I. Approval of today’s agenda

II. Approval of minutes from December 19, 2013 meeting

III. Matters from the committee members for consideration

IV. City of Louisville City Council study session: key BHCA/LHA updates that need to be presented to the Louisville City Council
   a. IGA update and status of properties
   b. 2013 financial statements and final audit update
   c. Alkonis development status update

V. Fiscal Leveraging/Consolidated Contracts:
   a. Update from Melissa Frank Williams, DHHS Program Manager, Integrated Services
   b. Thoughts on consolidated contract process

VI. C4HCO outreach update (healthcare expansion update)
   a. Update from Mae Hsu, DHHS Health Coverage Manager and Gabriella Aguilar, DHHS Assistance Site Manager
   b. Discussion of feedback from December 2013 focus group work
   c. Recommendations on outreach process
VII. Joint meeting with Latino Task Force
   a. Pre-work to be done prior to meeting
   b. Meeting structure/goals

VIII. 2014 planning calendar
   a. Additions to the calendar
   b. Need for feedback and support from committee members

IX. Next meeting
   a. Tuesday, February 25, 2014, 3:30 p.m. Kaiser Large Conference Room, 2525 13th Street, Boulder.

Access to current and past packets for the Boulder County Housing Authority Board, the Boulder County Human Services Board, and the Housing & Human Services Advisory Committee can be found by clicking on the links below:

Boulder County Housing Authority Board Packets
Boulder County Human Services Board Packets
Housing & Human Services Advisory Committee Packets
I. Approval of today’s agenda:

Approved as written

II. Approval of minutes from November 21, 2013 meeting

Motion and a second to approve as written. Committee approved unanimously.

III. Matters from the committee members for consideration:

None to discuss

IV. Latino task force community assessment report/proposed joint meeting:

a. Potential March meeting with Latino Task Force Board, DHHS Advisory Committee, DHHS Staff to discuss this assessment’s findings and how we can do things better with these community members

Dalia is on the Board and Elvira is a funder and advisor. Frank saw the presentation of the report recently. 80-90 people, business leaders. Last time the report came out, 2002, big that this report came out.
We would like to propose this meeting to discuss findings and how we can work together. DHHS works very closely with this population. Elvira will bring it up at the next Task Force meeting to see if we can make this meeting happen in March. This is an all-volunteer board, need to work around their schedule. There is a plan to continue to roll out the report. Contact Carmen Ramirez if you want them present (BHP for example).

We were thinking more of specific conversations around the recommendations and how we actualize the findings. We have a lot of bi-lingual and bi-cultural staff. We do have some challenges in the child welfare/child protection world. Need to meet the need of the populations in this part of the community. The group will have suggestions on how we become a better community agency. BHP staff, DHHS staff, Advisory committee members.

Elvira—Deb Gardner has a task force looking at inclusivity on Boards and Commissions and also Community foundation has leadership fellows program (transformational leadership principles). PERL program as well. Creating connections that work with boards to become more open with folks that work with boards that are diverse.

Back to the report: anything in particular that Elvira wants to highlight? Latinos in BOCO have higher levels of education, they make far less money than their peers. Most Latinos in BOCO are not immigrants, but were born and raised in Colorado. Considerations for services need to be focused on (more middle class, higher income folks). People reported discrimination as well. People of color are 1/5 of the population, yet hold very few leadership positions and elected offices. Could have Barbara come in

Compelling, overall population, 25% of elementary students are Latino in BOCO.

BHP has a partnership with BVSD to bridge the achievement gap. Extending the school day for example. More internet access and computer access to do homework. Brought fiber into the BHP housing stock. We hope that this could turn into a national model.

Jim Williams and Chris Campbell will reach out to Dalia to facilitate this meeting.

Latino age wave: Promotores/Promotoras project (Boulder County project)—this is a metrowide program. Issues related to elder Latinos. Could come and discuss this with the group. Would it be helpful to have a panel to facilitate a discussion in the future? Need to decide how we will act on this information.

Laura appreciates the health care focus of the report.

Trends: Gallop survey—looking at livability of the city and connected this to the GNP—they found a correlation here. BOCO are very high in livability, however, openness—felt like the community is lacking on this metric.

V. Health care exchange and Medicaid expansion update

a. Update of outcomes from the bi-lingual outreach focus groups (December 6, 2013): Dalia, Elvira, Jim.

Jim and Dalia held a focus group with 7 participants from the Promotores group. The health coverage guide staff were involved. Asked questions around the languaging/messaging around health care reform. General feeling was that we need to connect more with the Latino community. The consensus of the group was that we needed to simplify the message/outreach. Many folks are unsure about what they have available to them.

Knew where to go to sign up but very little else. Ample opportunity to connect to these communities. This group has a large connection to the Latino community. How do they promote signing up for insurance, what are their talking points. Proposed strategies—have a figure from the Latino community promote these things (even mentioned names).
Might set a second meeting with this group. Jim will summarize the highlights of the focus group and send to the committee.

Frank—there are some really great things happening in CO. 140,000 new folks have set up accounts on PEAK since October. PEAK is the front-end, online system that BOCO initiated the setup on (Medical care, food assistance etc.). Folks have worked with Navigators, Clinics, etc.

About 60,000 people have gotten Medicaid statewide. Number of additional eligible is 400,000. BOCO has 17-20,000 that are eligible for Medicaid.

On the exchange side: we are 10% of the statewide total of enrollees. Testament to the collaborative work with the Clinics/Hospitals. Give another 3-4 months, numbers should look great! Jim and Frank are working on numbers to share with our community partners—will send out a blast. We know this was bumpy, but even given that, look at how well we are doing.

Statewide: the ratio is about 3:1 Medicaid to Exchange. We are 2300 in the exchange, 6-7,000 in Medicaid. We need to stay positive and persistent and get this message out to community. Tell the success stories—this is key.

Additionally, the private vendor looking at Medicaid eligibility (Maximus) gave us the entire backlog of folks in the system. We followed up with the group personally. Get them signed up with the exchange.

VI. Next meeting

a. Tuesday, January 28, 8:30 a.m. Kaiser Large Conference Room, 2525 13th Street, Boulder.
### 2014 DHHS Advisory Committee Advanced Planning Schedule

#### 1st Quarter 2014

<table>
<thead>
<tr>
<th>Date</th>
<th>Primary Topic(s)</th>
<th>DHHS staff presenting</th>
<th>Questions of and feedback needed from the Boards/Committees</th>
</tr>
</thead>
</table>
| **January 28, 2014** | □ Fiscal Leveraging/Consolidated Contracts  
□ Louisville City Council Study Session (review of LHA consolidation, financial status of LHA, Alkonis discussion)  
□ Concerted recruiting effort (**HHS Advisory Committee only)  
□ C4HCO outreach update — feedback from December 2013 focus group work (**HHS Advisory Committee only) | □ Angela Lanci-Macris (cons. Contracts)  
□ Frank Alexander, Willa Williford (Louisville study session)  
□ Frank Alexander, Chris Campbell, Jim Williams (committee recruiting) | DHHS requests feedback/support from the HHSAC on:  
1) key updates that need to be presented to Louisville City Council  
2) thoughts on the consolidated contract process  
3) recommendations on C4 outreach process  
**Note: For every topic, need feedback on communications around the initiatives and how the community is responding to the initiatives.** |
| **February 28, 2014** | □ 2014 DHHS Strategic Priorities/Generative Framework Vision Document  
▪ CBO newsletter  
□ Focus Group work: 2014 DHHS Strategic Priorities/Generative Framework Vision Document (**DHHS Advisory Committee only)  
□ Update from City of Louisville study session | □ Frank Alexander (strategic framework)  
□ Jim Williams, Chris Campbell (CBO letter, focus group)  
□ Frank Alexander, Willa Williford (City of Louisville) | DHHS requests feedback/support from the HHSAC on:  
1) Review of HR and Latino Task Force materials  
2) Comments on the HHS Strategic Planning document and proposed CBO newsletter  
3) Pre-work to be done prior to Latino Task force meeting |
<table>
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<tr>
<th>Date</th>
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<th>DHHS staff presenting</th>
<th>Questions of and feedback needed from the Boards/Committees</th>
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</thead>
</table>
| March 20, 2014 (TBD) | □ Joint meeting with Latino Task Force Board (HHS Advisory Committee) | □ Frank Alexander, Chris Campbell, Jim Williams | DHHS requests feedback/support from the HHSAC on:  
1) Summary of how to respond to HHS/Latino Task Force recommendations |
# 2014 HS Board/BCHA Board and DHHS Advisory Committee Advanced Planning Schedule

## 2nd Quarter 2014

<table>
<thead>
<tr>
<th>Date</th>
<th>Primary Topic(s)</th>
<th>DHHS staff presenting</th>
<th>Questions of and feedback needed from the Boards/Committees</th>
</tr>
</thead>
</table>
| April 29, 2014     | □ Flood related housing updates: housing developments, other updates (case management, housing supports, and other assistance).  
                   □ HHS Advisory Committee feedback on creative funding streams                  | □ Frank Alexander, Jeremy Durham, Sarah Buss, Jocelyn Fankhouser, Becky Thelen (flood update)  
                   □ Frank Alexander, Will Kugel (funding sources discussion)                     | DHHS requests feedback/support from the HHSAC on:  
                   1) Recommendation on continued approach to flood recovery, including housing developments and other supports  
                   2) Feedback on creative funding streams for the community                        |
| May 27, 2014       | □ Mid-year financial update: State fiscal year/county fiscal year status update. Summary of federal/state budgetary issues | □ Frank Alexander, Will Kugel, Susan Bawn, Mark Moore | DHHS requests feedback/support from the HHSAC on:  
                   1) Need strategy on how the focus group for June will work—attendees, etc.       |
| June 24, 2014      | □ Child Welfare Initiatives:  
                   ▪ Prevention activities  
                   ▪ Abuse prevention marketing campaign  
                   □ Focus Group work: abuse prevention marketing campaign (**)DHHS Advisory Committee | □ Kit Thompson, Terrie Ryan Thomas, Wendy Ingham (child welfare initiatives)  
                   □ Jim Williams, Chris Campbell (Advisory Committee focus group)                | DHHS requests feedback/support from the HHSAC on:  
                   1) Recommendations on communities role in the various prevention activities    |
<table>
<thead>
<tr>
<th>Date</th>
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<th>DHHS staff presenting</th>
<th>Questions of and feedback needed from the Boards/Committees</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 29, 2014</td>
<td>□ Early childhood plan update/CCAP update □ Housing continuum update</td>
<td>□ Larraine Archuleta (early childhood/CCAP) □ Willa Williford, Tonja Ahijevech, Angela Lanci-Macris, Amanda Guthrie (housing continuum)</td>
<td>DHHS requests feedback/support from the HHSAC on: 1) Recommendations for early childhood plan initiatives, approach for the community 2) Creative strategies for housing supports as a pillar for self sufficiency</td>
</tr>
<tr>
<td>August 26, 2014</td>
<td>□ DHHS data and operations update</td>
<td>□ Jason McRoy, Susan Grutzmacher</td>
<td>DHHS requests feedback/support from the HHSAC on: 1) Overall vision for DHHS operations 2) Data dashboard/Community indicators</td>
</tr>
<tr>
<td>September 30, 2014</td>
<td>□ Employment/education/integrated case management</td>
<td>□ Angela Lanci-Macris, Larraine Archuletta, Kit Thompson</td>
<td>DHHS requests feedback/support from the HHSAC on: 1) Creative approaches/best practices for the employment continuum 2) Recommendations on DHHS caseworker of the future and staffing shifts</td>
</tr>
</tbody>
</table>
## 2014 HS Board/BCHA Board and DHHS Advisory Committee Advanced Planning Schedule

### 4th Quarter 2014

<table>
<thead>
<tr>
<th>Date</th>
<th>Primary Topic(s)</th>
<th>DHHS staff presenting</th>
<th>Questions of and feedback needed from the Boards/Committees</th>
</tr>
</thead>
</table>
| **October 28, 2014** | □ Draft 2015 DHHS/BCHA Budgets  
□ Advisory Committee priorities for 2015                                           | □ Will Kugel, Frank Alexander          | DHHS requests feedback/support from the HHSAC on:  
1) Budget assumptions, risk points, and successes from 2014  
2) Committee priorities for 2015  
3) Topics needing covered in 2014 wrap up discussion |
|                    |                                                                                  |                                         |                                                            |
| **December 9, 2014** | □ 2014 wrap up and vision into 2015  
□ Appreciation breakfast for HHS Advisory Committee                              | □ Frank Alexander (wrap up/vision)      | Thanks for all of your work in 2014!!                    |
|                    |                                                                                  | □ Frank Alexander, Chris Campbell, Jim Williams |                                                            |
HOUSING & HUMAN SERVICES ADVISORY COMMITTEE REGULAR MEETING

