Purpose Statement:
It is the intention of all parties involved to come to agreement on clear expectations and strong channels of communication ensuring a positive quality of life, mutual respect, and strengthening of our community.

The Solution Crisis Center (SCC) will be operated by Mental Health Center of Denver (MHCD) under contract to Denver’s Office of Behavioral Health Strategies. Authorized first responders will identify and bring adult men or women who are experiencing a mental health behavioral crisis and who meet other eligibility criteria, to the SCC where they will be provided with crisis stabilization services, and if needed, temporary housing for up to an additional 30 days.

Two program components are housed within the Solutions Crisis Center:
- Crisis Stabilization Unit – up to five days stay; capacity of 16 individuals
- Temporary Housing, if needed, following Crisis Stabilization - up to 30 days stay; capacity of 30 individuals

This Good Neighbor Agreement (GNA) describes the agreement entered into by MHCD and Sun Valley Community Coalition, a Registered Neighborhood Organization with the City and County of Denver, as it relates to the Solutions Crisis Center that will be located at 2929 West 10th Ave Denver Co 80204. It is the goal of this GNA to promote communication, to make improvements in the building, and to ensure the operations of this facility support a safe and hospitable neighborhood.

For the purpose of this agreement, Sun Valley Community Coalition (SVCC) is bounded by 19th Ave to the North, Federal Boulevard to the West, 6th Avenue to the South, and the Platte River to the East.

The transparent and cooperative process of creating the GNA builds lines of communication and understanding among MHCD and members or SVCC. While this GNA may not be a legally binding document, this document defines the intent and agreement of all parties represented, by laying out and defining expectations for how SCC will be operated in ways that ensure minimal impact on the neighborhood, meet the needs of its clients and the contract requirements of the City and County of Denver.

Building Exterior:
The City and County of Denver owns the building located at 2929 West 10th Avenue. MHCD contracts with the City to operate SCC out of the building. It is agreed that the City and County or Denver are responsible for ensuring the building and the property it sits upon will be maintained in a reasonable fashion, including fencing, adequate lighting, and routine maintenance on the building and grounds. Please see letter of intent attached as Appendix I.
MHCD will collaborate, coordinate and solicit input and feedback from SVCC regarding remodeling and construction, including; scheduling, staging, key dates, design for client use of the courtyard, fencing, landscaping, potential for second hand smoke, security, crime prevention through environmental design (CPTED) recommendations, and any other issues that have the probability to impact the neighborhood and their use and enjoyment of their residences. This communication, coordination and feedback may also involve Sun Valley Eco-District and The Housing Authority of the City and County of Denver, which may be outlined in a separate Intergovernmental Agreement.

MHCD will work with the City of Denver to ensure that exterior grounds are modified with fencing, illumination and camera monitoring so as to discourage loitering in the large grassy areas behind the building and by the dumpsters. Current vine type privacy fencing surrounding the facility will be maintained. See letter of intent, Appendix I

Adequate off-street parking will be provided for SCC staff and visitors in MHCD’s parking lot. MHCD will make a reasonable effort to encourage their staff and employees to park in their parking lot and not within the neighborhood. Clients, visitors and residents of the SCC will be encouraged to park in the SCC parking lot and not to park on adjacent streets within the neighborhood or in any designated Denver Health parking spaces, including Sam Santos Westside Family Health Center’s parking.

Program Operations:

I. Entry and Exit
   a. Except in the case of fire or other emergencies, entry and exit to the SCC will be only through secure doors located on the 1st floor. The doors off the parking lot (2nd floor) will not be used for SCC entry or exit.
   b. First responders will be asked and encouraged not to use flashing lights and sirens when going through the residential neighborhood while transporting potential residents.

II. Eligibility for Programs at the Solutions Center
   a. MHCD will establish guidelines for acceptance and eligibility to SCC’s program. These guidelines will be shared with all first responders to ensure the appropriate clients are brought to SCC. “First responders” will be identified in the guidelines and include all individuals or organizations who may be in a position to bring or admit clients to SCC.
   b. These guidelines will be used by SCC when accepting clients and are attached as Appendix II, and outlined below in “Referral Criteria”.
   c. These guidelines will be shared and discussed with the SCC Neighborhood Advisory Committee (NAC) on an annual basis or when any significant changes are proposed, along with any issues and concerns.

