shelter. CCH argues that such bans force individuals into less visible areas, making outreach and engagement efforts by service providers more challenging, thereby wasting precious resources and making it harder for people to exit homelessness. Furthermore, CCH contends that these policies negatively impact the quality of life in neighborhoods by forcing unsheltered individuals to hide in alleys, dumpsters, and cars. Economically, the Coalition points out that urban camping bans increase municipal costs through increased citations, court fees, and jail days, which runs counter to efforts to reduce criminal justice system costs. They also create additional barriers to housing and employment for those arrested, pushing real solutions further out of reach. CCH also asserts that such laws may infringe upon Fourth Amendment rights (unreasonable searches and seizures of belongings) and Eighth Amendment rights (cruel and unusual punishment for necessary life activities when no alternatives exist). This advocacy stance aligns with CCH's philosophy that punitive approaches are ineffective and costly, underscoring the need for ongoing public education and nuanced policy discussions to foster understanding and support for compassionate, effective solutions.

Findings from HUD Office of Inspector General (OIG) Audits

In 2012, the U.S. Department of Housing and Urban Development (HUD) Office of Inspector General conducted an audit of the Colorado Coalition for the Homeless. This audit was initiated in response to a hotline complaint that alleged weaknesses in CCH's controls over its Homelessness Prevention and Rapid Re-Housing Program (HPRP) and noncompliance with program requirements. The objective of the OIG's review was to determine if these allegations could be substantiated. Following its investigation, the audit concluded that it **did not find evidence to support the allegations** made against the Coalition regarding its controls over HPRP functions. Consequently, the report contained no formal recommendations, and no further action was deemed necessary. This finding indicates that, at the time of the audit, CCH's management of HPRP funds and compliance with program requirements were found to be satisfactory by a federal oversight body.

CCH Housing Portfolio Summary

Property Name	Type of Housing	Location (City/County)	Number of Units/Households Served	Key Features/Programs
Various Properties	Permanent Supportive Housing	Across Colorado	1,900+ units developed, 4,400 households nightly	High housing stability (99% over 12 months) , integrated services
Fort Lyon Supportive Residential Community	Transitional Housing (Recovery-Oriented)	Bent County, CO	Up to 250 individuals, 460 people served in 2023	Peer support, educational, vocational, employment services, long-term recovery focus
Renaissance	Permanent	Denver	Not specified (part	Targets formerly

Property Name	Type of Housing	Location (City/County)	Number of Units/Households Served	Key Features/Programs
Legacy Lofts	Supportive Housing		of 4,400 households)	homeless, high utilizers of emergency medical/hospital services
Renewal Village	Permanent Supportive & Transitional Housing	Denver	215 units (reopening 2024)	Former hotel undergoing renovation, provides significant new capacity
Various Landlord Partnerships	Housing Assistance Program	Denver Metro Area	2,000 households annually	Vouchers, security deposit/application fee assistance, one-year lease commitment

IV. Healthcare and Supportive Services

Integrated Healthcare Model

The Colorado Coalition for the Homeless recognized the critical link between health and housing early in its history, initiating healthcare services in downtown Denver in 1985 to address the distinct medical needs of the homeless population. This commitment culminated in the establishment of the Stout Street Health Center in 2014, a state-of-the-art Federally Qualified Health Center (FQHC) that serves as the central hub for CCH's holistic "whole-person care" approach. Through this central facility and its five satellite locations, CCH collectively serves over 14,000 patients annually. In 2023, the number of patients receiving healthcare services increased by 16% to 17,064, reflecting a growing demand for these vital provisions. A significant expansion of CCH's healthcare infrastructure occurred in February 2023 with the opening of the John Parvensky Stout Street Recuperative Care Center. This innovative facility provided care to 722 hospitalized patients who lacked a stable home for recuperation, thereby playing a crucial role in preventing costly hospital readmissions and facilitating a smoother transition to recovery.

Scope of Health Services Provided

CCH offers a comprehensive and integrated suite of health services designed to address the multifaceted health challenges faced by individuals experiencing homelessness. These services include:

- Preventive and primary care
- Dental and ophthalmic/optometric services
- Mental health services
- Substance use disorder treatment
- Pharmacy services

- Medicaid enrollment assistance
- Medical respite care

These services are strategically integrated within the Stout Street Health Center and its satellite locations to minimize barriers to access for patients, ensuring that individuals can receive comprehensive care in a single, accessible setting. The Integrated Health Service is particularly recognized for its specialized expertise in managing patients with complex health needs, including chronic medical and mental health conditions, by integrating healthcare with housing and social services to promote healing and housing stability.