Tuesday, February 25, 2013, 3:30 p.m. – 5:00 p.m.
DHHS Kaiser Building, Large Conference Room, 2525 13th Street

I. Approval of today’s agenda

II. Approval of minutes from January 28, 2013 meeting

III. Matters from the committee members for consideration

IV. Recap of February 11, 2014 City of Louisville City Council study session
   a. Louisville Council Document
   b. Next steps

V. Joint meeting with the Latino Task Force, March 18
   a. Agenda and goals for the meeting
   b. Summary of Latino Task Force Document
   c. Pre-work to be done prior to Latino Task force meeting
      i. Develop list of questions for the Task Force

VI. 2014 DHHS Strategic Priorities/Generative Framework Vision Document
   a. Presentation of DHHS strategic planning to date—Frank Alexander
   b. Review of strategic planning documents for distribution
   c. Planning for possible focus group sessions

VII. Committee Recruitment discussion
   a. Focus areas that will complement the committee make up
VIII. Next meeting

a. **Tuesday, March 18, 2014, 3:30 p.m. Kaiser Large Conference Room, 2525 13th Street, Boulder.**

Access to current and past packets for the Boulder County Housing Authority Board, the Boulder County Human Services Board, and the Housing & Human Services Advisory Committee can be found by clicking on the links below:

- [Boulder County Housing Authority Board Packets](#)
- [Boulder County Human Services Board Packets](#)
- [Housing & Human Services Advisory Committee Packets](#)

Attachments:
- 1) City of Louisville Council Packet from Boulder County Housing Authority
- 2) Latino Task Force Report
- 3) HHS Strategic Plan Executive Summary
- 4) HHS Strategic Plan Power Point
- 5) 2010 Harvard Human Services Leadership Summit Report
HOUSING & HUMAN SERVICES ADVISORY COMMITTEE REGULAR MEETING
Tuesday, January 28, 2013, 3:30 p.m. – 5:00 p.m.
DHHS Kaiser Building, Large Conference Room, 2525 13th Street

Present: Dan Thomas, Alejandra Saba, Frank Alexander, Simon Smith, Mae Hsu, Gabriela Aguilar, Penny Hannegan, Melissa Frank-Williams, Laura Kinder, Heather Balser, Dalia Dorta, Jim Williams, Willa Williford

I. Approval of today’s agenda

II. Approval of minutes from December 19, 2013 meeting

Request that all attendees be listed in minutes. Otherwise approved.

III. Matters from the committee members for consideration

IV. City of Louisville City Council study session: key BHCA/LHA updates that need to be presented to the Louisville City Council

a. IGA update and status of properties
b. 2013 financial statements and final audit update
c. Alkonis development status update

Willa Williford joined for this portion of the conversation. Frank – hoping for direction from Heather and board about how to proceed for LHA update on 2/11. Messaging, etc. Plan was to update IGA status (property transfers, balance sheet issues, financials, audits), then update report from last meeting (community-specific data for 2013, include Human Services and Housing data), then Alkonis conversation. We provided this report last year, developed in coordination with LHA Board, a little different this year as joint entity. Foundation of what’s in here will be our starting place. Maps are somewhat static, and they found them helpful.

Heather – a couple of new council members, okay to repeat some information. Helpful to have a copy of the IGA. This info was very helpful last year. Alkonis – sub-area planning process coming up for South Boulder Road, charrette for Alkonis (planning meeting), talk to Troy from our Planning Department; what’s been done from the charrette and how does it fit into sub-area plan.
Willa – we don’t want to get into a position where people are reacting to something that isn’t really our proposal. Nothing is ripe yet. But we want them to be included in shaping the vision.

Heather – put in some of the principles that came from the charrette; issues you dealt with and tried to address. Talk to Troy (he’ll be at the meeting). There’s been some development in that area, it’s gotten contentious. When we did the IGA, we knew we wanted to provide additional affordable housing, we need to hear from all council members for their feedback.

Willa – we’re not at a point where we can put up anything where you can count units. Heather – maybe just include a range of units. Small Area Planning Process will refine the numbers. Willa will be a player in this, and we all see further affordable housing development occurring.

Frank – We’ll follow your lead, Heather, work on presentation and get it to you early enough to get into the packet. Heather will open, and Frank and Willa will fill in on background.

Heather – have 30 to 45 minutes for this agenda item, they’ll get this book beforehand, some focus will be on Alkonis (maybe about half the time). Also need to cover obligations under the IGA (50 year term). Provision of affordable units within Louisville is 5 years.

Land’s been acquired, IGA has been completed, transfer has occurred. May be some questions about how decisions were made to transition from LHA to BCHA, might want to be prepared for that.

We could do a timeline for conception of transfer and when the council looked at it and approved, etc.

Do we bring people who are working on Alkonis to introduce them? Let’s keep it at a higher level, bring them up to date on work that’s been done, but Small Area Plan process is going forward, we’re not in a position to discuss specifics.

How does Louisville get represented after making the transition to BCHA. Everyone who’s been involved in this advisory committee recognize the benefits, knowing that all these services funnel into Louisville as well. Would be great for them to know about Louisville’s place in this committee, so other committee members who can attend (including Ernie) would be helpful. Include agenda of what this board will cover in the coming year?

So include copy of IGA, updated report, what the committee’s focused on for the coming year. Summary of charrette report? There is a Power Point from that. The report is not public yet, graduate students/planning professionals publish it on their website if a project is ready to go into entitlements, but they hold it back if it’s not. We can have some follow-up as Alkonis gets closer, and another opportunity to meet. Maybe have a specific conversation in-depth on Alkonis down the road.

Penny – focus is on Housing piece of the IGA? In the report we also highlight how Human Services have filtered into Louisville. Health expansion changes, caseload changes in Louisville. Many people are accessing services in Louisville.

Seven council members including the mayor. 20-25 packets should be enough. All will be on the website as well. Bring marketing materials as well. Not an official public hearing, but mayor usually gives public a chance to comment. At Louisville Public Library at 7 p.m.

V. Fiscal Leveraging/Consolidated Contracts – Please see attached Power Point

   a. Update from Melissa Frank Williams, DHHS Program Manager, Integrated Services

   b. Thoughts on consolidated contract process
Consolidated Contracts are really framed with the goals and objectives of the Human Services Safety Net. (Slide 1). Implementation strategies are on the right.

MHP: Mental Health Partners (MHP) (separate 1A initiative passed prior to the TSN), has been rolled into our Safety Net contracts process, we’re looking closely at utilization of these funds

Human Services General Fund now being managed by DHHS and Community Services Department (Robin Bohannan, Workforce, Area Agency on Aging, Community Justice).

BC Other: still under commissioners office, Parks and Open Space, etc.

Penny - Why is Mental Health Partners General Fund in your net contracts? Frank - Because the commissioners have decided to move their contracting process out of the Budget Office which were quarterly operating contracts with not much in the way of deliverables, and move them into the departments to manage. MHP has about $6.7 million in total contracts with the county and most of it is in this line item. Board of Commissioners has charged us to figure out service funding models with MHP for the delivery of the substance abuse/mental health treatment continuum that’s necessary in the county. And how Healthcare expansion/Medicaid eligibility levels, the new service modalities that get implemented through the state and insurance companies are coordinated and leveraged to their maximum ability so that this funding can go further. It’s a multi-year task. These dollars are generally funding positions and programs that may not be drawing down eligible insurance funding when applicable. County-wide approach to mental health services delivery. Right now 7 or 8 contracts.

Tiers developed around core areas when partnering with these entities around expectations and roles. Tier 1 - Primary partners – we have an integrated shared data system. ETO – Efforts to Outcomes, data system that allows us to fully track outcomes and other important points. Allows for more seamless continuum of service. Want to get community partners serving as hubs and reaching the widest population possible into this mix, linking them and connecting them with other services and providing ongoing touch with them as well as partnering with HHS and other critical county programs. These orgs are working closely with DHHS Integrated Case Management team, using the Self-Sufficiency Matrix, and ETO. Boulder Shelter is in Tier 1 though they’re not yet integrated with ETO.

Tier 2 – may be providing some data to ETO, but not fully integrated into it. Potential for reimbursement through Medicaid and other leveraging opportunities. Serving specific populations with wrap around support or consistent specialized services.

These definitions will evolve over time. They’re a starting point for us to look at how do we want to examine these consolidated contracts. As systems are developed to talk to each other and we get better pictures of utilization, this will evolve.

Are tiers related to funding amounts? No, primarily criteria.
Tier 3 orgs are managed by Community Services, contracts are much smaller, they’ve asked for less money, they’re more prevention services-based. Larger contracts because of their roles across so many services are Tier 1 or 2. Those funded under Community Services are not on ETO and not eligible for federal reimbursement, among other things. One time or sporadic assistance to households.

Approach to the service system will be similar for Tier 1 and Tier 2 partners – how do we look at the financial/staff investments that both our agencies are making to move into a Generative service model? Data sharing – who in our joint populations are uninsured? More case coordination around who is the primary worker for a family and how are they getting prevention services so we keep families out of the Child Welfare system?

Can we get a copy of this slide presentation? Yes, will be included with minutes.
Human Services Agency Energy Grid – effort to demonstrate how we see primary partners as hubs in this network. Demonstrates HHS and CS role around funding, systems development toward a dashboard, training and best practices. We want synergy between all these entities, including affiliated agencies. This includes all the orgs across all tiers.

Looking toward consistency in the reporting models. ECImapct and how it interacts with ETO.

As our business models get figured out together, all of this will get clearer over time. As you move yourself further into prevention/early intervention and free up funding and get people out of institutional settings, rapidity of change process grows. We’re taking more responsibility in these contracts and at the same time providing many additional supports.

Face to face meetings in the next couple of weeks. Rapid process for 31 contracts to move them through. Theme is the learning process as we partner with folks who have received the General Fund in a different way for a long time. Organizations had different contracts previously, now just 1, removal of siloes within the contracts. Many orgs have made real strides with us in the ETO system, makes it easier to create reports. Data is already in the system so we can use it in conversations with the orgs. We can shift funding around to match need, but requirements might be different from year to year based on where funding is coming from. This will be built into these consolidated contracts. We want them to do the service, not manage the contracts and worry about all the reporting. Their job is to input quality data into the system. We generate the reports. All they really need to do then is invoice us, and we make reimbursement decisions on our side.

ETO – We’ve been working with the company Social Solutions on this system, Self-Sufficiency Matrix was built into it.

Dalia - How do the organizations feel about this? It looks very efficient from this perspective, but now several contracts into one, is the risk higher? Guarantee that they’ll get the same amounts they used to get? For most orgs, these are relatively small percentages of their budgets. We look at it from a technical assistance perspective (as a value add), and how they can build other revenue sources to offset.

VI. **C4HCO outreach update (healthcare expansion update)** – Please see attached Power Point

   a. Update from Mae Hsu, DHHS Health Coverage Manager and Gabriela Aguilar, DHHS Assistance Site Manager

It was very busy during the last two weeks of December, and this is reflected in enrollment increases for January. Many phone calls and walk-ins during that time, and high demand continues.

Dan – It’s interesting to see that the state’s Medicaid signups vs. Connect for Health Colorado (Exchange) have such a big difference, while that’s not necessarily the case for us here in Boulder County. Does that suggest that we had previously done a good job of signing people up for Medicaid? Mae- for the estimated uninsured numbers for Boulder County, there are about 32,000 or so uninsured between 0% Federal Poverty Level (FPL) up to 400% FPL. About half would be for Medicaid and half for Connect for Health.

Frank – this is a better proportion in Colorado / Boulder County than across the country, where the proportion is more 3 to 1 Medicaid vs. Exchange. I’m guessing ours is due in large part to our data sharing partnerships with hospitals and clinics, where we tend to see more non-Medicaid folks in that sub-group that are applying and then moving into C4HCO.

Demographics – Mae – of note, Medicaid expansion which really benefits adults without dependent children (24% are in 18 to 25 range), and with C4HCO 32% are in the 55-64 range.

Plans: Platinum (90/10), Gold (80/20), Silver (70/30), Bronze (60/40). Paid by insurance company/Paid by consumer. You have to purchase a Silver plan to get a cost-sharing reduction.
Catastrophic plans are available for those under 30 and those who qualify for a hardship exemption.

APTC – Advance Premium Tax Credit to help pay the premiums of plans through C4HCO. CSR - Those under 250% of FPL are eligible for cost-sharing reductions and could purchase Silver plans that had lower deductibles and co-pays.

We’re hoping to get this data for Boulder County; waiting for that from C4HCO. We meet with folks and they often get info then go home to think about what to do next. We don’t know for sure then whether or not they actually finish applying online and get a plan. Having the data will help us track this.

Also: people who have life changes and need to make changes to their applications (income changes, loss of dependent, etc.), it’s a 23-page manual application (longer and more strenuous than the initial application), so helping people with this is likely to be a part of our efforts from here on out.