III. Referral Criteria
   a. Clients will initially be screened by first responders before being referred to SCC and will be triaged for meeting the following general criteria:
      i. Persons being referred must be at least 18 years old,
      ii. Currently experiencing a behavioral crisis related to mental health need, and experiencing an acute set of mental health and/or substance abuse symptoms,
iii. Referral must be admitted voluntarily, and willing to accept Crisis Center Services, and
iv. It is determined that SCC is more appropriate for the person in crisis than an emergency room, detox services, or jail.

b. Clients not appropriate or admitted to SCC will include;
i. Individuals who are or should be registered as sex offenders are not eligible for admission at any time to SCC,
ii. Persons assessed to be in need of a 72-hour hold as defined in law,
iii. Persons who are under arrest,
iv. Individuals in acute medical crisis due to chemical dependency,
v. Individuals under acute intoxication of alcohol or drugs, and
vi. Clients who would be more appropriate for a shelter.

c. Only people who have been triaged by SCC staff will be admitted to either a Crisis Stabilization Unit (CSU) bed or a transitional housing bed. Only people who are deemed stable enough for transitional housing services by SCC staff will be admitted to transition beds.

d. Only those persons who, after having experienced a mental health-related behavioral crisis and are deemed stable, will be admitted to the temporary housing program at SCC. Individuals who have not experienced a mental health behavioral crisis requiring services from the Crisis Stabilization Unit within the previous 5 days will not be eligible for temporary housing at SCC.

e. MHCD will provide written and updated referral, admission and discharge policy and procedures to the Neighborhood Advisory Committee if the criteria are changed in any way.

IV. Self-Referrals
a. Walk-ups or self-referred clients will not be admitted under any circumstance. Police or 911 will be called if needed to assist in these circumstances.

V. Scheduled Appointments
a. For a client in the Crisis Stabilization Unit at SCC, who have scheduled off site appointments, a staff person will generally accompany them to and from the appointment.

b. If staff cannot accompany the client, then transportation will be arranged via taxi or Medicaid transportation for the client to get to their appointment and back to SCC.

c. Should a client, while in the care of the Crisis Stabilization Unit, choose to temporarily leave the facility for any reason, they will be accompanied at all times by a staff member while in the neighborhood.

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2 A mental health hold is defined in law as a person who appears to have a mental illness and, due to the mental illness, appears to be an imminent danger to self or others, or appears to be gravely disabled. The term “gravely disabled” means that an individual has a mental illness and, due to that mental illness, is unable to make informed decisions about, or provide for, essential needs without significant supervision and assistance.
VI. Planned Discharges
   a. Client length of stay will be up to 5 days in the Crisis Stabilization Unit, and as needed, up to 30 days in the temporary housing program.
   b. The discharge plan whether from the Crisis Stabilization Unit or temporary housing will include housing, mental health treatment and other services. The plan will also include transportation from the neighborhood, with staff remaining with clients until the mode of transportation has been arrange and implemented.

VII. Unplanned or non-admitted Discharges
   a. Clients who refuse voluntary admission, are referred but later determined to be inappropriate for admission, or request to be discharged against medical advice, will be provided transportation to their next destination. Transportation will be arranged via taxi or similar service. If a person is unwilling to wait for their transportation to arrive and wants to leave on foot, they will be accompanied by a safety officer up to Federal Blvd or until the client leaves the neighborhood, returns home if they live in Sun Valley, or the police are called, as a courtesy call, to intervene.
   b. A safety officer will be assigned to the client until one of these options has occurred. The safety officer, using their professional judgment, will determine how long to stay with a client beyond the boundary of the neighborhood.
   c. If a person being served at SCC becomes a danger to themselves or a danger to others or meets the criteria for grave disability, they will be placed on a mental health hold and transported by ambulance to a hospital.
   d. SCC staff will operate in a manner that minimizes risk to the client, to the staff themselves, or to anyone else.

VIII. Visitor’s Policy
   a. Visitors to the facility are not permitted unless prior approval by supervisory staff has been given, and the visit supports the client’s treatment plan. Visitors must check in at the front desk and follow all rules of SCC. Visiting times will be prescribed and limited. If the resident is not immediately available to meet with their visitor, the visitor will be asked to wait in the lobby or reschedule.