Range of Supportive Services

Beyond its core housing and healthcare provisions, CCH delivers a broad spectrum of supportive services vital for long-term stability and self-sufficiency. These include:

- **Outreach Programs:** Engaging with individuals in street encampments to connect them with services.
- **Individualized Case Management:** Assisting individuals in addressing specific obstacles to stability and navigating complex systems.
- **Benefits Acquisition Assistance:** Helping clients secure necessary public benefits and entitlements.
- **Children's Center:** Operating the Renaissance Children's Center, which provides a trauma-informed curriculum and dedicated staffing to support children's development while enabling parents to pursue education and employment opportunities.
- **Vocational Services and Employment Assistance:** Actively supporting individuals with job applications, skill-building, and securing new employment.
- **Residential Support and Rental Assistance:** Providing direct support within residential settings and offering financial aid for rent.

Crucially, wrap-around supportive services such as counseling, life skills training, and financial literacy are made available at most housing locations to empower residents in maintaining long-term stability and independence.

Key Service Statistics and Patient Outcomes (2023)

The 2023 Annual Report highlights the significant impact of CCH's programs:

- Total individuals served by the Coalition: 22,434.
- Total patients receiving health care services: 17,064.
- Housing stability rate for residents in permanent supportive housing after one year: 99%.
- Families served by CCH programs: 1,535.
- Veterans served: 1,039.
- Total healthcare encounters (across physical and mental healthcare): 123,849.
- Total supportive services visits: 44,139.
- Individuals moved from encampments to indoor accommodations: 1,034.
- The Fort Lyon program's annual cost per person is \$18,800, which is significantly lower than the average taxpayer cost of \$45,993 for individuals experiencing homelessness and substance use disorders in metro Denver.

The integrated healthcare model, particularly the Stout Street Health Center and the new Recuperative Care Center, directly addresses the severe health disparities and high emergency service utilization among the homeless population. Available information indicates that people experiencing homelessness are more prone to serious health challenges and less likely to

access routine care, leading to higher emergency room visits and associated costs. The Recuperative Care Center's specific goal is to prevent costly hospital readmissions, and the Fort Lyon program demonstrates substantial cost savings compared to traditional approaches to addressing substance use disorders. This reinforces the critical concept that providing stable housing and integrated health services is a cost-effective strategy. By embedding comprehensive health services within a housing-focused framework, CCH not only improves individual health and well-being but also functions as a crucial mechanism for reducing overall public health expenditures. The demonstrated success in reducing emergency service utilization and overall costs provides a compelling economic argument for increased and sustained investment in such integrated models, showcasing a positive return on investment for public funds and highlighting the long-term societal benefits beyond individual recovery. However, the capacity to deliver comprehensive care is significantly impacted by external policy shifts and funding changes beyond CCH's direct control. The 2023 Annual Report explicitly states that 6,038 CCH patients, representing 35% of all those served, lost their health insurance due to the reversion to pre-pandemic Medicaid eligibility rules. This resulted in CCH incurring over \$5 million in uncompensated care costs. This unbudgeted financial shock directly contributed to CCH's slight operating deficit in 2023, revealing how broader public policy changes, even those not directly targeting homelessness services, can have profound and negative ripple effects on non-profit organizations serving vulnerable populations. This forces CCH to absorb significant costs that would otherwise be covered, potentially diverting resources from other critical programs or hindering their capacity for expansion. This underscores the precarious nature of healthcare access for the unhoused and the financial strain placed on service providers when public health safety nets are reduced, emphasizing the need for more resilient funding models and policy advocacy to prevent a "revolving door" scenario for both clients and service providers.