Gabriela – we’ve started messaging to our clients to –before they come in to visit with us- browse through the plans and think about their options.

b. Discussion of feedback from December 2013 focus group work

c. Recommendations on outreach process

On 12/6/13, Boulder County Assistance Site was invited to participate in a focus group with the Latino Promotores community group.

- There are barriers to understanding the new healthcare law within the Latino community
  - Individuals don’t understand the new healthcare system and the Affordable Care Act
  - Some don’t know what Connect for Health Colorado is (everyone knows what “Obamacare” is
  - Clarification between federal exchange and state exchange
  - Some don’t know there’s a difference between buying private insurance through the marketplace vs. accessing public health insurance through Medicaid
  - Some have seen the Connect for Health Colorado commercials, but they don’t feel prompted to act
  - Some people just remembered the phone number, otherwise it was too much information for them to absorb and confusing. Commercials through Connect for Health Colorado, or even during presentations, too much information.
  - Some don’t understand the private insurance market and plan options, and would like more education around this
  - There is a need for an access point/direct contacts with people in the community who are familiar with outreach to connect with those families

Provedores – Providers. El Comite, Front Range Community College, other community partners hold roundtable discussion about resources and what’s available for the community. Dalia: At this meeting at El Centro de Amistad, everyone that has services in the Latino community shows up and shares information.

Mae: to clarify, we have done additional trainings/presentations outside these outreach efforts listed here (which are specific to the proposed solutions from the Promotores).
We are getting good participation and feedback from the outreach meetings. About face-to-face connections with Latino community, show up to the meetings and participate.

VII. Joint meeting with Latino Task Force

a. Pre-work to be done prior to meeting

b. Meeting structure/goals

Cristina will be the presenter, Dalia will support her. Main thing we want in the presentation is interaction around what does the Task Force think we can do better? One area is recruitment/retention/promotion of bilingual/bi-cultural staff. One area of challenge for us is advance degree staff (some certifications in some programs require high level education and training requirements, and we don’t have the best processes in place to hire bi-lingual/bi-cultural staff that then allow them to be promoted up through the chain. This is mostly true in Child Welfare/Child Protection Services.

Boulder Housing Partners working on more board diversity, some conversation there around recruitment for boards.

Dalia - We have a Cultural Competency training in March with Community Foundation. If anyone wants to participate I can help arrange. Dalia will send info to Jim.

We hope our HR department can pull demographic data for our use in the March meeting (and review in February HHSAC meeting). Both staff and client data.

Is it possible to have internships for kids to participate? Internships: College and graduate school yes, but high school no. Volunteer opportunities for all. Dalia putting together Latino Youth Leadership Conference and Leadership Fair.

VIII. 2014 planning calendar

a. Additions to the calendar

b. Need for feedback and support from committee members

Frank - We’re coordinating this calendar with our commissioners meetings, helps our production of information and helps us take consolidated direction from the two boards. In right hand column of the calendar we’ve tried to lay out what we need from you. Hoping you’ll see it before the meeting so you’ll know what assistance would be most helpful to you.

Proposing March 20 as March date (moved it up five days, same time). February 25th is correct February date.

Hoping that once a year we could do a joint planning(review meeting with county commissioners, which might mean moving you up or them later. You could express what you think their priorities should be, get an update from you on how you think things are going, how they can support. After a few more months. The commissioners meetings are at 2 p.m.

If suggestions for changes, let us know.

IX. Next meeting

a. Tuesday, February 25, 2014, 3:30 p.m. Kaiser Large Conference Room, 2525 13th Street, Boulder.

For folks wanting to see finance information, there’s plenty in these links below, including write-ups from our Finance Division Director.
Access to current and past packets for the Boulder County Housing Authority Board, the Boulder County Human Services Board, and the Housing & Human Services Advisory Committee can be found by clicking on the links below:

Boulder County Housing Authority Board Packets

Boulder County Human Services Board Packets

Housing & Human Services Advisory Committee Packets
Human Services Safety Net: Goals & Implementation Strategies

Human Services Vision

“To create a safety net that provide evidenced-based, front-end, early intervention services and support to ensure that families can stabilize and thrive in our community.”

- Family Safety & Preservation
- Front End Prevention / Intervention
- Housing Stabilization
- Any Door Service Linkage
- Work Readiness & Placement
- Healthcare, Linkage & Enrollment

- Evidenced Based Practices
- Maximizing Resources
- Data Driven Decision Making
- Transparency
- Shared Data
- Measurable Outcomes
- System-wide Commitments
- Integrated Case Management
- Communitywide Strategic Planning
### DHHS Safety Net Contracts 2014

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Contracts</td>
<td>31</td>
</tr>
<tr>
<td>Temporary Safety Net (TSN)</td>
<td>$2,022,048</td>
</tr>
<tr>
<td>MHP General Fund</td>
<td>$3,943,754</td>
</tr>
<tr>
<td>BC Human Services General Fund</td>
<td>$3,106,952</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$9,072,754</strong></td>
</tr>
</tbody>
</table>
2014 Boulder County Human Services General Fund
by Managing Department

- **Total Fund** = $4,704,909

  - **DHHS**
    - 66% ($3,106,952)
  
  - **Community Services**
    - 25% ($1,173,389)
  
  - **BC Other**
    - 9% ($424,568)
## Boulder County Tiers

<table>
<thead>
<tr>
<th>Tier</th>
<th>ETO &amp; Reporting</th>
<th>Performance Capacity</th>
<th>Leverage Potential</th>
<th>Case Management Standards</th>
<th>Role</th>
<th>Population Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 Primary Partner HHS Managed Contracts (i.e. OUR Center, EFAA, Sister Carmen)</td>
<td>Full: Has individual ETO site.</td>
<td>Meets minimum threshold requirements</td>
<td>Full Federal reimbursement eligible entity (i.e. MAC) TSN and/or RFF funded</td>
<td>Use of Self-Sufficiency Matrix, Use of sub-assessments, as they are introduced, Use of the case plan function in ETO, Resource linkage and support, Advocacy for households, Attends all CORE trainings</td>
<td>Provides Wrap-Around Services, Provides a variety of services for families AND individuals around basic needs, Meets with households as often as necessary to ensure self-sufficiency, Provides essential role in household stability continuum</td>
<td>Serves general population, may be specific to a geographical area</td>
</tr>
</tbody>
</table>
## Tiers, cont’d

<table>
<thead>
<tr>
<th>Tier</th>
<th>Tier 2 Supporting Partner</th>
<th>Tier 3 Affiliate Partner – (Community Svcs managed)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HHS Managed Contracts</td>
<td>(i.e. BBBS, Boulder Reads, YMCA)</td>
</tr>
<tr>
<td></td>
<td>(i.e. CPWD, medical providers, mental health)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Partial: Outside the ETO enterprise/ Provides moderate level of data to the BCDHHS ETO site</td>
<td>None: Outside the ETO enterprise</td>
</tr>
<tr>
<td></td>
<td>Same as above</td>
<td>Same as above</td>
</tr>
<tr>
<td></td>
<td>Possible Federal reimbursement eligible entity (i.e. MAC) and committed to share client level data</td>
<td>None Not eligible for Federal reimbursement</td>
</tr>
<tr>
<td></td>
<td>(Full Case management required for HSP participants)</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Light or Temporary: Linkage to Human Services hubs (incl. primary partners) within Boulder County Resource Referral and Support</td>
<td>Provides specialized, one-time or sporadic assistance to households</td>
</tr>
<tr>
<td></td>
<td>Provides wrap-around services to specific populations</td>
<td>Provides highly specialized services for targeted populations</td>
</tr>
</tbody>
</table>

### ETO & Reporting

- Tier 2: Partial: Outside the ETO enterprise/ Provides moderate level of data to the BCDHHS ETO site
- Tier 3: None: Outside the ETO enterprise

### Performance Capacity

- Tier 2: Same as above
- Tier 3: Same as above

### Leverage Potential

- Tier 2: Possible Federal reimbursement eligible entity (i.e. MAC) and committed to share client level data
- Tier 3: None Not eligible for Federal reimbursement

### Case Management Standards

- Tier 2: (Full Case management required for HSP participants)
- Tier 3: None

### Services Delivery

- Tier 2: Light or Temporary: Linkage to Human Services hubs (incl. primary partners) within Boulder County Resource Referral and Support
- Tier 3: Provides specialized, one-time or sporadic assistance to households

### Population Served

- Tier 2: Serves a targeted population
- Tier 3: Provides highly specialized services for targeted populations
# Timeline for Contracts

<table>
<thead>
<tr>
<th>Event</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consolidated Contracts</td>
<td>Jan 2-Feb 7</td>
</tr>
<tr>
<td>prepared</td>
<td></td>
</tr>
<tr>
<td>Contractor Meetings</td>
<td>Jan 20 – Feb 20</td>
</tr>
<tr>
<td>Contracts Finalized</td>
<td>Feb 6-Feb 27</td>
</tr>
</tbody>
</table>
Partner Engagement: The Generative Model

- **Generative Business Model**: Generating healthy communities by co-creating solutions for family & socio-economic opportunities.
- **Integrative Business Model**: Address & solve root causes of client needs by seamlessly coordinating and integrating services.
- **Collaborative Business Model**: Ensure optimum mix of services for constituents working across agency & programmatic boundaries.
- **Regulative Business Model**: Delivering services while complying with policy & regulations.
Hope for the future, help when you need it.
Health Care Expansion Update

- Boulder County Assistance Site
- Statewide Enrollment Data

Gabriela Aguilar & Mae Hsu
January 28, 2014
Boulder County Assistance Site

On 12/6/13, the Assistance Site was invited to participate in a focus group with the Latino Promotores community group.
Promotores Focus Group
Key Takeaways

Barriers to understanding the new health care laws:

• Lack of information and/or don't understand the new healthcare system
• Do not know what Connect for Health Colorado (C4HCO) is
• Need clarification about HealthCare.gov vs. C4HCO
• Do not know the difference between C4HCO and Medicaid
• Have seen the C4HCO commercials - not enough to get someone to sign-up
• Walked away with just remembering the phone number. Too confusing
• Don't understand the private insurance and plan options
• Need access/direct contact or familiarity with outreach staff
**Assistance Site Outreach Efforts**

<table>
<thead>
<tr>
<th>Proposed Solutions by Promotoras:</th>
<th>Outreach Efforts:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Train the community partners (promotoras, partner agencies)</td>
<td>Presentations/Trainings:</td>
</tr>
<tr>
<td>Network with local community groups (Latino Task Force - St. Vrain Valley, Centro de Amistad, etc.)</td>
<td>1/7/14: Promotores Group</td>
</tr>
<tr>
<td></td>
<td>1/13/14: Avista Hospital Financial Screeners (Medicaid and C4HCO)</td>
</tr>
<tr>
<td></td>
<td>1/27/14: Reunion de Provedores Latinos (Hosted by Centro de Amistad)</td>
</tr>
<tr>
<td></td>
<td>1/28/13: Front Range Community College</td>
</tr>
<tr>
<td></td>
<td>1/30/14: OUR Center (case managers)</td>
</tr>
<tr>
<td></td>
<td>2/19/14: El Comite Board (rescheduled from November date)</td>
</tr>
</tbody>
</table>

Six additional public presentations scheduled 1/29-3/24, hosted at public libraries. The two events in Lafayette will have Spanish translation services available.
<table>
<thead>
<tr>
<th>Proposed Solutions by Promotoras:</th>
<th>Outreach Efforts:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Outreach: Flyers (Monday or Friday folders)</td>
<td>Week of 2/3/14: Flyer distribution through BVSD and SVVSD (12,000 SVVSD and 15,000 BVSD to be distributed through K-5 students in Friday folders and 6th-12th grade students through school counselors)</td>
</tr>
<tr>
<td>More visibility at the schools that run programs.</td>
<td>Healthy Kids Initiative school-based workers redesigned posters and fliers to include information about C4HCO. They have helped promote our events through their networks.</td>
</tr>
<tr>
<td>Network with school-based advocates/trusted community members</td>
<td>Distributed Spanish outreach materials to BVSD Family Resource Centers</td>
</tr>
<tr>
<td>Cafecito with the school-based Community Liaisons</td>
<td>The Assistance Site is working with Communications manager to create a stronger social media presence.</td>
</tr>
<tr>
<td>Facebook posts / Social Media Communications</td>
<td></td>
</tr>
<tr>
<td>Church Outreach</td>
<td>Contacted (or to be contacted as recommended by Promotores group): St. John's -Immaculate Conception (Lafayette) Sacred Heart (Boulder) New Creation church (Longmont)</td>
</tr>
</tbody>
</table>