Practices or Protocols that would be used to Ensure Community Safety:

I. Safety Officers
   a. SCC will employ safety officers that will be present on site 24/7 to assist staff with safety and security of the inside and outside of the building.

II. Transportation
   a. Clients who will be placed in temporary housing (3rd floor) will have been evaluated and deemed stable in both their physical and mental health. These clients will be able to access resources in the Metro area as needed and applicable to their recovery. These
individuals will also have access to transportation services arranged by staff to help them meet their needs for the day.

b. Clients using public transportation will be guided to use the nearest bus stop at 10th & Federal. This is also the primary bus stop location for Sun Valley youth who use public transportation between 6:00 am and 10:00 am to attend middle and high schools located outside the neighborhood. If client’s treatment plans require the use of public transportation between the hours of 6:00 am and 10:00 am, and there are more than two individuals, a SCC staff will accompany them to the bus stop and wait with them until they board their bus.

c. Clients utilizing services at the Crisis Stabilization Unit will be asked not to leave the premises except in the rare need for medical services that cannot be met at SCC and will only do so when accompanied by authorized staff.

d. Clients in the temporary housing portion will have the opportunity for planned activities and services in the community with a scheduled time to return to SCC.

e. For clients not returning according to their scheduled return time or curfew, SCC agrees that clients will be provided shelter or arrangements for transport to alternative options.

f. It is believed that most clients will not bring their personal automobile to SCC, however, if they do have a personal automobile at SCC, the staff will be aware at all times of the resident’s condition and will discourage them from driving if there is any potential risk to themselves or others and will call the police to intervene if necessary.

III. Extracurricular Activities

a. From time to time a resident may choose to become involved in neighborhood activities such as the rec center, library, neighborhood gatherings. Any extracurricular activities by any residents will be reviewed and recommendations made to the client by their case manager or appropriate SCC staff, or may be added as a part of a case management plan and evaluated on a regular basis.

Updating Policies and Procedures

I. MHCD will update the Neighborhood Advisory Committee (NAC) on any proposed changes to existing policies listed above, plus any significant new policies that are proposed that has the probability of impacting the neighborhood or appears to diverge from original Solution Crisis Center design or this GNA’s intent. MHCD will also provide program and service updates to the NAC. These updates will be provided quarterly at both the NAC and by email to NAC members. It is the intent of this provision to encourage robust bi-directional communication between the community and MHCD.

Neighborhood Contact with Solutions Crisis Center Staff

I. MHCD will provide a 24/7 phone number for their program manager in case of emergency issues or concerns.

II. MHCD and SVCC will both designate their point of contact for communication regarding routine issues or concerns. MHCD’s and SVCC’s points of contact will provide documentation of issues
and concerns and an appropriate level of screening of complaints. We anticipate that some issues and concerns will be resolved within a day or two, others will be brought to the NAC for further discussion. It is the responsibility of both MHCD’s and SVCC’s points of contact to respond in a timely manner. Issues and concerns brought to the respective points of contact will be reported in the aggregate to the NAC.

III. A MHCD representative will attend monthly SVCC board meetings.

IV. Neighborhood Advisory Committee members to the extent possible, will encourage residents and businesses to maintain a tolerant and welcoming neighborhood for everyone, including the SCC staff and residents.

Communication and Engagement Plan

I. A Neighborhood Advisory Committee (NAC) will be established to ensure communication and implementation of the GNA. One individual from each of the following organizations will be invited to be a regular part of the NAC. Guidelines and expectations for the NAC will be developed, presented and accepted at the first meeting. MHCD will be responsible for convening the NAC.

   a. The following groups will be invited to send a representative;
      i. Sun Valley Community Coalition board,
      ii. Residents from Sun Valley Homes (Sun Valley Local Resident Council members)
      iii. Residents from Decatur Place
      iv. Decatur Place management,
      v. Sun Valley Homes Management,
      vi. A Mental Health Clinician who is not employed by MHCD,
      vii. Fairview Elementary School,
      viii. Sun Valley Community organization
      ix. A neighborhood business,
      x. Sun Valley Youth Center
      xi. Rude Recreation Center,
      xii. Westside Health Clinic/Denver Health,
      xiii. Denver Department of Social Services,
     xiv. Office of Behavioral Health Strategies
      xv. Denver Housing Authority
      xvi. Denver Police Department
      xvii. Denver Fire Department
      xviii. Manager of The Solution Crisis Center
      xix. MHCD Management
      xx. A first responder agency who is not already represented,
      xxi. A representative from the Council Office, and
      xxii. Others as needed and approved by NAC.