Key Performance Indicators (2023)

Metric	Value (2023)	Source
Total People Served by Coalition	22,434	
Total Patients Served (Healthcare)	17,064	
Housing Stability Rate (Permanent Supportive Housing)	99% (over 12 months)	
Families Served by Programs	1,535	
Veterans Served	1,039	
Total Healthcare Encounters	123,849	
Total Supportive Services Visits	44,139	
People Moved from Encampments to Indoor Accommodations	1,034	

V. Employee Relations and Workplace Dynamics

Recent Unionization Efforts

In January 2025, the staff of the Housing Supportive Services Department within the Colorado Coalition for the Homeless voted decisively to unionize, affiliating with Service Employees International Union (SEIU) Local 105. This landmark decision positioned them as the second unionized workforce of their kind in Colorado. This unionization effort was the culmination of a "long-fought organizing campaign", indicating that underlying issues had been persistent and significant for the staff. Following the successful vote, bargaining for a historic first contract between the newly formed union and CCH management commenced in April 2025.

Key Employee Concerns

The decision to unionize stemmed from a range of critical issues reported by workers. These concerns included increased workloads, high staff turnover, inadequate resources hindering effective service delivery, and significant safety concerns within the facilities. Employee reviews specifically highlighted an "unsafe environment," with direct complaints about "security administration hiding in office while security guards deal with dangerous patients/clients." This indicated a perceived lack of direct administrative support for frontline staff safety. Compensation emerged as another major point of contention. Employees reported that "pay is rather low for equivalent positions in Denver area" and advocated for market-rate wages and cost-of-living adjustments to keep pace with Denver's inflation. Dissatisfaction was also expressed regarding the quality of benefits, with specific criticism directed at Kaiser insurance. Workers articulated a desire for a "livable wage for all CCH Workers," fair caseloads, and a meaningful voice in organizational decisions, explicitly stating their belief that these improvements would lead to "less turnover and a better commitment to our clients". The high turnover rate was noted as particularly detrimental, negatively impacting both clients, who experienced inconsistent case managers, and the remaining staff who faced increased burdens. These employee concerns, such as "increased workloads, high turnover, and inadequate resources", are not merely internal human resources issues; they are explicitly linked by staff themselves to their capacity to "serve the community effectively". A case manager directly articulated this sentiment, stating that "better working conditions mean better services for the people we support every day". The demand for a "livable wage" is framed as a means to achieve "less turnover and a better commitment to our clients". This highlights a critical and often overlooked organizational dynamic: the quality and sustainability of client services are fundamentally dependent on the well-being, fair compensation, and safety of frontline staff. High turnover, driven by unsatisfactory working conditions, leads to a lack of continuity in client care, potentially undermining the long-term effectiveness of CCH's programs and the trust built with vulnerable individuals. The unionization effort, therefore, transcends mere employee rights; it is a strategic imperative for CCH to ensure the efficacy and consistency of its core mission. Addressing staff concerns is not just ethical, but a direct investment in improved client outcomes and overall organizational effectiveness.

Status of Union Negotiations and Management's Stance

The unionized workers have expressed a clear eagerness to engage in bargaining with CCH management to "find solutions to numerous issues" raised during the organizing process. They hope for a "collaborative and constructive bargaining process" and anticipate that management

will recognize the union should employees in other departments also choose to unionize. Public support for the workers' efforts has also emerged. Denver City Councilwoman Shontel M. Lewis, a former CCH employee, publicly supported the unionization, emphasizing that "By improving conditions for staff, they are creating the foundation for better, more consistent care for those who rely on CCH's services". This provides an external validation of the direct link between staff welfare and the quality of services provided to clients.

The next procedural step in the unionization process involves a second election, mandated by the Colorado Labor Peace Act. This election will determine whether the workers will be able to bargain for union security at CCH.

While CCH is praised for its "amazing mission" and "collaboration amongst staff" , employee reviews simultaneously point to "pay is rather low for equivalent positions in Denver area" and an "unsafe environment". Employees express feeling "undervalued" regarding compensation and benefits. This reveals a pervasive tension within the non-profit sector: the inherent dedication to a noble mission can sometimes inadvertently lead to underinvestment in staff compensation and safety, implicitly relying on employees' intrinsic motivation. However, in a high-cost-of-living urban environment like Denver, this approach becomes unsustainable, contributing to burnout, high turnover, and, as seen here, unionization. CCH's challenge is to develop a sustainable financial model that adequately compensates and protects its workforce while continuing to deliver vital services. This is particularly complex given its reliance on government contracts, which may not always sufficiently cover competitive wages or robust safety measures, forcing a difficult balancing act between mission fulfillment and employee welfare.