Hope for the future, help when you need it.
Assistance Site Outreach Efforts

<table>
<thead>
<tr>
<th>Proposed Solutions by Promotoras:</th>
<th>Outreach Efforts:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Small local business outreach:</td>
<td>Have posted/will post fliers at:</td>
<td></td>
</tr>
<tr>
<td><em>(Spanish carnicerias, markets, etc.)</em></td>
<td>Boulder:</td>
<td>Longmont:</td>
</tr>
<tr>
<td></td>
<td>- A B Fruteria and Carniceria</td>
<td>- Efrains</td>
</tr>
<tr>
<td></td>
<td>- Papusas Sabor Hispano</td>
<td>- Las Palmeras</td>
</tr>
<tr>
<td></td>
<td>- Las Americas Tortilleria</td>
<td>- La Mariposa</td>
</tr>
<tr>
<td></td>
<td>- Efrain’s Mexican Restaurant</td>
<td>- Santiago’s</td>
</tr>
<tr>
<td></td>
<td>- La Choza</td>
<td>- Tortilleria las Americas</td>
</tr>
<tr>
<td></td>
<td>- Rincon Del sol</td>
<td>- Sabor Mexico Panaderia</td>
</tr>
<tr>
<td></td>
<td>- Picas Taqueria</td>
<td>- Tacos el Fogoncito</td>
</tr>
<tr>
<td></td>
<td>- 3 Margaritas</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Casa Alvarez</td>
<td>Lafayette:</td>
</tr>
<tr>
<td></td>
<td>- Boulder County Latino Chamber of Commerce</td>
<td>- Los Almos Restaurant</td>
</tr>
<tr>
<td></td>
<td>- Broadways Beauty Salon</td>
<td>- Efrain’s Mexican Restaurant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Si Senor Mexican Restaurant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Santiagos Restaurant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- El Mercado de Lafayette</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Las Montanas Market</td>
</tr>
</tbody>
</table>

Hope for the future, help when you need it.
### Individual and Family Enrollments

*October 1, 2013 – December 31, 2013*

<table>
<thead>
<tr>
<th></th>
<th>Medicaid Expansion</th>
<th>Connect for Health Colorado</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statewide</strong></td>
<td>86,432</td>
<td>52,783</td>
<td>139,215</td>
</tr>
<tr>
<td><strong>Boulder County</strong></td>
<td>4,408</td>
<td>4,867</td>
<td>9,275</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Medicaid Expansion</th>
<th>Connect for Health Colorado</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statewide</strong></td>
<td>101,730</td>
<td>63,407</td>
<td>165,137</td>
</tr>
</tbody>
</table>

Hope for the future, help when you need it.
# Enrollment Demographics

*October 1, 2013 – December 31, 2013*

<table>
<thead>
<tr>
<th>Age Bracket</th>
<th>Medicaid Expansion</th>
<th>Connect for Health Colorado</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-17</td>
<td>-</td>
<td>13%</td>
</tr>
<tr>
<td>18-25</td>
<td>24%</td>
<td>7%</td>
</tr>
<tr>
<td>26-34</td>
<td>19%</td>
<td>15%</td>
</tr>
<tr>
<td>35-44</td>
<td>15%</td>
<td>14%</td>
</tr>
<tr>
<td>45-54</td>
<td>21%</td>
<td>19%</td>
</tr>
<tr>
<td>55-64</td>
<td>21%</td>
<td>32%</td>
</tr>
<tr>
<td>65+</td>
<td>-</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

- Medicaid Expansion
- Connect for Health Colorado
C4HCO Enrollment Summary
Coverage Levels

October 1, 2013 – December 31, 2013

- Bronze: 38%
- Silver: 46%
- Gold: 13%
- Platinum: 1%
- Catastrophic: 2%

Hope for the future, help when you need it.
## C4HCO Enrollment Summary

*October 1, 2013 – December 31, 2013*

<table>
<thead>
<tr>
<th>Financial Assistance</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollments without APTCs</td>
<td>49%</td>
</tr>
<tr>
<td>Enrollments with APTCs</td>
<td>51%</td>
</tr>
<tr>
<td>Enrollments to customers earning 0-250% FPL <em>(eligible for APTC &amp; CSR)</em></td>
<td>35%</td>
</tr>
<tr>
<td>Enrollments to customers earning 251-400% FPL <em>(eligible for APTC)</em></td>
<td>16%</td>
</tr>
</tbody>
</table>

### Average APTC Awarded
- $248/month

### Average Premium
- $379/month
  *(not including APTC)*

---

Hope for the future, help when you need it.
C4HCO Enrollment Summary
Plan Types

October 1, 2013 – December 31, 2013

- Medical Only: 76%
- Medical & Dental: 22%
- Dental Only: 1%

Hope for the future, help when you need it.
BOULDER COUNTY
HOUSING & HUMAN SERVICES

Hope for the future, help when you need it.

Gabriela Aguilar
gaguilar@bouldercounty.org
720-564-2648

Mae Hsu
mhsu@bouldercounty.org
720-864-6444
Introduction

In the Inter-Governmental Agreement (IGA) between BCHA, LHA, Boulder County, and the City of Louisville (executed 8/28/12) BCHA committed to creating an annual report on the housing services being provided within Louisville.

This is our second report, and we welcome feedback on the contents.
History and Timeline of the IGA

In 2011, the Louisville Housing Authority, Boulder County Housing Authority, and City and County began serious conversations on the increased efficiency of combining the two authorities. In 2012, the four agencies hosted numerous public hearings and study sessions to create the vision and policies of the IGA. The IGA was adopted by all parties in August 2012. Since that time, all of the immediate obligations of the IGA have been met. In 2014, BCHA will be (1) working on the commitment to provide additional affordable housing in Louisville, (2) working closely with LHA to complete their final audit and disband the authority, as well as (3) continuing to operate Louisville portfolio as an affordable housing resource.

Status of the IGA Commitments

<table>
<thead>
<tr>
<th>Property</th>
<th>Consenting parties</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acme</td>
<td>4 party IGA</td>
<td>Transfer complete</td>
</tr>
<tr>
<td>Lilac</td>
<td>4 party IGA, lender</td>
<td>Transfer complete</td>
</tr>
<tr>
<td>Regal Court II</td>
<td>4 party IGA, lender</td>
<td>Transfer complete</td>
</tr>
<tr>
<td>Lydia Morgan</td>
<td>4 party IGA, lender</td>
<td>Transfer complete</td>
</tr>
<tr>
<td>Regal Square</td>
<td>4 party IGA, HUD – Office of Multifamily Housing</td>
<td>Transfer complete</td>
</tr>
<tr>
<td>Hillside Square</td>
<td>4 party IGA, HUD – Office of Public Housing</td>
<td>Transfer complete</td>
</tr>
<tr>
<td>Sunnyside</td>
<td>4 party IGA, Investor, lender, CHFA</td>
<td>Transfer complete</td>
</tr>
</tbody>
</table>

In addition to completing the transfers, BCHA has secured the financial stability of these properties going forward by refinancing the portfolio and re-investing in much needed capital improvements.

2. Appointment of Louisville citizen to the Housing and Human Services Advisory Board

Ernie Villany is currently serving on the Housing and Human Services Advisory Board for Louisville. Louisville Deputy City Manager Heather Balser and City of Louisville Economic Development Director
Status of the IGA Commitments  
(continued)

3. Provision of additional 15 units of affordable housing in five years

Boulder County has purchased 12.86 acres in Louisville located at 245 96th Street and known as the Alkonis property. The transaction closed March 22, 2013. Boulder County has done preliminary studies to determine that the site is highly suitable for affordable housing. Boulder County and BCHA staff will be engaged in the small area planning process lead by the City in 2013, and hope to have permit-ready development by 2015.

Current property operations – reporting on the 146 units owned and managed by BCHA

Vacancy rate – 1.5%

Net operating income: $523,588

Income after mortgage payments and depreciation: $5,703
**Population served in the affordable housing portfolio**

In the 147 units in Louisville, we currently have 104 residents below 30% AMI ($23,790/year for a two-person household), 41 residents below 50% AMI ($39,650/year for a two-person household), one market rate resident, and one vacancy.
Renovation Update

When BCHA completed the refinance of Acme, Lilac, Lydia Morgan, and Regal Court in 2012, we set aside $1.7 million in restricted funds for renovation. In 2013, we completed $1 million of that work.

Lilac Place Before

Lilac Place After—Landscaping

Lilac Place Before

Lilac Place After—New Pickets and Trim
Renovation Update

Work accomplished in 2013:

**Regal Court**
- New deck and stair rails
- New window and patio doors
- New trim paint
- New landscaping
- New railings at stairs
- New PO boxes
- New paving
- New trash enclosures (used pickets salvaged from Lilac Place)
- BEST locks

**Regal Square**
- New roof

**Acme Place**
- New concrete parking and walkways
- New landscape
- New trash enclosures
- New retaining wall

**Lilac Place**
- New trim
- New patio pickets
- New concrete walks
- New PO box
- Added central A/C
- New landscape
- BEST locks
- New paint

**Lydia Morgan**
- New paint
- Improved drainage
- New trash enclosure

Regal Square—New Roof

Lydia Morgan—New Trash Enclosure
Renovation Update

Regal Court—Before

Regal Court—New Paving

Regal Court—New Wall

Regal Court—New Railing
Renovation Update

Acme Place—New Retaining Wall  Acme Place—New Landscaping

Lydia Morgan—New Drainage  Lydia Morgan—New Site Work
Alkonis Land Acquisition Update

The March 2013 purchase of 12.86 acres of land within the city limits of Louisville sets the stage for the creation of much-needed affordable housing for seniors and families in southeastern Boulder County. The September 2013 flooding has further increased the need for affordable housing resources in our community.
**Specifics on Alkonis**

In October 2013, this key parcel received the scrutiny of a cross-disciplinary team at a three-day-long intensive workshop for planners and affordable housing professionals from across Colorado. A team of professional architects and planners led a group of Urban Planning students from the University of Colorado at Denver to design two viable options and financial analyses for the site. Supporting their efforts were an engineering professional, BCHA staff, and City of Louisville Planning Department staff. Boulder County and BCHA staff will also be engaged in the small area planning process led by the City of Louisville in 2014 and hope to have permit-ready development by 2015. BCHA will continue to work with the city to develop site plans and a development proposal for the land that corresponds with the community’s character and helps meet the area’s need for quality affordable housing. We are committed to continued collaboration on this project to help ensure it incorporates a wide range of input and serves the community well. We continue to evaluate the successes we have seen in our work on Josephine Commons in Lafayette, and are confident this development will benefit from that very positive experience.
Additional BCHA Services in Louisville

Housing Choice Vouchers

Housing Choice Vouchers (formerly known as Section 8) allow low income clients to lease apartments in the private rental market. Clients pay 30% of their income on rent, and HUD pays the reminder. BCHA administers 809 Housing Choice Vouchers. As of this report, 64 BCHA Housing Choice Vouchers are leased up in Louisville (9% of the program). Estimated value to landlords in Louisville is $596,736.
Louisville Affordable Housing Inventory
(as of Jan. 2014)

Affordable Properties
Number of Units per Property

- 4
- 5 - 13
- 14 - 17

This map is for illustrative purposes only. Boulder County makes no warranties regarding the accuracy, completeness, reliability, or suitability of these data. Boulder County disclaims any liability associated with the use or misuse of these data. In accessing and/or relying on these data, the user fully assumes any and all risk associated with this information.

February 2013
Population Served by Louisville Affordable Housing
(as of Jan. 2014)
Expansions of Medicaid and Health Coverage Assistance Underway

As a result of the Patient Protection and Affordable Care Act passed by Congress in 2010, significant expansions of Medicaid and other kinds of federally-subsidized insurance have taken place in Colorado since October 2013.

Since enrollment began on October 1st, over 63,000 Coloradans have signed up for health insurance through the Connect for Health Colorado Marketplace. Boulder County Housing and Human Services is a Connect for Health Colorado Assistance Site, and we have six certified Health Coverage Guides who are helping clients apply for health insurance and financial assistance to pay the premiums. We have conducted dozens of community presentations about the new options for coverage, including several presentations at the Louisville Public Library. We’re proud that Boulder County’s enrollments have accounted for nearly 10 percent of the statewide total (even as the county accounts for just 5 percent of the state’s population).

At the same time, over 100,000 Coloradans have signed up for expanded Medicaid health insurance plans.

These populations often qualify for a broad range of additional programs, including rental assistance and housing vouchers.

We are committed to meeting this increase in need across the spectrum of services we provide, and we spent much of 2013 actively preparing for the expansions by strengthening our com-
Continuing Increase in Need for Assistance in Louisville Area

Since 2008, need for many different kinds of assistance has increased dramatically in the Louisville area.

