

## Priority Response Area: Food Access

### Rationale:

Among the unprecedented economic impacts of coronavirus happening in our state, access to food has emerged as a major need for families across Colorado. Hunger relief organizations have long been an important resource for children, youth and families experiencing the greatest barriers to health and well-being. In just a few short weeks, these organizations have responded to a sharp increase in demand for food while having to significantly shift operations to ensure the timely and safe delivery of food.

- Changes have occurred in how hunger relief organizations procure food. Surplus from grocery stores have typically been a major source of fresh and non-perishable food – that supply has decreased significantly. Because of concerns about potential surface transmission of coronavirus, major food banks have asked the community to not donate food but instead support them through cash donations. Even with funds to purchase food, challenges with the food supply chain has led to unpredictable availability.
- Hunger relief programs have had to quickly shift their procedures and protocols for food distribution, changing to pre-packaged methods and distributing through grab-and-go service, drive-through pick-ups and/or deliveries (particularly for clients without transportation). There is an ongoing need for cleaning and protection supplies to ensure safety.
- As more families experience new and exacerbated economic hardship, organizations predict that the need will continue to increase to double or triple the usual demand; however, it is challenging for organizations to predict how much food will be needed and over what period of time.

Colorado's hunger relief system includes the [Feeding Colorado](#) network of five major food banks. Each distributes to a network of local hunger relief programs operated by community-based organizations, faith-based organizations, schools and government agencies across the state. Food Bank of the Rockies and Care and Share have the largest networks (distributing through 600 and 267 local partners, respectively). Collectively, the efforts of the five major food banks and their local networks reach nearly 900,000 annually.

## Funding Recommendation

### Feeding Colorado Food Banks: \$150,000

- **Food Bank of the Rockies** (30 counties including Metro Denver, Eastern Colorado, I-70 Corridor and Western Slope), \$65,000
- **Care and Share Food Bank** (31 counties in southern Colorado including El Paso and Pueblo), \$65,000
- **Weld Food Bank** (Weld County), \$10,000
- **Community Food Share** (Boulder and Broomfield Counties), \$5,000
- **Food Bank of Larimer County** (Larimer County), \$5,000

### Resources/Articles:

- [At a time when they're needed most, Colorado food banks brace for fewer volunteers, shutdown of smaller pantries amid coronavirus fears](#) (Colorado Sun)
- [Coronavirus in Colorado: Empty store shelves impact Food Bank of the Rockies Donations](#) (CBS4 Colorado)

## Priority Response Area: Family Resource and Assistance Organizations

### Rationale:

Family resource and assistance organizations have long served as anchors in communities across Colorado, providing a range of economic, social and family support services to children, youth and families experiencing the greatest barriers to health and well-being. They are now on the front lines of addressing many needs that families face due to the impacts of COVID-19 and working to provide or connect families to food and other basic needs, rental assistance, housing, shelter and many other resources.

- The Family Resource Center Association (FRCA), a membership organization for 33 family resource centers (FRCs) operating across Colorado, conducted two surveys to understand what centers are experiencing in the current environment. Key results include:
  - Expanding food access, direct financial assistance and rental assistance are among the top needs FRCs reported for families facing hardship.
  - 66% of FRCs reported that they have become the primary service provider in their community because other agencies are closed or are referring clients to the FRC.
  - While FRCs have traditionally served children and families experiencing hardship, 50% of FRCs reported doing outreach to populations they haven't served previously, including veterans, seniors and recent parolees. Many are expanding their outreach to reach populations such as non-English speaking individuals (if they weren't reaching them before), populations not connected to social media, employers and the newly unemployed.
- Family resource and assistance organizations have also increased staff and/or shifted staff responsibilities to respond to increasing demand for services and they have expanded some services and/or taken on new responsibilities as a result of other community partners' diminished capacity.
- Family resource and assistance organizations have had to make substantial shifts in operations and protocols to ensure the health and safety of clients, staff and volunteers in accordance with state and local guidance as a result of COVID-19.
- As family resource and assistance organizations have had to halt their traditional in-person educational and social programming, they are turning to new ways to support families, including through delivering activity kits and sharing homeschooling tips and other resources through social media.