Summary of Employee Feedback Themes

Category of Feedback	Specific Concerns or Positive Comments	Perceived Impact on Staff and/or Clients
Overall Experience	"Amazing mission, collaboration, amongst staff, and forward thinking."	Positive work environment, dedication to mission.
	"Not a great experience. Very unsafe environment."	Stress, potential harm to staff.
Safety	"Security administration hiding in office while security guards deal with dangerous patients/clients. Admin does not support employees safety."	Direct risk to frontline staff, feeling unsupported by leadership.
	Call for "Admin support safety and security of your health care staff who actually see patients/clients instead of taking the word of management that is rarely in clinic."	Improved staff well-being, better patient care.
Compensation	"Pay is rather low for equivalent positions in Denver area."	Employees feel "undervalued," difficulty retaining staff.
	Demand for "Pay employees based on market rate... provide	Reduced turnover, increased staff commitment, improved

Category of Feedback	Specific Concerns or Positive Comments	Perceived Impact on Staff and/or Clients
	COL raises... better benefits: kaiser insurance is a very poor provider."	quality of services.
Workload	"Increased workloads."	Staff burnout, inadequate resources to serve community effectively.
	Desire for "fair caseloads" and a "real say in our workloads."	Improved service quality, reduced stress for staff.
Turnover	"High turnover."	Clients experience inconsistent case managers, negatively impacts remaining staff.
	"Reducing turnover so clients can stay with one case manager."	Improved client stability, stronger client-case manager relationships.
Management Support	"Admin does not support employees safety."	Lack of trust, feeling unheard.
	Call to "Take the critiques from 'improving employee experience' surveys... seriously, not just give lip service."	Improved company culture, increased staff morale.
Team Dynamics	"Employees are truly caring and supportive individuals."	Positive internal collaboration, mutual support.
	"For the most part, everyone in the department works well as a team."	Effective internal operations despite other challenges.
Outlook/Motivation	"My coworkers, the gratitude patients/clients show when you're helping them."	Source of job satisfaction and motivation for staff.
	"We voted to unionize because we know that better working conditions mean better services for the people we support every day."	Collective action for systemic improvement, client-centered motivation.

VI. Funding and Financial Health

Diversified Funding Sources

The Colorado Coalition for the Homeless operates with a robust and diversified funding model, drawing support from an extensive network that includes strong ties with state and city governments, various foundations, private businesses, and individual donors. In 2023, CCH's total operating revenues and support amounted to \$115,507,436.

A detailed breakdown of the major revenue sources for 2023 illustrates the organization's reliance on multiple streams:

- **Government Contracts and Grants:** These constituted the largest portion of revenue, at

54%. CCH actively secures funding through local, state, and federal channels, including specific grants like the HUD Continuum of Care funding.

- **Program Income:** This accounted for 34% of total revenues.
- **Contributions:** Charitable contributions made up 7% of the total.
- **Other & In-Kind Revenue:** This category contributed 4%.
- **Interest & Investment Income:** This represented 1% of the total revenue.

The organization has also received support from prominent philanthropic initiatives, such as the Bezos Day 1 Families Fund, which supports permanent housing activities for families experiencing homelessness. A notable example of innovative funding is the Denver Housing to Health (H2H) project, where CCH serves as a service provider. This initiative leverages \$11.75 million from six private funders and up to \$5.5 million from a Social Impact Partnerships to Pay for Results Act (SIPRA) grant from the U.S. Department of the Treasury. Payments to investors in this program are contingent upon achieving specific outcomes, such as housing stability and reduced jail days.

Detailed Financial Highlights (2023)

The 2023 financial report provides a comprehensive overview of CCH's fiscal performance:

- **Total Revenues and Support:** \$115,507,436.
- **Operating Expenses:** \$115,613,458.
 - Housing: \$52,530,745 (45% of total expenses).
 - Healthcare: \$43,534,707 (38% of total expenses).
 - General and Administrative: \$10,706,429 (9% of total expenses).
 - Housing Management: \$5,732,501 (5% of total expenses).
 - Fundraising: \$2,249,004 (2% of total expenses).
 - Education and Advocacy: \$860,072 (1% of total expenses).
- **Net Income:** (\$106,022) , indicating a slight operating deficit for the year.
- **Net Assets, End of Year:** \$136,892,380.