**Number of Health Coverage clients in Louisville**
(Medicaid, CHP+ and other)

124 % increase since 2008

**Number of Food Assistance clients in Louisville**

85 % increase since 2008

For many of these clients, housing supports are also extremely important. In addition to our own direct service, Boulder County works with community partners throughout the area to identify clients with these needs and connect them with the assistance that will help them stabilize to avoid crisis.
**Family Self-Sufficiency**

The Family Self-Sufficiency Program (FSS) is a 5-year academic, employment and savings incentive program designed to help low income families, who have a Housing Choice Voucher (formerly Section 8) or reside in a Project-Based Voucher housing unit, gain education and career skills to improve their family's financial situation and move toward self-sufficiency.

There are currently 15 FSS households in the Louisville area which represents 13% of the total FSS caseload. The program receives HUD funding for 3 case manager positions. The coordinator, administrative support, and client expenses are funded through donations, grants and county funding.

Excluding rental subsidies (which are counted in the Housing Choice Voucher numbers above) 2013 costs for Louisville households including case management, supervision, administrative support and other operating expenses were approximately $31,743.30. In addition to intensive case management services, Louisville FSS families had access to many non-monetary supports such as bus passes, holiday programs, budgeting help and other resources.

**Housing Stabilization**

The Housing Stabilization Program (HSP) offers short-term assistance with deposits and other housing costs when a household has hit a temporary financial set-back. The program has proved highly cost-effective in preventing homelessness due to financial crises that can lead toward foreclosure or eviction.

In 2013, the total number of clients served in Louisville was 20 (6% of program total). Average cost-per-client in Louisville was $3,470 and the total assistance amount for all clients was $69,393. For these 20 clients, the following charts indicate how they accessed Housing Stabilization services in 2013.

<table>
<thead>
<tr>
<th>Month of Service</th>
<th>Number of clients served</th>
<th>Number of months of assistance</th>
<th># of clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>February</td>
<td>6</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>March</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>April</td>
<td>2</td>
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<td>May</td>
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<tr>
<td>June</td>
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<td>September</td>
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<tr>
<td>October</td>
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<tr>
<td>November</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>December</td>
<td>7</td>
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</tbody>
</table>
Housing & Community Education Program Services for Louisville Residents

The Housing & Community Education Program, formerly the Housing Counseling program, has operated for over 26 years offering free individual counseling and group education in English and Spanish to city of Louisville residents and beyond. The mission of the Housing & Community Education Program is to provide individuals and families with education, resources, direction, and empowerment to make smart choices around housing, finances, and employment in order to improve self-sufficiency and overall well-being.

In 2013, Housing & Financial Counselors served 15 clients from Louisville with one-on-one counseling sessions. Individual counseling topics include financial education and analysis, default and foreclosure prevention, home equity conversion mortgage guidance for seniors, rental education, and planning for the purchase of a home.

Also in 2013, 71 clients from Louisville accessed Community Education Workshops, which cover topics including financial literacy, homeownership, rental education, and employment. All workshops are designed to educate and empower adult learners with the skills, tools, and support needed to build long lasting, positive behavioral changes and move towards a brighter future.

The operating cost in 2013 for the Housing & Community Education Program to serve and support Louisville residents equates to $15,620. The Housing & Community Education Program is a highly cost effective and impactful approach to support individuals and families in obtaining and maintaining housing, financial, and employment stability.
Weatherization Services in Louisville

Longs Peak Energy Conservation (LPEC), a group within BCHA, operates several programs that address energy efficiency, safety, and comfort in single-family homes.

- LPEC provided weatherization services to two homes in Louisville in the past year, installing nine energy conservation measures and three health and safety measures, at no cost to the low-income households.
- EnergySmart Plus is a subsidized efficiency program to help moderate-low-income households make efficiency improvements. ES+ served two households in Louisville in 2013.
- The SERC pilot program, LPEC’s pilot project with the Colorado Energy Office to install energy efficient tank less water heaters served two households in Louisville in 2013.

### LPEC Services in Louisville -

#### 2013

<table>
<thead>
<tr>
<th></th>
<th>Households</th>
<th>$/Home</th>
<th>Total</th>
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<tbody>
<tr>
<td>Weatherization</td>
<td>2</td>
<td>$6,950</td>
<td>$13,900</td>
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<tr>
<td>EnergySmart Plus</td>
<td>2</td>
<td>$3,538</td>
<td>$7,076</td>
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<tr>
<td>SERC</td>
<td>2</td>
<td>$748</td>
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<tr>
<td>Housing Rehabilitation</td>
<td>1</td>
<td>$15,018</td>
<td>$15,018</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>7</strong></td>
<td><strong>$5,356</strong></td>
<td><strong>$37,489</strong></td>
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</table>
Tenant-Based Rental Assistance

Tenant-Based Rental Assistance (TBRA) provides housing vouchers and intensive case management to homeless families with school-aged children who are currently attending BVSD or SVVSD schools.

By working with parents and schools, TBRA caseworkers focus on empowering parents to support their children’s academic success.

During 2013, TBRA had 2 Louisville families. The rental assistance in 2013 totaled $1,641 per month and case management and program costs were about $2,500 for each family. Since TBRA families are often homeless when they enter the program, there are many immediate physical needs. The program assists

Elder Services

The Senior Services Program works with elders at Boulder County housing sites, and uses a strengths-based approach to develop and implement care coordination services. The Senior Services Coordinator is responsible for assisting seniors with a wide range of needs including:

- Information and referral resources
- Applying on behalf of elders in need for financial assistance through various community grants for eyeglasses, hearing aids, emergency rent assistance, etc.
- Helping elders fill out paperwork (tax forms, Medicare forms, etc.)
- Resolving problems with providers (Meals on Wheels, doctor offices, etc.)
- Advocating on behalf of elders
- Supporting elders in meeting their life goals and interests

In 2013, 79 Louisville clients received Senior Services support. Five of these were young disabled clients (under age 60). The remaining 64 were age 60 and older. Louisville residents received $3,125 in direct financial support from Housing & Human Services. We also helped connect some of these clients with food assistance. In addition, we helped clients get financial assistance from numerous community partner agencies. These benefits included Lifeline (subsidized), Medicare premium payments, Old Age Pension, and direct financial help (rent, den-
The Boulder County Area Agency on Aging (BCAAA) promotes the health and well-being of older adults by building on individual, family, and community strengths. BCAA helps assess the strengths and needs of older adults, facilitates strategic planning and implementation, funds and provides services to benefit older adults and their family caregivers, and

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>OAA/OCP Direct Service</th>
<th>Units of Service</th>
<th>Number of Clients</th>
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<tr>
<td>Complete Home Health Care</td>
<td>Homemaker</td>
<td>136</td>
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<tr>
<td>Meal Sites Nutrition Program</td>
<td>Congregate Meals</td>
<td>5,020</td>
<td>98</td>
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<tr>
<td>Caregiver Initiative</td>
<td>Caregiver Training</td>
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<tr>
<td>Mental Health Partners</td>
<td>Counseling/Support Groups</td>
<td>44</td>
<td>8</td>
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<tr>
<td>Nutrition BCAA</td>
<td>Nutrition Counseling</td>
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<td>6</td>
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<tr>
<td>Project HOPE</td>
<td>Personal Care/Transportation</td>
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<tr>
<td>Respite Assistance</td>
<td>Respite Services</td>
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<td>7</td>
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<tr>
<td>RSVP/CareConnect</td>
<td>Chore</td>
<td>26</td>
<td>4</td>
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<tr>
<td></td>
<td>Assisted One-way Rides</td>
<td>164</td>
<td>9</td>
</tr>
<tr>
<td>Short Term Assistance</td>
<td>Emergency Assistance</td>
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<tr>
<td>Via Mobility Services</td>
<td>One-way Rides</td>
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<tr>
<td><strong>Totals</strong></td>
<td></td>
<td><strong>7,394</strong></td>
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# Louisville Portfolio and Development Timeline

## Portfolio and Development Timeline - 2012 and 2013

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<tr>
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<tr>
<td>LHA to BCHA transfer</td>
<td></td>
<td></td>
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<tr>
<td>IGA Approval</td>
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<td>Transfer LM, Lilac, RC, Acme</td>
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<tr>
<td>Regal Square TPA with HUD</td>
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<tr>
<td>Hillside - Disposition with HUD</td>
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<tr>
<td>Early Exit of East Street</td>
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<tr>
<td>Dissolve LHA as an entity</td>
<td>Future</td>
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<tr>
<td>Acquire/Develop 15 units</td>
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<tr>
<td>Rnnovate former LHA units</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Refinance</td>
<td>Done</td>
<td></td>
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<td></td>
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<tr>
<td>Design</td>
<td>Done</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Bid</td>
<td>Done</td>
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<tr>
<td>Complete $1.7 million renovations</td>
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<tr>
<td>Alkoniis Site</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Execute contract with Seller</td>
<td>Done</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Review opportunities/due diligence</td>
<td>Done</td>
<td></td>
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<td></td>
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<tr>
<td>Alkoniis Close</td>
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<td></td>
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<td>Comp Plan Update Adopted</td>
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<tr>
<td>Workshop with Housing Colorado</td>
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<td>Small Area Plan for Sodo Road</td>
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<tr>
<td>Conversations with prospective partners</td>
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<td>Design process</td>
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<td>Planning approval process</td>
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<td>Financing</td>
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<tr>
<td>Construction</td>
<td>Future</td>
<td></td>
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</tr>
</tbody>
</table>
Contacts

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**City of Louisville**

**Teri Abbott**, Chair  
303-441-3929 - all Louisville members

**Walt Oehlkers**, Vice-Chair

**Colleen Vandendriessche**, Member

**Ernest Villany**, Member

**Jay Keany**, City Council Liaison
It is with gratitude and honor that the Latino Task Force presents the 2013 Latino Community Assessment. First and foremost we want to thank the Latino community whose strengths and challenges inspired and motivated us to share this assessment with the rest of Boulder County. This assessment could not have been conducted without the support of funders such as The Community Foundation Serving Boulder County, Boulder Valley and St. Vrain Valley School Districts, and several other institutions and individuals who believed in the value of this Assessment.

The Latino Task Force of Boulder County is a volunteer-run organization. Board members and volunteers contributed countless hours to raise funds, conduct surveys and focus groups, then compiled the data and wrote the report. A very special thank you to the research firm PrimeTime whose guidance and expertise helped make this assessment possible. This report is a labor of love and commitment. During this process it was clear that we have strong Latino leaders, both young and old, and a desire from the Latino community to be engaged and be at the table to represent their community.

Members of the Latino community, although they may share a common culture and language, are, in fact, very diverse. Latinos come from many different countries though many were born and have their roots in the United States. An important fact, not recognized by many, is that 43% of Latinos living here were born in Boulder County, a fact not recognized by many. Latinos are strong economic partners who constitute a critical part of the workforce, are business owners, pay taxes, and buy local goods. Yet, the community is faced with challenges such as poor working conditions, non-payment of wages, and inequitable pay.

Among the strengths identified in the Survey are the involvement that Latinos have within the larger community and their commitment to community. The gift of diversity gives us not only an additional language, but new foods, arts, culture and perspectives. It has given Boulder County the opportunity to expand perspectives, and to build relationships and bridges that can make Boulder County richer making it a community that is inclusive and embracing for all its members.

For over a decade The Latino Task Force of Boulder County has worked to honor Latino culture and help shape the future by building capacity and highlighting the assets within the Latino community. We are thankful to all of those that assisted in the completion of the 2013 Latino Community Assessment.

Carmen Ramirez
Board President
Welcome to the 2013 Latino Task Force Boulder County Community Assessment. The Assessment is the work of multitudes of people, Latino and not, who care about, and are invested in a Boulder County that is inclusive of all its people. We hope that the information contained herein will be enlightening and useful as we work together to improve the quality of life for Boulder County and all its residents.

In 2012, the Latino Task Force of Boulder County (LTF) contracted with Primetime Research and Evaluation to conduct a study assessing the strengths and needs of the Latino community in Boulder County. This study was a follow-up to a landmark community assessment conducted by LTF in 2001. The new Community Assessment had three main goals: (1) to identify and understand the values/contributions made by the Latino community that have improved the quality of life for all residents in Boulder County, (2) to identify the needs of Latino residents in Boulder County, and (3) to measure changes that have occurred since the 2001 Community Assessment.

The Latino Task Force of Boulder County is a 501(c)3 nonprofit organization dedicated to serving the Latino Community in Boulder County by facilitating initiatives and opportunities that enrich the economic, educational, political, and cultural lives of Boulder County Latinos. The LTF values inclusiveness and actively seeks opportunities to create bridges between communities of color and other communities. The LTF serves as a cultural brokering organization and assists in networking and communicating with other community, public and private agencies.