II. The Neighborhood Advisory Committee will;
   a. Review performance regarding all elements of the GNA and identify issues and concerns.
   b. Review a verbal quarterly report from MHCD.
c. Provide feedback to SCC/MHCD on any implementation problems that violate the GNA, including recommendations to remedy those problems.
d. Provide a twice-yearly report on GNA and community related points that is easily accessible to the broader community during year one of implementation and at least annually in subsequent years, unless the schedule is revised by the Neighborhood Advisory Committee.
e. Recommend amendments to the GNA, if necessary (and agreed to by all parties), after at least six months of implementation and experience. These recommendations will be presented to MHCD and SVCC, who are parties to the GNA.
f. It is anticipated that the Neighborhood Advisory Committee will meet monthly for the first 6 months of the opening of SCC and then with a schedule to be determined by the Neighborhood Advisory Committee. The Neighborhood Advisory Committee will continue to meet as long as SCC operates at 2727 West 10th Ave or until the Committee decides to disband.

III. MHCD will provide regular reporting as required in the contract to the Office of Behavioral Health Strategies, Department of Environmental Public Health. The Office of Behavioral Health Strategies will the provide an aggregate report to the NAC at its regular meetings. The specific information to be contained in these reports will be agreed upon between Office of Behavioral Health Strategies, Sun Valley Community Coalition, and Mental Health Centers of Denver.
   a. This data may include such aggregate information as; number of referrals by source, number of admissions by gender and <25 years or >25 years, length of stay, successful discharges, unplanned discharges, repeat visits and reported events.
b. Additional requests may be made by the Neighborhood Advisory Committee, but will be provided at the discretion of Denver’s Office of Behavioral Health Strategies and must not violate HIPPA requirements.

IV. Concerns and Complaints
   a. If any party to this GNA has any concerns regarding the other or implementation of the GNA, they will be first brought to the MHCD or SVCC representative designated to handle issues and complaints.
b. If resolution can be reached at this point, the situation will be considered resolved. If resolution is not reached in a satisfactory manner for either party, the issue or concern will be brought to the NAC. The NAC will have 30 days to resolve the situation or demonstrate a good faith effort to reach a resolution and if necessary, request additional time.
c. If the NAC is unable to facilitate a resolution, the situation will be referred to the Director of Behavioral Health Strategies, who can either resolve the situation, refer it to mediation or escalate to the appropriate authority within the City.
d. For situations of concern not covered by the GNA that may have a direct impact on the neighborhood, the Neighborhood Advisory Committee will request a remedy directly from CSS/MHCD. If they consider the issue and its resolution to be significant, the Neighborhood Advisory Committee may make recommendations for changes in the GNA.
e. Any amendments to this GNA must be approved by MHCD and SVCC.

Signatures on following page
Signed: ___________________ 
Dr. Carl Clark, CEO of Mental Health Center of Denver  
6/6/19 
Date

Signed: ___________________ 
Jeannine Granville, President of Sun Valley Community Coalition  
1/10/19 
Date

Signed: ___________________ 
Lisa Saenz, Vice President of Sun Valley Community Coalition  
1/10/19 
Date
APPENDIX I – Building Maintenance and Construction

Jeanne M. Granville, President
Sun Valley Community Coalition
2715 West Holden Place
Denver, CO 80204

RE: Denver Public Health & Environment’s ongoing collaboration with the Sun Valley Community Coalition (SVCC) and its partners in support of the implementation of a Solution Crisis Center located at 2029 West 10th Avenue, Denver - Castro Campus

Dear President and Members of the SVCC,

Please consider this a reaffirmation that the Denver Department of Public Health & Environment (DDPHE) is committed to continuing our engagement with the SVCC and its partners as we go through the process of opening a Solution Crisis Center in Sun Valley. Our team has been actively involved in attending community meetings, providing status updates, and answering questions. Open lines of communication are critical not only to our success, but also go a long way in addressing the concerns of residents in Sun Valley. Our commitment to remain actively engaged in your community meetings, and to be available and responsive to your questions.