Leverage of Charitable Support and Donor Impact

CCH demonstrates significant efficiency in leveraging charitable contributions, with every \$1 donated helping to generate \$13.34 in overall program support. Charitable support has become increasingly critical for the organization, particularly in the face of heightened housing instability post-pandemic and substantial uncompensated care costs exceeding \$5 million. This significant financial burden is largely attributable to changes in Medicaid eligibility rules that resulted in 6,038 CCH patients (35% of all served) losing their health insurance.

Donations directly fund essential services such as healthcare visits for uninsured patients, childcare services at the Renaissance Children's Center, and housing assistance including rent deposits and temporary motel stays. Unrestricted gifts are vital for meeting local matching requirements for federal and state grants, thereby securing broader funding for housing subsidies, healthcare, and supportive services.

Challenges Related to Funding Delays and Uncompensated Care

CCH has experienced a significant operational challenge due to delayed payments from the City and County of Denver. The organization provided medical services at city shelters for over four months without receiving payment, amounting to \$1.7 million in delayed funding. This prolonged

delay directly led to a reduction in CCH's on-site medical care capacity and left two of four nurse positions vacant, highlighting a direct negative impact on service delivery. The Denver City Council's delay in approving the contract was partly due to requests for more specific data on patient outcomes. CCH stated that compiling such data was difficult without an approved contract and associated funding to support the data collection efforts. City Council members publicly acknowledged the situation as being "bad actors" and "bad business partners" due to the prolonged payment delays, underscoring the severity of the issue. Concerns were also raised by some council members regarding the uncertainty of future city contracts and the potential for large nonprofits like CCH to hold a "monopoly" on city contracts, suggesting a desire for broader distribution of funding.

The substantial reliance on government contracts and grants, which constitute 54% of CCH's total revenue, exposes the organization to significant operational vulnerabilities. The recent incident involving a \$1.7 million payment delay from the City and County of Denver for medical services directly illustrates this risk. This delay immediately impacted CCH's ability to hire nurses and maintain full medical care capacity. This heavy reliance on government funding means CCH is susceptible to bureaucratic delays, political scrutiny, and potential shifts in city priorities or auditing requirements. The direct causal link between delayed funding and reduced service quality, as evidenced by CCH's inability to hire staff without payment, highlights a systemic issue where external administrative inefficiencies directly compromise the delivery of critical social services. This suggests a strategic imperative for CCH to either further diversify its funding base or to advocate more aggressively for streamlined and reliable government contracting processes to ensure uninterrupted service delivery.

Additionally, the cessation of emergency federal and state COVID-19 funding and the return to pre-pandemic Medicaid eligibility rules resulted in 6,038 CCH patients (35% of all served) losing health insurance. This imposed a substantial financial burden of over \$5 million in uncompensated care costs on CCH. This unbudgeted financial shock directly contributed to CCH's slight operating deficit in 2023, revealing how broader public policy changes, even those not directly targeting homelessness services, can have profound and negative ripple effects on non-profit organizations serving vulnerable populations. This forces CCH to absorb significant costs that would otherwise be covered, potentially diverting resources from other critical programs or hindering their capacity for expansion. It underscores the precarious nature of healthcare access for the unhoused and the financial strain placed on service providers when public health safety nets are reduced, emphasizing the need for more resilient funding models and consistent policy support.

CCH 2023 Financial Overview

Category	Item	Value (2023)	Percentage of Total	Source
Operating Revenues & Support		\$115,507,436	100%	
	Government Contracts & Grants	\$62,575,691	54%	
	Program Income	\$38,962,864	34%	
	Contributions	\$7,609,312	7%	

Category	Item	Value (2023)	Percentage of Total	Source
	Other & In-Kind Revenue	\$4,605,973	4%	
	Interest & Investment Income	\$1,753,596	1%	
Operating Expenses		\$115,613,458	100%	
	Housing	\$52,530,745	45%	
	Healthcare	\$43,534,707	38%	
	General & Administrative	\$10,706,429	9%	
	Housing Management	\$5,732,501	5%	
	Fundraising	\$2,249,004	2%	
	Education & Advocacy	\$860,072	1%	
Financial Outcomes	Net Income (or Deficit)	(\$106,022)	-	
	Net Assets, End of Year	\$136,892,380	-	
Efficiency Metric	Leverage Ratio (\$ leveraged per \$1 donated)	\$13.34	-	