The current goals of the Latino Task Force of Boulder County are:
- Track challenges and assets of the Latino community in Boulder County
- Foster leadership, communications and collaborations in the Latino community
- Serve as spokespersons for the Latino community
- Act as fiscal agent for community initiatives that benefit the Latino community

The LTF was initiated in 1999 as an ad hoc group to tackle issues of equity in education, housing, employment, and to change the perceptions of the dominant culture towards the Latino community. In order to undertake these issues, an assessment of the Latino community was completed. In 2001 the LTF hired the external research and evaluation agency, ALMAR, to conduct the assessment and analyze the results.

The LTF convened several meetings with the Boulder County community to share the results of the assessment along with their recommendations. Many non-profits, public schools, and community agencies (both public and private) began to incorporate some of the recommendations. For example, the City of Longmont created a Latino group to advise them on issues or opportunities for the Latino community. In addition, the superintendents of both school districts participated in a one day community event where they guided Latino parents on how to best navigate the school system. On the heels of this successful initiative, the LTF went from an ad hoc group and established its own 501(c)3 nonprofit status.

1999 Ricardo Garcia convenes a group of Latino community leaders in Boulder County. The group met to identify the challenges facing their community and to seek solutions. After meeting for a number of months, these leaders formalized their work in 2001 by creating the ad hoc group, Latino Task Force (LTF) of Boulder County.

2001 The LTF initiated and completed a county-wide assessment of the Latino community. The 2001 Latino Assessment had two goals; identify and understand the value/contributions made by the Latino community that have improved the quality of life for all residents in Boulder County and identify what is needed to improve the quality of life for Latino residents in Boulder County. Findings were presented to hundreds of county decision makers and employees of municipal government.

2002 The LTF received the Pacesetters Award from the Boulder Daily Camera in recognition of the 2001 Latino Assessment and county-wide presentations of the results and recommendations.

2002 The City of Longmont conducted a city-wide inquiry of Latino and non-Latino residents and developed the Latino Strategic Action Plan that continues today as the Longmont Multicultural Action Committee. The LTF 2001 Assessment was the catalyst for this effort and LTF members served as consultants to the City of Longmont.

2004 LTF facilitated and hosted the Boulder County Latino Unity Summit. The Summit was a gathering of over 300 Latino community members and key decision makers from throughout the county. The focus was to address cultural competency issues related to serving Latinos in the educational, judicial, and human services systems. In addition, the Summit focused on the need to include Latino political representation at the local and county levels of government.

2005 LTF convened the Latino Leaders’ Summit. The Summit gathered 50 Latino leaders from throughout the county to discuss and address internalized oppression, identify barriers and improve communication to support collaborative efforts within the Latino community.

2005 Trabajando Unidos, a community coalition of human service providers and Lafayette residents, conducts the Lafayette Latino Needs Assessment report. The assessment was modeled after the LTF 2001 Assessment. LTF members served as consultants to this project.

2006 Lafayette Latino Advisory Board was formed as a result of the recommendation of the LTF assessment and the Trabajando Unidos’ assessment. The advisory board continues to provide input regarding the Latino community for the Lafayette City Council.

2006 LTF applied for and received IRS non-profit status as a 501(c)3 organization.
2007 Boulder County Public Health completed the Teen Project Report as a follow up to the most recent Youth Risk Behavior Survey (YRBS). LTF served as a consultant for this follow-up report to ensure an accurate understanding of Latino youth beyond the results of the Youth Risk Behavior Survey.

2008-2009 Strategic planning sessions were held with Latino leaders. These sessions were a multi-phase process to develop a County-wide Latino community vision, enhance the quality of life for all Latinos, and develop a procedure for collecting and sharing information.

2009 – 2011 LTF continued as an advisor and consultant with various community and public agencies to provide the Latino perspective and voice in decisions that impact the Boulder County Latino community. In addition, LTF developed its own internal structure by completing a Business Plan and a Strategic Communication and Marketing Plan. During the course of business in 2011, LTF committed to completing an updated county-wide Latino assessment.

2012 LTF completed a successful fundraising campaign that raised more than $50,000 for the 2013 Latino Community Assessment. PrimeTime Research and Evaluation was contracted to complete the Assessment and report the findings to the LTF Board of Directors.

2013 LTF publishes and distributes the findings of the 2013 Latino Community Assessment to the Boulder County community.

LTF serves as a fiscal agent for a number of projects in Boulder County. These are efforts that benefit all of Boulder County, but especially represent the Latino Community. Most of these groups/events would not take place were it not for the LTF’s support.

- **Cinco de Mayo** annual celebration provides cultural, historical and educational activities on May 5th to the Longmont community; (2008 - present).
- **Voices of Immigrant Children for Education and Equality (VOICE)** created interactive workshops with and for high school Latino students and created a teacher training program to increase awareness and tolerance; (2010 - 2011).
- **Boulder County Latino Coalition** works to improve the health and well-being of low income and underserved Latinos, with an emphasis on migrants and immigrants, through action and goal-oriented advocacy and interagency coordination and collaboration. (2010 - present).
- **Boulder & Broomfield Latino Health Coalition** convened health providers and advocates to increase health awareness and eliminate health disparities in Boulder and Broomfield Counties. Activities included a community health worker project to prevent tobacco use and secondhand smoke exposure. (2009 – 2013).
- **Health Task Force of Longmont Multicultural Action Plan** plans the health fair, Sabroso y Saludable, which promotes healthy eating and active living in a family friendly, celebration of Latino culture and Mexican Independence Day. (2009 - present)
- **Academic Leadership Program**, an after-school youth program for middle-school students and their parents in the Boulder Valley School District that targeted the English Language Learner (ELL) population. (2011-2012).
- **Latino Parent Leadership Development** provides parents from five Title 1 schools in the St. Vrain Valley School District the skills with which to navigate the school system, enhance communications between teachers, understand and interpret state assessments, and conduct parent needs surveys. These participants will return to their schools and develop strategies to engage fellow parents within their schools. (2012-present).
- **Latino Age Wave Promotoras Project**: A multi-agency collaboration, selected to receive $25,000 per year for the next two years, to implement the promotora (community health worker) model to increase access and utilization of services for the older Latino adult population. (2012 - present).
- **Latino History Project**: This project prepares a multi-media history of Latinos in Boulder County by collaborating with Latino community groups, interested individuals, and local historical organizations. The title of the project is "A Century of Latino History in Boulder County: A Collaborative Community Project.” (2013 – present).
Both primary and secondary data were collected for the Assessment. Secondary data were obtained from: the U.S. Census, the American Community Survey (ACS), the Colorado Department of Public Health and Environment (CDPHE), the Pregnancy Risk Assessment Monitoring System (PRAMS), the Colorado Behavioral Risk Factor Surveillance System (BRFSS), the Youth Risk Behavior Survey (YRBS), the Early Childhood Council of Boulder County (ECC), and the Colorado Department of Education (CDE).

Primary data were collected in three ways using mixed methods of qualitative and quantitative strategies: (1) interviews were conducted with 29 leaders in Boulder County, (2) five focus groups with 40 participants were held between August and September 2012, each targeting a different demographic group of Latino residents of Boulder County, and (3) a 92 question survey instrument was administered to a sample of Boulder County Latino residents to assess their contributions and needs.

The population eligible to receive the mail solicitation included all active registered voters in Boulder County with a surname considered by the U.S. Census to have at least a 75% chance of reflecting Hispanic/Latino ethnicity. Two thousand randomly selected voters received a letter from the Latino Task Force outlining the purpose of the 2013 Community Assessment and asking the respondent to complete an online version of the survey instrument. A total of 400 surveys were returned— with exactly 200 completed online and 200 completed on paper. Fourteen respondents neither lived nor worked in Boulder County, resulting in a final sample size of 386 after these respondents were excluded. The fact that 400 Latinos volunteered to complete a lengthy, 92 question survey demonstrates a desire to have the Latino voice, both individually and collectively, captured and imparted throughout Boulder County.

Many respondents included in the study were not randomly selected. Rather, they were obtained using snowball sampling (one respondent making referral to other respondents) and convenience sampling (respondents selected due to ease of access). Locations at which the surveys were distributed include: the YMCA of Longmont, Fairview High School in Boulder, a food bank in Longmont, parent meetings at two elementary schools in Longmont, a parent group in Boulder, and a nonprofit in Lafayette. Surveys were also administered to a group of Latino citizens in Lafayette and in-home daycare providers in Boulder and Longmont. Boulder County Latinos were electronically solicited for participation by the Latino Task Force as well.

The 2013 survey sample is fairly representative of the broader Latino community in Boulder County on all measures except for gender. Survey respondents were disproportionately female—with Latinas comprising approximately 72% of those surveyed, compared to approximately 47% of Boulder County’s Latino population according to the 2010 U.S. Census. The table below provides a comparative summary of the characteristics of respondents from the 2013 and 2001 LTF Community Assessments.

| 2013 LTF Community Assessment respondent demographics compared to the 2001 LTF Community Assessment |
|-------------------------------------------------|-----------------|-----------------|
| 2013 Assessment | Total Number | 2001 Assessment | Total Number |
| US Citizen | 54.7% | 362 | 81.9% | 271 |
| Foreign born | 63.7% | 366 | 35.0% | 320 |
| Place of birth for foreign born*: | | | |
| Mexico | 79.1% | 366 | - | - |
| Other Spanish speaking country | 20.0% | 366 | - | - |
| Other non-Spanish speaking country | 0.9% | 366 | - | - |
| Language spoken at home: | | | |
| Spanish | 60.6% | 368 | - | - |
| English | 39.1% | 368 | - | - |
| Other | 0.3% | 368 | - | - |
| Married | 61.9% | 367 | 69.9% | 352 |
| Median household income | 30-40,000 | 334 | 20-30,000 | 331 |
| Unemployed | 22.6% | 350 | 5.8% | 257 |
| Currently receiving public assistance | 19.5% | 344 | 8.3% | 336 |
| Educational Attainment: | | | |
| Less than high school graduate | 24.3% | 362 | 13.8% | 324 |
| High school graduate or GED | 25.7% | 362 | 29.5% | 324 |
| Some college or associate’s degree | 16.9% | 362 | 30.1% | 324 |
| Bachelor’s degree or higher | 33.2% | 362 | 25.6% | 324 |
| Lack health insurance: | | | |
| 44.2% | 371 | 35.1% | 325 |
LATINOS IN BOULDER COUNTY

It is impossible to generalize about a population of nearly 40,000 people with ethnic origins spanning the globe. Indeed, nearly one-quarter of Boulder County’s Latino population is from an area other than Mexico, according to the U.S. Census. Nonetheless, we are providing an overview of Latino residents of Boulder County with the intention of highlighting trends within the community and in an effort to dispel inaccurate, but commonly held, stereotypes about Boulder County’s Latino residents.

Data from the U.S. Census reveals that the typical Boulder County Latino is a young adult, about 25 years of age. Of additional interest, the median age for Latinos is more than ten years younger than for the county as a whole, meaning Latinos have long-term potential to contribute to the workforce and tax base of the local community. This typical resident is employed fulltime and makes between $25,000 and $30,000 per year, according to the American Community Survey. Also, he or she has health insurance coverage and does not receive any form of public assistance.

This average resident lives with two or three other people in a one-unit, detached home, according to data from the U.S. Census. It is more likely that these housemates are other family members than it would be for the typical non-Latino resident of Boulder County. This household is also about one person larger than the typical non-Latino household. This person is likely to be married and have at least a high school diploma. He or she is of Mexican origin but was born in the United States and speaks English either “very well” or exclusively, according to the American Community Survey and U.S. Census. The typical Latino encounters the realities of acculturation and assimilation characteristic of the United States.

### Population of Boulder County by Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
<th>Number</th>
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<tbody>
<tr>
<td>Total Boulder County</td>
<td>79.4%</td>
<td>233,741</td>
</tr>
<tr>
<td>White</td>
<td>79.4%</td>
<td>233,741</td>
</tr>
<tr>
<td>Black</td>
<td>0.8%</td>
<td>2,265</td>
</tr>
<tr>
<td>American Indian</td>
<td>&lt;1%</td>
<td>1,061</td>
</tr>
<tr>
<td>Asian</td>
<td>4.1%</td>
<td>11,996</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>&lt;1%</td>
<td>153</td>
</tr>
<tr>
<td>Some Other Race</td>
<td>&lt;1%</td>
<td>478</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>1.9%</td>
<td>5,597</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>13.3%</td>
<td>39,276</td>
</tr>
</tbody>
</table>

Source: 2010 U.S. Census

### Percent of Latinos by Municipality in Boulder County

<table>
<thead>
<tr>
<th>Municipality</th>
<th>Percentage</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boulder</td>
<td>8.7%</td>
<td>8,507</td>
</tr>
<tr>
<td>Broomfield</td>
<td>11.1%</td>
<td>6,216</td>
</tr>
<tr>
<td>Erie</td>
<td>8.8%</td>
<td>1,603</td>
</tr>
<tr>
<td>Jamestown</td>
<td>1.1%</td>
<td>3</td>
</tr>
<tr>
<td>Lafayette</td>
<td>18.2%</td>
<td>4,454</td>
</tr>
<tr>
<td>Longmont</td>
<td>24.6%</td>
<td>21,191</td>
</tr>
<tr>
<td>Louisville</td>
<td>7.2%</td>
<td>1,318</td>
</tr>
<tr>
<td>Lyons</td>
<td>5.7%</td>
<td>116</td>
</tr>
<tr>
<td>Nederland</td>
<td>4.1%</td>
<td>59</td>
</tr>
<tr>
<td>Superior</td>
<td>6.6%</td>
<td>827</td>
</tr>
<tr>
<td>Ward</td>
<td>2.0%</td>
<td>3</td>
</tr>
</tbody>
</table>

Source: 2010 U.S. Census Appendix A, Fig 1
CONTRIBUTIONS

One hundred and eighty-nine survey respondents answered the following open-ended question: “How have Latinos contributed to improving the quality of life for residents in Boulder County?” For the Spanish language survey, this was asked as: “¿Cómo han contribuido los Latinos en la calidad de vida para los residentes del Condado de Boulder?” This represents a response rate of approximately 49%. Focus group participants and interview respondents were also queried on the contributions made by Latino residents of Boulder County that improve the quality of life for all county residents. Latino contributions can be put into four overall categories of workforce and economy, community involvement, culture, and diversity.