## Funding Recommendation

### Family Resource Centers – FRCA Member Centers (33 centers serving 52 counties in Colorado): \$850,000

- **Family Resource Center Association** (for operations and support of pass-through grants to 33 centers), \$25,000
- **Aurora Community Connection** (Adams, Arapahoe), \$25,000
- **Bright Futures for Children** (San Miguel, Ouray), \$25,000
- **Broomfield FISH** (Broomfield), \$25,000
- **Catholic Charities of Central Colorado** (El Paso, Douglas), \$25,000
- **Catholic Charities Diocese of Pueblo** (Pueblo), \$25,000
- **Center for African American Health** (Denver), \$25,000
- **Community Partnership Family Resource Center** (Teller), \$25,000
- **Delta County Family Resource Center** (Delta), \$25,000

- **Denver Indian Family Resource Center** (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Weld), \$25,000
- **Emergency Family Assistance Association** (Boulder), \$25,000
- **Estes Valley Investment in Childhood Success** (Larimer), \$25,000
- **Families Forward Resource Center** (Denver, Adams, Arapahoe), \$25,000
- **Family and Intercultural Resource Center** (Summit), \$25,000
- **Family Resource Center** (Logan, Morgan, Phillips, Sedgwick, Washington, Yuma), \$25,000
- **Family Resource Center Roaring Fork Schools** (Garfield, Pitkin, Eagle), \$25,000
- **Focus Points Family Resource Center** (Denver, Adams, Arapahoe), \$25,000
- **Fremont County Family Center** (Fremont, Chaffee, Custer), \$25,000
- **Hilltop Community Resources** (Mesa, Montrose), \$25,000
- **Huerfano Family Resource Center** (Huerfano, Las Animas), \$25,000
- **La Familia/The Family Center** (Larimer), \$25,000
- **La Plata Family Centers Coalition** (La Plata, Archuleta), \$25,000
- **La Puente Home** (Alamosa, Conejos, Costilla, Rio Grande, Saguache), \$25,000
- **Morgan County Family Center** (Morgan), \$25,000
- **Mountain Family Center** (Grand), \$25,000
- **Mountain Resource Center** (Jefferson, Clear Creek, Gilpin, Park), \$25,000
- **OUR Center** (Boulder), \$25,000
- **Prairie Family Center** (Kit Carson, Cheyenne), \$25,000
- **The Piñon Project Family Resource Center** (Montezuma), \$25,000
- **Rural Communities Resource Center** (Yuma, Washington), \$25,000
- **Sister Carmen Community Center** (Boulder), \$25,000
- **Tri-County Family Care Center** (Bent, Otero, Crowley), \$25,000
- **Washington County Connections** (Washington, Yuma), \$25,000
- **West End Family Link Center** (Montrose, San Miguel), \$25,000

**Family resource/assistance organizations (previous Caring for Colorado grantees, not FRCA members): \$160,000**

- **Compañeros: Four Corners Immigrant Resource Center** (Archuleta, Dolores, La Plata, Montezuma, San Juan), \$20,000
- **Roots Family Center** (Denver), \$20,000
- **Growing Home** (Adams), \$20,000
- **Early Childhood Partnership of Adams County** (Adams), \$20,000
- **Warren Village** (Denver), \$20,000
- **Rose Amond Center** (Denver), \$20,000
- **Valley Settlement** (Eagle, Garfield, Pitkin), \$20,000
- **San Luis Valley Immigrant Resource Center** (Alamosa, Conejos, Costilla, Mineral, Rio Grande, Saguache), \$20,000

**Resources/Articles:**

- [Colorado Weekly Unemployment Claims Soar to 60K As Coronavirus Fears Grip Economy](#) (CPR)
- [As Coronavirus Slows or Stops Paychecks, Colorado Renters Are Worried About Being Able to Pay](#) (CPR)
- [Even Before the Coronavirus Outbreak, Hourly and Self-Employed Workers Were Struggling to Meet Basic Needs](#) (Urban Institute)

## Priority Response Area: Sheltering

### Rationale:

The economic and social consequences of the coronavirus pandemic include heightened risks for housing insecurity, homelessness and family violence, and these [issues are inextricably linked](#). Leaders and staff in both fields report increased demand for services and basic needs as well as considerable stress on shelter-based nonprofits due to unexpected operational demands, such as increased sanitation protocols, concerns about health and safety for staff, residents and those seeking services, and the need for rapidly changing processes in order to shift to remote programming. Additional information to consider:

- Domestic violence (DV) occurs across all populations and communities but [disproportionately](#) impacts certain groups who are already faced with systemic inequities, including people of color, people who identify as LGBTQ, women, children and rural residents.
- Victims and survivors of domestic and sexual violence are particularly vulnerable because they often face significant economic hardship [as a result of the violence committed against them](#).
- Economic hardship, limited access to resources and social isolation increase risk for child maltreatment. Additionally, [90% of children](#) are eyewitnesses to violence when it is happening in the home.
- Many victims of DV already experience social isolation and the current circumstances greatly reduce the opportunities to seek help. Distancing also limits or eliminates interactions with professionals who are mandated to report abuse and child maltreatment concerns.
- Economic hardship and social isolation coupled with [record breaking sales of firearms](#) prompts even greater concerns for safety in the home. In addition to the increasing threat of fatal violence against oneself or others, novice gun owners may be less likely to store firearms safely, creating serious injury risk for children and youth.
- A relatively low [percentage of victims](#) of DV receive medical care for their injuries, increasing concerns that even less will seek health services during the pandemic.
- From 2014 through 2018, an average of about 10,000 requests (not unique individuals) for shelter by domestic violence victims [could not be met](#), raising considerable concern for increases in demand and further necessitating housing alternatives such as hotels.
- Youth who identify as LGBTQ, pregnant and parenting youth, youth with special needs or disabilities, youth of color and youth with system involvement are [more likely to experience homelessness](#).
- Many youth and young adults experiencing homelessness have experienced trauma before and after becoming homeless and are particularly vulnerable to violence and exploitation.
- Rural communities with already limited sheltering resources report concerns about increased demands and constrained budgets that do not allow for incentives such as hazard pay for staff.

Housing and safety from violence are immediate needs and will continue to emerge during and beyond this period of isolation and economic uncertainty. Funding organizations focused on housing supports and addressing violence for those most at risk is strongly aligned with the CFC commitment to equity and to supporting the health of children, youth and families.

## Funding Recommendations

### Domestic-Violence Organizations, \$250,000

- **Violence Free Colorado**, statewide, \$25,000. To support a statewide response and advocacy network among organizations providing domestic violence services in Colorado. In addition, Violence Free will distribute general operating grants to ten additional DV organizations around the state, with a focus on rural organizations, organizations providing culturally specific services and organizations reaching families likely to be most impacted by

the current public health crisis. The below organizations provide services such as shelter, crisis intervention, counseling, intensive case management, legal advocacy and assistance with long-term housing for victims of domestic violence, sexual assault, dating violence and trafficking.

- **Southern Ute Victim Services**, SW CO, La Plata county, \$25,000
- **Ute Mountain Ute Victim Services**, SW CO, Montezuma county, \$25,000
- **Share, Inc.**, NE CO, Morgan county, \$25,000
- **Open Heart Advocates**, NW CO, Moffat county, \$25,000
- **Tu Casa**, Southern CO, SLV, \$25,000
- **Safehouse Progressive Alliance for Nonviolence: SPAN**, Boulder and Broomfield, \$25,000
- **Latina Safehouse**, Denver metro, \$25,000
- **Advocates of Lake County**, Central Mountains, Lake county, \$25,000
- **Voces Unidas for Justice**, El Paso county, \$25,000

#### Youth-Focus Sheltering and Housing Support, \$250,000

*In addition to reaching youth within the local geographic region, each shelter listed has statewide reach.*

- **Attention Home**, Boulder, \$35,000
- **Karis, Inc.**, Western Slope, \$35,000
- **Urban Peak**, Denver metro, \$35,000
- **The Place**, CO Springs, \$35,000
- **Posada**, Pueblo/SE CO, \$35,000
- **CASA of the 7<sup>th</sup>**, Western Slope, \$20,000
- **Rural Collaborative for Homeless Youth**, statewide, \$55,000. The Rural Collaborative fields calls and connects youth to assistance statewide. The organization will distribute funds to rural efforts across CO. The Rural Collaborative has established partnership with the organizations below:
  - **La Plata Youth Services**, La Plata county and SW CO
  - **Centennial BOCES**, Logan, Morgan, Washington and Weld counties and NE CO
  - **Shiloh House**, Weld, Larimer, Morgan and Northern CO
  - **La Puente**, Alamosa and the SLV