VII. Stakeholder Perspectives and External Evaluations

Former Staff Experiences

Employee reviews collected offer a mixed but insightful perspective on working at CCH. Many former staff members expressed significant positive sentiments. Reviewers frequently praised the "amazing mission, collaboration, amongst staff, and forward thinking" nature of the organization. Employees described their colleagues as "truly caring and supportive individuals" who generally work well as a team. Many found satisfaction and happiness in their daily work through interactions with coworkers and the palpable gratitude expressed by patients and clients.

However, significant constructive criticisms were also raised, particularly concerning workplace safety. Specific complaints included an "unsafe environment" and a perceived lack of administrative support. Some noted that "security administration [was] hiding in office while security guards deal with dangerous patients/clients" and that "Admin does not support employees safety". Compensation was another critical area of concern, with employees reporting that "pay is rather low for equivalent positions in Denver area" and advocating for market-rate wages and cost-of-living adjustments to keep pace with Denver's rising inflation. The quality of benefits, particularly Kaiser insurance, also drew criticism. There was a clear call for the administration to genuinely address feedback from "improving employee experience"

surveys, rather than offering mere "lip service". The recent unionization efforts by the Housing Supportive Services Department (SEIU Local 105) directly stemmed from these underlying issues, which included increased workloads, high turnover, and insufficient resources. A former CCH employee and current Denver City Councilwoman, Shontel M. Lewis, publicly supported the unionization, articulating that "By improving conditions for staff, they are creating the foundation for better, more consistent care for those who rely on CCH's services". This external validation reinforces the direct relationship between staff well-being and the quality of services provided to vulnerable clients.

Former Resident Testimonials and Program Success Stories

The Fort Lyon Supportive Residential Community program consistently garners high resident satisfaction rates, reaching 93% in 2022 and maintaining consistently above 82% since 2014. Testimonials from former residents underscore the profound and transformative impact of the program. For instance, former resident Jeff Richardson stated, "Fort Lyon has so much to offer. I'm grateful for this place, and for all of the people who make it exist. I don't know where I'd be without it, nor do I want to". Individual success stories, such as Marty's, further highlight the program's potential: he achieved sobriety, earned an Associate's degree, secured his own apartment, and subsequently returned to Fort Lyon as a peer mentor, demonstrating a full circle of recovery and contribution. The program has also shown significant improvements in participant engagement, with recovery group participation reaching an impressive 99% in 2023. Social connectedness, a crucial aspect of long-term stability, also improved, with 40% of participants exiting the program in 2023 with a better social connectedness score than at entrance.

CCH's broader approach emphasizes that housing is the fundamental cornerstone for a healthy and fulfilling life. The organization's properties are designed with quality architectural standards to add value to neighborhoods and cultivate pride and well-being among residents. Crucially, most locations provide wrap-around supportive services, including counseling, life skills training, financial literacy, and employment assistance, all aimed at helping residents maintain safe and stable housing. CCH's "Housing First" approach is not only effective for individuals but also yields significant cost savings for cities by reducing chronic reliance on emergency rooms, inpatient medical and psychiatric care, detox services, incarceration, and emergency shelters. A reported 73% reduction in emergency service costs was observed for chronically homeless individuals with disabilities over a 24-month period, averaging \$31,545 in savings per participant. This demonstrates that the provision of supportive housing is a fiscally sound investment for public systems.

Third-Party Evaluations and Responses

CCH actively engages with and responds to external evaluations and reports that pertain to homelessness and its solutions.

- **Urban Institute Evaluation (Housing to Health Program):** The Urban Institute has conducted independent evaluations of Denver's Housing to Health (H2H) pilot program, in which CCH is a key service provider. A second report from the Urban Institute indicated that most residents of the H2H program remained housed two years into the initiative. The evaluation highlighted the program's innovative partnership between housing providers and hospitals, showcasing how connecting at-risk patients to housing and wraparound supports can improve health outcomes and reduce Medicaid costs. The program

achieved 70,676 days in stable housing for participants from its inception through 2024, leading to significant "success payments" to investors based on demonstrated housing stability outcomes. The Urban Institute's ongoing seven-year randomized controlled trial evaluation aims to provide rigorous, long-term evidence on the cost-effectiveness of scaling supportive housing as a healthcare solution. CCH's President/CEO, Britta Fisher, affirmed that "For more than 40 years, the Colorado Coalition for the Homeless has demonstrated that housing with supportive services is a proven solution to homelessness".