Workforce and Economy

Latinos are making a valuable and growing contribution to Boulder County’s economy through their strong work ethic, determination, and persistence. Leaders interviewed for this project felt that “at a pretty basic level, the jobs that a lot of Latinos have really are the underpinnings of the economy here.” It was repeatedly pointed out by Boulder County leaders who were interviewed for this project that many businesses in Boulder County would not be able to survive without Latinos taking the low-income jobs that others do not want. This provision of a solid economic base was seen as a contribution that “allowed the wealthier folks to live the lives they have.” Not only do many Latinos work less desirable jobs, but their contributions also include paying taxes and using their income to purchase goods locally.

One focus group participant expressed that, “Latinos treat each other like family, they show concern not only for where they work but for each other as well. They make even the worst workplace better because they are here to make their lives better.”

According to The Community Foundation’s Boulder County Trends 2013, the local population aged 65 and over will grow six times as fast as the population as a whole over the next decade.

In fact, the number of seniors is expected to triple between 2000 and 2030. Thus, young Latinos will continue contributing to a tax base that will help support the aging members of Boulder County in years to come.

Latino Chamber of Commerce

The Latino Chamber works throughout Boulder County to support and develop Latino businesses. The Latino Chamber connects cultures and communities through business by providing business development services, networking opportunities, and advocacy for Boulder County businesses.

The Community Foundation’s Boulder County Trends report of 2011 estimated that, in 2007, Latinos owned 3% of all businesses in Boulder County. Over 14% of survey respondents in the 2013 Latino Community Assessment report owning their own business, and comparisons with the 2001 survey suggest business ownership among Boulder County Latinos may have increased over the last decade. Approximately three-quarters of business owners in the current sample employ between one and four employees, and approximately 15% employ between five and ten employees. The remaining 10% employ more than ten people — with 5% employing more than fifty people. This again suggests the Latino community in Boulder County is making a substantial contribution to the local economy — not only through workforce participation, but also by providing employment in local businesses.

Boulder County Latinos are also contributing to the local economy through their purchasing power. A majority of survey respondents in 2012 report spending most or all of their wages in their local community, with only 13.7% indicating they spend none of their wages locally. The proportion of wages spent locally appears fairly consistent between 2001 and 2012.

Respondents Reporting Wages Spent Locally

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>20.3%</td>
<td>13.4%</td>
</tr>
<tr>
<td>Most</td>
<td>34.0%</td>
<td>39.1%</td>
</tr>
<tr>
<td>Some</td>
<td>32.0%</td>
<td>31.4%</td>
</tr>
<tr>
<td>None</td>
<td>13.7%</td>
<td>16.0%</td>
</tr>
</tbody>
</table>

Sources: 2013 LTF Community Assessment and 2001 LTF Community Assessment

Respondents Reporting Business Ownership

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>14.4%</td>
<td>9.5%</td>
</tr>
<tr>
<td>No</td>
<td>85.6%</td>
<td>90.5%</td>
</tr>
</tbody>
</table>

Sources: 2013 LTF Community Assessment and 2001 LTF Community Assessment
Community Involvement

After economic contributions, the next most common category of contributions among survey respondents was community involvement. About 20% of respondents suggested Boulder County Latinos are actively engaged in community activities. Some made general references to community involvement (e.g., “volunteering for numerous causes”, “community involvement”, and “Latinos are very involved in improving the lives of their families and communities”). Others referenced specific activities, including political involvement (e.g., voting and serving as members on boards and commissions), serving in non-profit organizations, and assisting with community events – particularly those that highlight Latino culture.

Many focus group participants emphasized that Latinos in Boulder County have a “Yes, we can!” attitude. They are more than simply hopeful, citing that Latinos in Boulder County have or are forming coalitions, and are pressing local politicians for change benefiting the Latino community. As stated by one respondent, “[We have] a deep desire to come together on many political and non-political matters from education and English classes to creating a Latino platform for discussion and resolution of pressing topics.” On average, respondents expressed an interest in learning how to become more involved in local government.

Culture

A significant contribution felt by participants across all focus groups were family and family values. Latinos, and especially Mexican Americans, are typically described as being oriented toward family well-being, rather than individual well-being. Participants in the groups indicated that the Latino “family unit” includes not only parents and children, but also extended family. They suggested individuals within a family feel a moral responsibility to aid other members of the family who are experiencing financial problems, unemployment, poor health conditions, or other life issues. They teach their children to be respectful. They eat meals together, celebrate holidays with the extended family, and are proud of their family and familial networks at home and at school. Participants also emphasized that their strong family ties give them the ability to adapt to the difficult situations they face as a result of lower social and economic positions. The participants in our focus groups collectively appeared to respect and attempt to hold on to their culture’s camaraderie, language, the close-knit families, their dances, the food (among the best around according to some participants), the sense of helping each other, and their shared work ethics.

Diversity

A more diverse population improves all aspects of the lives of those in Boulder County. Diversity increases creativity, and provides formerly untapped talent and resources to local discussions, forums, organizations, and political policy-making bodies. Nearly 15% of survey respondents mentioned the desirability of diversity within the community, citing the benefits Boulder County residents receive from the presence of multiple perspectives, “worldwide experience,” and “interactions with other races.” For example, as one respondent suggested, “Latino culture brings a richness of color, flavor, sound, experience and viewpoint….” The extent to which increasing diversity makes non-white members of Boulder County feel more at home was referenced as well.

Cultural Celebrations

Latino community leaders provide many opportunities to highlight Latino culture, music, and food in family friendly, educational, and festive events. Events like these, frequented by Latinos and non-Latinos alike, enable multiple communities and cultures to learn about and celebrate the Latino culture:

- Cinco de Mayo
- Día de los Muertos/Day of the Dead
- Longmont’s Inclusive Communities Celebration
- Sabroso y Saludable Health Fair
- Lafayette Cesar Chavez Celebration

Ability to speak Spanish

<table>
<thead>
<tr>
<th>ability to speak Spanish</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, well</td>
<td>84.4%</td>
</tr>
<tr>
<td>Yes, a little</td>
<td>11.8%</td>
</tr>
<tr>
<td>No</td>
<td>3.8%</td>
</tr>
</tbody>
</table>
QUALITY OF LIFE ISSUES

General Health

According to The Community Foundation's Boulder County Trends 2013, 68% of Latino residents rate their health as “good” or better, compared to 88% of county residents. However, data from the Colorado Department of Public Health and Environment reveals that only 51% of Boulder County residents who died in the past decade were Latino. This includes less than 4% of residents who died from cardiovascular disease and less than 5% of those who died from cancer. This is likely due in part to the younger age distribution of the Latino population, but may also reflect positive health behaviors among Boulder County Latinos. For example, Latina mothers are significantly less likely to report drinking or smoking during the last three months of their pregnancies compared to non-Latina women, according to the Pregnancy Risk Assessment Monitoring System.

Latino residents of Boulder County appear more likely to be overweight or obese than their non-Latino counterparts. According to the 2009 Youth Risk Behavior Survey (YRBS), over 16% of Latino high school students are overweight, and nearly 13% are obese. Data from Boulder County’s Supplemental Nutrition Program for Women, Infants, and Children (WIC) suggests the prevalence of overweight and obesity among children has been on the rise in Boulder County over the last decade. In fact, the proportion of low-income children aged 2-5 who are considered overweight or obese increased from 21.5% to 28.1% in the last ten years, according to data from the Colorado Behavioral Risk Factor Surveillance System.

Estimates by the American Community Survey suggest a higher proportion of Latina women have given birth in the previous year compared to the general population of Boulder County (7.7% compared to 3.9%). While only about 14% of women aged 15-49 in Boulder County are Latina, nearly one-quarter of all recorded births in the last decade were to Latina mothers, according to the Colorado Department of Public Health and Environment. Latinas account for a higher proportion of births at relatively young ages as well. This is particularly the case for teen births, and this trend has increased over the last decade. Since 2000, over 60% of all teen births (aged 10-19) in Boulder County have been to Latina mothers. In addition, data from the Pregnancy Risk Assessment Monitoring System suggests that Latina women may be slightly less likely than non-Latina white women to receive prenatal care as early in their pregnancy as they would like.

Finally, the 2013 Latino LTF Assessment reveals that mental health care options for Latinos were thought to be “almost nonexistent” by those interviewed. Specific options that were mentioned involved the availability of mental health care in Spanish, but no one interviewed appeared to have a good grasp of how widespread these types of options were: “I know there are Spanish-speaking providers, psychiatrists as well as therapists. What percentage they have or are they meeting their need…[I don’t know].” In general, mental health care was seen as inadequate for all those in Boulder County, not just for Latinos.

Access to Health Care

A majority of Boulder County Latinos of all ages — youth, adults, and seniors — have health insurance, according to the American Community Survey. However, Latinos are considerably more likely than non-Latinos to be uninsured. Over half of all children and seniors in Boulder County who are uninsured are Latino, along with approximately one-third of all uninsured adults. Latinos constitute only 13% of the overall population of Boulder County, therefore if the distribution of health insurance was equitable, we would expect approximately 13% of those who are uninsured to be Latino.

According to the leaders interviewed for the 2013 LTF Community Assessment, poverty is one of the primary barriers to health insurance for Latinos in Boulder County. Those interviewed pointed out that “in general [those] who have minimum wage jobs that don’t have health insurance with their employer, that’s a huge barrier. Affording that outside of your employer if you don’t qualify for Medicaid is almost impossible.” Leaders also felt that families have to make decisions regarding competing priorities:

“when it’s a matter of eating and having a house and a car, health insurance is getting cut out more and more… it’s even easier in a company to not provide health insurance to Latinos because they are a little bit more desperate for work, quite a bit more desperate in some areas and are willing to forgo the health insurance just to get money to put food on the table.”

The failure to provide health insurance to low socioeconomic status individuals, especially Latinos, exemplifies the classism that creates a major barrier to health insurance access for Latino in Boulder County.

¡Adultos Mayores Unidos!/Seniors United!

Funds from the Colorado Latino Age Wave were awarded to a Boulder County collaborative that:

- Uses a strength-based approach, the promotores model (community health workers)
- Builds connections between the Latino community and service providing agencies, and
- Identifies gaps to access in services for all Latino elders

Findings of the 2013 LTF Community Assessment in Boulder County reveal that about half of respondents believe general health care is accessible and affordable for either adults or children in their household. Even fewer respondents report that they believe that mental, dental, and vision care is accessible and affordable for either adults or children in their household.

Respondents Reporting Accessibility and Affordability of Healthcare for Adults and Youth in their Household

<table>
<thead>
<tr>
<th></th>
<th>Adults (age 18+)</th>
<th>Youth (age 17 and under)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Health</td>
<td>Accessible</td>
<td>Affordable</td>
</tr>
<tr>
<td></td>
<td>55%</td>
<td>54%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>26%</td>
<td>23%</td>
</tr>
<tr>
<td>Dental Care</td>
<td>38%</td>
<td>38%</td>
</tr>
<tr>
<td>Vision Care</td>
<td>30%</td>
<td>32%</td>
</tr>
</tbody>
</table>

Source: 2013 Latino Community Assessment in Boulder County
Youth Risk Behavior

Data from the 2009 Youth Risk Behavior Survey (YRBS) indicates Latino youth are more likely than non-Latinos to: ever have had sex, currently be sexually active, have had more than four sexual partners, have had sexual initiation before the age of 13, and have been pregnant or gotten someone pregnant. Compared specifically to non-Latino whites, Latinos are also more likely to have: been forced to have sexual intercourse, been hurt by a girlfriend or boyfriend, had a first sexual partner who was at least five years their senior, and used alcohol or drugs before their last sexual encounter.