As to the matter of maintaining the property and grounds in a reasonable fashion, including exterior lighting and fencing; these sorts of activities are currently in place and will continue. In addition, the team here at DDPHE is open and more than happy to work alongside you to ensure that we reasonably address your needs as we begin planning for renovations of the building, and as it relates to the need for additional exterior lighting or fencing. We remain committed to working with the broader community to ensure that Sun Valley remains a safe and enjoyable neighborhood for all its residents.

In closing, please allow me to express my appreciation for your continued advocacy on behalf of the Sun Valley community. We will continue to be an active partner and will work with the RNO and other community partners throughout this process. DDPHE is committed to working toward a healthy and safe living experience for all our citizens. If you have additional questions, please do not hesitate to reach out to me or my staff.

Sincerely,

\[Signature\]

Robert McDonald
Executive Director
APPENDIX II – Definitions of First-Responder, Referral Criteria and Community Safety

Information request from Sun Valley:

1. Definition of who is considered a first-responder:
   - First Responders: Law enforcement, fire department/EMT units, designated mental health professionals, trained outreach workers, clinical case managers, and hospital emergency department’s social workers.

2. Referral Criteria:
   - Clients will be screened before referral to the solutions center. Registered sex offenders are not eligible for admission at the solutions center. Self-referred clients will not be admitted under any circumstance.
   - The Solutions Center is not an appropriate referral for those persons needing hospital services or who are under arrest and should be taken to jail. Referral to the Solution Center is not appropriate for individuals who have committed more than petty criminal offenses or for petty offenders who are in acute medical crisis due to the mental health issues and chemical dependency. These persons should be taken to jail or the hospital respectively.
   - The Solutions Center is not appropriate for those under acute intoxication of alcohol or drugs. These individuals should be taken to detox and can be referred after they are free from intoxication or risk of withdrawal.

3. Practices or protocols that would be used to ensure community safety:
   - The Solutions Center will employ two full time safety officers that will be present on site 24/7 to assist staff with safety and security of the inside and outside of the building.
   - Clients who complete their treatment at the Solutions Center will have a discharge plan that includes transportation. At no time will a client simply be discharged into the neighborhood, unless they live in Sun Valley and then they will be directed home. Staff will remain with clients until the mode of transportation has been arranged.
   - Clients who refuse voluntary admission, are referred but later determined to be inappropriate for admission, or request to be discharged against medical advice will be provided transportation to their next destination. Staff will remain with clients until transportation has been arranged.
   - Clients who will be placed in temporary housing [3rd floor] have been evaluated and deemed stable in both their physical and mental health. These clients will be able to access resources in the Metro area as needed and applicable to their recovery. These individuals will also have access to transportation services arranged by staff to help them meet their needs for the day.
   - Clients utilizing services at the Drop off/Crisis stabilization Unit will be asked not to leave the premises except in the rare need for medical services that cannot be met at the Solutions Center. Clients in the temporary housing portion will have the opportunity for planned intentional activities and services in the community with a planned time to return to the center.

4. Flowchart attached.
Solution Center Consumer Flow

- Community Crisis Occurs
- Consumer is contacted by Denver Police, Walk in Center or Emergency Department
- Consumer meets Solution Center criteria
- Consumer is transported to Solution Center
- Consumer is evaluated and Triaged at the Solution Center Triage program by licensed staff, nurse, and peer specialist
- Consumer’s condition may result in a 72 hour hold and consumer sent to Emergency Department
- Crisis may be resolved quickly resulting in discharge to community and home
- Consumer may be treated in triage program for up to 23 hours
- Consumer may be placed directly in a Transition Program bed for up to 30 days
- Consumer may be placed in a CSU bed for up to 5 days
- Consumer may be placed in a Transition Program bed for up to 30 days after 5 day CSU stay
- Consumer may be discharged to community and home after 5 day CSU stay
- Consumer will move to more permanent housing option after Transition Program stay.