- **Common Sense Institute (CSI) Report and CCH's Rebuttal:** The Common Sense Institute (CSI) released a report titled "The Stark Reality of Homelessness in Colorado". This report purported to examine the economic impact of "Housing First" versus "Intervention First" or "Work First" approaches, claiming that "Housing First" policies contributed to an increase in homelessness. CCH issued a strong press release directly rebutting CSI's findings, characterizing the report as "misleading and loosely informed" and accusing CSI of "cherry picked data to advance that pre-determined perspective". CCH argued that CSI's report demonstrated a "deep misunderstanding of the model as well as the actual housing market conditions that create homelessness". CCH emphasized that its "Housing First with Supportive Services" model achieved a 99% housing stability rate in 2023, asserting that it is illogical to claim a housing model that keeps people housed contributes to increased homelessness. CCH further contended that CSI's report failed to include information about housing availability and affordability, implying homelessness is due to personal failings rather than market conditions. CCH highlighted that numerous studies demonstrate a direct correlation between housing market conditions (median rent, vacancy rates, population growth vs. affordable housing supply) and rates of homelessness, with mental illness, drug use, poverty, and public assistance having no statistically significant impact at the aggregate level. CCH also pointed out that CSI "woefully miscalculated" nonprofit spending by including healthcare services (over 50% of CCH's budget) and funds used outside Denver, erroneously attributing them to homelessness resolution for newly homeless individuals. This public exchange highlights CCH's commitment to defending evidence-based practices and correcting what it perceives as misrepresentations of the complex issue of homelessness.

VIII. Conclusions

The Colorado Coalition for the Homeless (CCH) operates as a multifaceted, deeply integrated organization at the forefront of addressing homelessness in Colorado. Its 40-year history reflects a strategic evolution from a healthcare provider to a comprehensive entity offering a continuum of housing, healthcare, and supportive services. This holistic approach, particularly its adherence to the "Housing First with Supportive Services" model, has demonstrated remarkable success in achieving housing stability for 99% of its permanent supportive housing residents over 12 months, and has been validated by independent evaluations like those from the Urban Institute for its cost-effectiveness in reducing public health and justice system expenditures.

Despite its programmatic successes and strong mission, CCH navigates significant operational and perceptual challenges. The recent unionization of its Housing Supportive Services Department underscores internal pressures related to workload, compensation, and perceived administrative support for staff safety. This internal dynamic is critical, as the well-being and

stability of frontline staff directly correlate with the quality and continuity of client services. Unresolved issues in this area could jeopardize the very efficacy of CCH's mission. Concurrently, CCH faces external scrutiny, including public concerns about specific properties and critiques from think tanks regarding its foundational "Housing First" philosophy. While CCH has effectively rebutted some of these criticisms with data and contextual explanations, the need for ongoing public education and transparent communication remains paramount to counter societal stigmas and maintain community support for its initiatives. Financially, CCH demonstrates strong leverage of charitable contributions, but its significant reliance on government contracts exposes it to considerable operational risks, as evidenced by substantial payment delays from the City and County of Denver. These delays have tangible consequences, impacting CCH's ability to staff essential services and highlighting systemic inefficiencies in public-private partnerships. Furthermore, external policy shifts, such as changes in Medicaid eligibility, can impose unbudgeted financial burdens, forcing CCH to absorb millions in uncompensated care costs and affecting its overall financial health. In conclusion, CCH stands as a vital and largely effective organization in the fight against homelessness in Colorado. Its integrated approach yields demonstrable positive outcomes for individuals and significant cost savings for public systems. However, to ensure long-term sustainability and continued impact, CCH must strategically address internal workforce challenges, proactively manage public perceptions, and advocate for more stable and predictable funding mechanisms from governmental partners. The organization's future effectiveness hinges on its ability to strengthen its internal foundations and navigate external complexities, ensuring its capacity to deliver on its mission of providing homes, health, and hope to Colorado's most vulnerable populations.

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