#### Resources/Articles:

- [Amid coronavirus quarantines and job losses, CO girds for wave of domestic violence](#) (CO Sun)
- [LGBTQ Homeless Fear Violence, Illness as Coronavirus Shuts Shelters](#) (Huffington Post)
- [Experts fear child abuse will increase with coronavirus isolation](#) (NBC News)
- [Statistics](#) (National Coalition to End Domestic Violence)
- [Who Experiences Homelessness? Youth and Young Adults](#). National Alliance to End Homelessness

## Priority Response Area: Health Care Safety Net

### Rationale:

Safety net health care clinics provide ongoing physical, mental and oral health care services and connection to community-based services for people facing significant barriers to health. In the last month, they have stepped up to serve as front line responders to the COVID-19 pandemic. Federally Qualified Health Centers, Community-Based Health Clinics and School-Based Health Centers are established in communities that experience the greatest barriers to health and well-being, based on geography and/or other systemic factors, and they provide essential infrastructure in those communities. Safety net health clinics often provide health care to communities whose only alternative for care is the emergency department, and they currently play a critical role in keeping patients out of an overburdened hospital system.

- Federally Qualified Health Centers (FQHCs) have responded to shifting guidance by canceling many in-person visits and increasing telehealth capabilities; medical and behavioral health visit volume is down 35% - 40% across the state and dental visits are down 90%, based on recommendations to provide only emergency dental services.
- Telehealth visits are now billable as encounters for FQHCs, but what normally would have been a months-long process to integrate telehealth visits has become a rushed 10- to 14-day process for many clinics; telehealth visits require up-front investment and the infrastructure, including both internet and phone service, is a challenge for many communities in both urban and rural regions.
- Many FQHCs are losing hundreds of thousands of dollars each week in reimbursement for services; individual clinic impact varies based on normal and adjusted patient volume.
- FQHCs across the country will share \$1.3 billion from the most recent \$2 trillion federal stimulus package; spread across the 1,362 FQHCs in the country, that money is expected to keep the clinics afloat for about 37 days.
- FQHCs and Community-Based Health Clinics (CBHCs) do not have enough personal protective equipment (PPE) and have encountered financial and logistical challenges to obtaining additional PPE, especially N95 masks.
- FQHCs and CBHCs are seeing as many patients as possible via telehealth, but many are also setting up curbside testing, triage and consults, requiring additional PPE and increasing risks to providers and staff working in those settings.
- Providers and staff in all safety net clinics will be exposed to patients positive for COVID-19 and inevitably some will also get sick; all clinics are attempting to create staffing plans to account for illness among providers and staff.
- School-Based Health Centers (SBHCs) are the only source of health care services, including mental and reproductive health care, for many students and their families and most SBHCs are unable to operate with schools closed.
- While SBHCs have deployed staff to community clinics and/or begun providing telehealth visits, their operating costs have not changed while their patient visit revenue has declined 50% - 80%, and they hope to retain providers and staff until they are able to reopen and continue providing in-person visits in school settings.
- All safety net health clinics have either already begun or are planning for a combination of layoffs and furloughs for staff due to the drastic reductions in reimbursement.

## Funding Recommendation

### Federally Qualified Health Centers (through CCHN), \$765,000

- **Colorado Community Health Network**, statewide, to administer the grants below, \$10,000
- **Axis Health System, La Plata Integrated Healthcare**, La Plata and Montezuma counties, \$33,500
- **Clinica Family Health**, Adams, Boulder and Broomfield counties, \$33,500
- **Clínica Tepeyac**, Denver, Adams, Arapahoe counties with a focus on immigrant communities, \$33,500
- **Colorado Coalition for the Homeless**, clinics in metro Denver and services provided statewide, \$33,500



- **Denver Health’s Community Health Services**, City and County of Denver, \$33,500
- **Frontier Community Health Clinic**, Dolores, Montezuma and San Miguel counties, \$33,500
- **High Plains Community Health Center**, Prowers, Baca, Cheyenne, Kiowa, and Kit Carson counties, \$33,500
- **Inner City Health Center**, City and County of Denver and surrounding communities, \$85,000\*
- **Marillac Clinic**, Mesa County and neighboring communities, \$33,500
- **Mountain Family Health Centers**, Garfield, Eagle, Pitkin and Rio Blanco counties, \$33,500
- **Northwest Colorado Health**, Moffat and Routt counties, \$33,500
- **Peak Vista Community Health Centers**, El Paso, Adams, Arapahoe, Douglas, Elbert, Kit Carson, Lincoln, Park, and Teller counties \$33,500
- **Pueblo Community Health Center**, Inc., Pueblo and Huerfano counties, \$33,500
- **River Valley Family Health Center**, Montrose and Delta counties, \$33,500
- **Salud Family Health Centers**, Weld, Adams, Boulder, Larimer, Las Animas, Logan, Morgan, Sedgwick, Phillips, Washington, and Yuma counties, \$33,500
- **Sheridan Health Services**, Arapahoe, Adams, Denver, and Jefferson counties, \$33,500
- **STRIDE Community Health Center**, Arapahoe, Adams, Jefferson, Douglas and Park counties, \$33,500
- **Summit Community Care Clinic**, Summit County and neighboring communities, \$33,500
- **Sunrise Community Health**, Weld and Larimer counties, \$33,500
- **Uncompahgre Medical Center**, San Miguel, Montrose, and Ouray counties, \$33,500
- **Valley-Wide Health Systems, Inc.**, Alamosa, Bent, Cheyenne, Conejos, Costilla, Crowley, Delta, Fremont, Garfield, Kit Carson, Mesa, Mineral, Otero, Rio Grande, and Saguache counties, \$33,500

**Community-Based Health Clinics, \$280,000**

- **Asian Pacific Development Center**, clinic in Aurora, serves and supports all immigrant and refugee communities with a focus on the Asian American Pacific Islander community, \$35,000
- **Chanda Center for Health**, clinic in Lakewood, delivers integrative therapy, primary care, and other complementary services for persons with physical disabilities, \$35,000
- **Clínica Colorado**, clinic in Adams County and telehealth services across the state, provides equitable primary health care and resources for those with limited access, \$35,000
- **DAWN Clinic**, clinic in Aurora, serves and supports patients without health insurance and/or insured by Medicaid with comprehensive health care and community connection, \$35,000
- **Denver Indian Health & Family Services**, serves the metro Denver area as the only urban Indian Health Program providing culturally appropriate health care for American Indian and Alaskan Native adults, children, and families, \$35,000
- *Doctors Care*, clinic in Littleton, provides access to quality, affordable health care and services designed to reduce barriers to health for low-income people in need, \$35,000
- **Every Child Pediatrics**, clinics in Denver, Aurora, Thornton and Lakewood, provides comprehensive, affordable health care to 24,000 children from 300 zip codes, \$35,000
- **Kids First Health Care**, clinics in Commerce City and Westminster, dedicated to providing high quality health care for Adams County children through integrated health care services, \$35,000

**School-Based Health Centers, \$220,000**

- **Colorado Association of School-Based Health Care**, statewide organization that supports existing and emerging school-based health centers through policy development, advocacy, training, technical assistance and quality improvement projects, \$10,000
- **Denver Health’s Community Health Centers**, 19 clinics in Denver Public Schools with some still open and some staff deployed elsewhere, \$30,000

- **Every Child Pediatrics**, 11 clinics in Cortez, Dolores, Basalt, Carbondale, Aurora and Fort Collins, \$50,000
- **Kids First Health Care**, 8 clinics in Adams County, \$35,000
- **Mountain Family Health Centers**, 1 clinic in Avon, \$7,500
- **STRIDE Community Health Center**, 2 clinics in Lakewood, \$15,000
- **Regents of the University of Colorado (Sheridan School District)**, 1 clinic in Englewood, \$7,500
- **Southwest Health Systems**, 1 clinic in Cortez, \$7,500
- **Summit Community Care Clinic**, 6 clinics in Summit, Lake and Park counties, \$20,000
- **Sunrise Community Health Clinic**, 2 clinics, Evans and Greeley, \$15,000
- **Peak Vista Community Health Centers**, 1 clinic in Colorado Springs, \$7,500
- **Pueblo Community Health Centers**, 6 clinics in Pueblo, \$25,000

**Resources/Articles:**

- [Just When They're Needed Most, Clinics for the Poor Face Drastic Cutbacks](#) (New York Times)
- [Under Financial Strain, Community Health Centers Ramp Up for Coronavirus Response](#) (NPR)
- [The Poorest Will Suffer: Safety-Net Health Clinics Forced to Cut Services Amid Coronavirus Pandemic](#) (USA Today)
- [School-Based Health Centers Can Deliver Care to Vulnerable Populations During the COVID-19 Pandemic](#) (Child Trends)