Latino youth report greater experimentation with drugs, and experimentation at earlier ages, compared to non-Latino youth. This includes experimenting with cigarettes, alcohol, marijuana, cocaine, and inhalants. Compared with white non-Latinos, Latino youth also report greater experimentation with ecstasy, methamphetamine, and illegal steroids. Latinos are more likely than non-Latino youth to experiment with drugs before the age of 13 as well.

Suicide is the second leading cause of death among youth and young adults (aged 10-34) in Colorado, according to data in the Colorado Annual Report 2009-2010. Latino high school students in Boulder County are more likely than non-Latino whites to have attempted suicide, with approximately 8.5% of Latinos reporting a suicide attempt according to the YRBS. Approximately 30% of Latino middle school students report having considered suicide, and over 11% report having attempted suicide.

<table>
<thead>
<tr>
<th>Health Insurance Coverage by Age Range</th>
<th>Latinos in Boulder County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Under 18</strong></td>
<td><strong>18 – 64</strong></td>
</tr>
<tr>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Yes</td>
<td>11,770</td>
</tr>
<tr>
<td>No</td>
<td>2,426</td>
</tr>
<tr>
<td>Total</td>
<td>14,196</td>
</tr>
</tbody>
</table>

Source: American Community Survey

Nearly one-third of Latinos in Boulder County do not have health insurance coverage. When broken down by age range, 17% of youth, 42% of adults, and 9% of elderly do not have health insurance coverage.

Longmont YMCA

The Longmont YMCA is dedicated to increasing the scope and reach of its health and wellness program to serve Longmont’s rapidly growing Latino community. Numerous collaborations help us serve hundreds of families every year in programs such as Tomando Control de su Salud and Salsa, Sabor y Salud. Our membership base serves more than 1000 Latino families with culturally competent classes, exercise and nutrition.

Quality of Life Issues

Recommendations for Institutions

- Develop culturally competent services to Latino community
- Provide culturally competent programming in area of health promotion, with a particular focus on youth
- Increase access to affordable health care
- Build capacity to provide affordable and accessible mental health services
- Use promotora model to increase Latino community engagement

Quality of Life Issues

Recommendations for Latino Community

- Participate in culturally appropriate educational presentations provided by service providers.
- Join in leadership positions of preventive and health institutions
- Increase participation in appropriate health care insurance programs or with community-based health care providers
- Engage in healthier lifestyle and disease prevention
- Provide healthier food options for community members
- Increase the number of Latino youth engaged in addressing health disparities

Source: Youth Risk Behavior Survey – Boulder County
About a quarter of children enrolled in grade school in Boulder County are Latino. This includes an estimated 22% of those in grades 1-8 and 27% of high school students, according to the American Community Survey. Latinos constitute a disproportionately small proportion of nursery school, preschool, and kindergarten attendees, however. Less than 18% of children receiving an education prior to first grade (the first year of compulsory school attendance in Colorado) are Latino. This suggests a lack of access to early childhood education among this population.

**Early Childhood Education**

Early mental stimulation is crucial for young children and impacts them for the rest of their lives. Of the respondents to the 2013 Latino Task Force Community Assessment survey with children in preschool, the largest proportion has children enrolled in a school district preschool. This is followed by an equal number reporting that their children are enrolled in either Head Start or a preschool subsidized by Colorado Preschool Program. No respondents indicated their children are in a preschool subsidized by Colorado Child Care Assistance Program.

Access to early childcare is important for logistical reasons as well. According to a 2009 study by the Early Childhood Council of Boulder County, most Boulder County parents — both Latino and non-Latino — who report needing childcare need it so they can go to work.

Of families who do not have their children enrolled in preschool, Latinos appear more likely to rely on other family members for care, while non-Latinos are more likely to have their children enrolled in childcare centers.

According to Boulder County Trends 2011, nearly three-quarters of Latino families, particularly those of lower income, rely on family members, friends, and neighbors for their childcare — either exclusively, or in conjunction with licensed care. While these caregivers may keep children safe, less emphasis is generally placed in these environments on school readiness.

The average respondent to the 2013 LTF Community Assessment survey “slightly agrees” that childcare is accessible in his or her community; however, he or she “slightly disagrees” with the statement that childcare is affordable. In addition, respondents “slightly agree” on average, that Latino families have a harder time finding childcare than non-Latinos; however, they also “slightly agree” that childcare providers in their community understand Latino culture.

Leaders interviewed for this project stressed the importance of preschool in attaining school readiness and later success in school. The issue was seen by most as an economic one in which those who had money and education already were able to purchase preschool care that was sufficient and also to supplement that learning in the home, while those who were less educated or had financial difficulties did not have the same readiness capacity. This sets up children who are already at a disadvantage for language or poverty reasons to be at a further disadvantage.

Those interviewed thought that Latinos were generally aware of the disadvantages of the care available to them.

**PASO**

**Providers Advancing School Outcomes**

The purpose of the PASO program is to ensure the school readiness of Latino children, birth to five years of age by:

- Increasing the quality of early learning services for Latino children so that they enter school ready to learn
- Increasing Latino parental involvement and effectiveness with their children’s early learning at home and at school
- Facilitating the development and building the capacity of informal child care providers by implementing a community-based training model

“The majority of Latinos would like to see their children in high-quality, culturally competent care, and so they love to put their children in high-quality culturally competent centers because they think that is the best place to prepare them for school readiness. But, a lot of centers are not culturally competent and they can’t afford those that are.”

**Primary and Secondary Education**

Compared to the county as a whole, Latino students tend to underperform on the Colorado Student Assessment Program (CSAP) test. Latino students, particularly Latino males, have higher dropout rates than the general student population in Boulder County, according to the Colorado Department of Education (CDE). The CDE also reports that Latinos have slightly worse attendance, have considerably lower graduation rates, and are disciplined at a higher rate than their non-Latino counterparts. While Latinos constitute approximately one-quarter of grade school attendees in Boulder County, they constitute about 42% of those who received in-school suspensions in 2011, 40% of those who received out-of-school suspensions, 42% of those who were referred to law enforcement, and over 56% of those who were expelled.

Many leaders interviewed for this project feel that issues surrounding the lower academic achievement of Latino youth in Boulder County are mainly attributable to economics, and are about being Latino only to the extent that more Latinos are in poverty than other groups in Boulder County; however, they did allow for additional disadvantage being conferred based on being Latino. For example, one respondent said:

“The highest predictor in our data around achievement is economic. The relationship, when we control for other things, if the child is median or higher income and Latino and is primary English-speaking, there isn’t an achievement gap. The predictor for us is poverty. And/or language. And sometimes those all gets stacked up into one: poverty, language, and Latino.”

Another leader had this to say about school performance:

“In conversations that I’ve had with people, when we talk about disparities in achievement levels, it comes down to test scores. And I think that a lot of people don’t use test scores as the best measure of achievement. So there may not be as big an achievement gap as one might think in the schools, it just may be that there is a gap in test scores...Because there are so many different ways that a student can be successful. And for me...I’m looking more for involvement, I’m looking more for participation in sports, music, drama and I’m looking for attendance. I’m looking for participation in advanced coursework. I’m looking for graduation. I’m looking for outstanding citizenship.”
Higher Education

Large disparities exist between Latino and non-Latino youth in Boulder County in terms of college enrollment. In fact, the state of Colorado has one of the worst records in the nation with regard to graduating youth of color from college. Only 9% of Latino ninth-graders in Colorado will eventually graduate from college, according to Boulder County Trends 2011. The American Community Survey reveals that in Boulder County, over one-quarter of high school students are Latino, however Latinos constitute only 7.5% of those enrolled in college. Enrollment rates differ by institution, with approximately 10.6% of students at Front Range Community College’s Boulder County campus identifying as Latino compared to 6.8% of those enrolled at CU Boulder (in 2011 and 2010, respectively) according to the Colorado Commission on Higher Education. In 2009, only half of Latino high school graduates in the Boulder Valley School District went to college in contrast to 80% of students district-wide. In the St. Vrain Valley School District, a similar disparity exists, with 45.8% of Latino graduates going on to college compared to 69.6% of students district-wide.

According to the 2013 LTF Community Assessment, a majority of respondents agree that school staff encourage Latino students to attend college as much as they encourage non-Latinos. The same is true for the belief that Latino parents and caregivers encourage their children to attend college as much as non-Latinos do. Even so, nearly one-third of respondents express some level of disagreement with these statements, suggesting that there is also a fairly prevalent belief that Boulder County Latinos are not adequately encouraged to pursue higher education.

A major concern of the leaders interviewed for this assessment is that Latino students are being tracked in high school either towards community college rather than four year colleges, or toward technical degrees seemingly based solely on their ethnicity. While some felt that Boulder was better than other counties at not tracking, they still felt it was an issue. Those who felt that Boulder was not doing a better job on this issue, saying specifically:

“IT’s a lot of the Boulder schools. A group of students are going to Front Range and they will just bring Latino students. They won’t bring a mixed group of students or high-achieving students or anything. [They say] here are the Latino students; they are the only ones who are going to go to community college. But they are not tracking them to a community college because it’s a good place for them to start. They are tracking them because we have career technical programs.”

Another issue that was identified was the necessity of remedial classes once students have left high school and entered college. A community college representative specifically mentioned that they are “not getting [students] there with the skills that they need to be successful in college. They can’t read, they can’t write, and they can’t do math.” The main problem with this from the college’s perspective is that students must take a lot of time – and spend a lot of money – taking these remedial classes in college that do not count toward a college degree. Combined with a lack of access to sufficient financial aid, these additional classes can impose a financial barrier that makes pursuing a college education impossible.

Education Recommendations for Institutions

• Develop culturally competent services to Latino community
• Increase parity in leadership of educational institutions
• Promote bilingual education
• Institute culturally competent curriculum
• Facilitate family engagement
• Provide additional outreach, awareness, and resources for early childhood education
• Increase opportunities for adult education
• Equity in identifying Latino students for advanced programming or scientific tracks
• Provide additional education in the form of afterschool programs and tutoring, or by extending the school year for all children
• Hire more Latino teachers and administrators, or those who understand various cultures, to better reflect and understand Latino student demographics.
• Provide greater transparency by informing both students and parents of expectations of the student and how well the student is meeting those expectations in terms of achievement.
• Begin dropout prevention efforts in preschool and kindergarten.

Education Recommendations for Latino Community

• Families should be involved in all aspects of child’s education, starting with early childhood
• Develop and promote leadership capacity
• Take advantage of early childhood education opportunities
• Take part in skill-building opportunities to increase leadership and serve on Parent Teachers Organizations or other similar groups
• Publicly recognize Latino students’ effort
### Income

Latinos are employed at a rate nearly equal to that of the general population, constituting almost 12% of Boulder County adults (aged 16-64) according to the 2010 Census. When unemployment rates are taken into account, it appears Latinos are seeking employment at an even higher rate than non-Latinos. Approximately 19.9% of Latino men and 14.9% of Latina women are unemployed, compared to 9.2% of Boulder County adults overall according to the American Community Survey.

Over 70% of respondents to the 2013 LTF Community Assessment are currently working - and of those, over 20% have more than one job - suggesting the Latino community in Boulder County is contributing greatly to the local workforce. Nearly half of respondents are working full-time, and of those working full-time, a large majority is doing so on a permanent basis. Compared to the 2001 LTF Community Assessment survey, a lower proportion of respondents were currently working full-time. Although the proportion of full-time temporary workers is fairly stable across the two surveys, the percentage of full-time permanent workers decreased by over 20 points between 2001 and 2012. Likewise, the percentage of unemployed respondents is 16.8 points higher in 2012 than it was in 2001.

<table>
<thead>
<tr>
<th>Employment Status of Respondents</th>
<th>2012</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time permanent (40+ hours per week)</td>
<td>43.7%</td>
<td>64.2%</td>
</tr>
<tr>
<td>Full-time temporary</td>
<td>4.9%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Part-time permanent (&lt;40 hours per week)</td>
<td>12.6%</td>
<td>10.5%</td>
</tr>
<tr>
<td>Part-time temporary</td>
<td>10.0%</td>
<td>Na</td>
</tr>
<tr>
<td>Unemployed</td>
<td>22.6%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Retired</td>
<td>6.3%</td>
<td>14.4%</td>
</tr>
</tbody>
</table>

Sources: 2013 LTF Community Assessment and 2001 LTF Community Assessment

Although Latinos are working at a rate nearly equal to that of the wider community, they earn less than non-Latino workers. In 2010, the median earnings for full-time employed Latino men was approximately $29,885—less than half the median for Boulder county men as a whole ($60,731) according to the American Community Survey.

Respondents to the 2013 LTF Community Assessment survey generally express a desire to hold a leadership position at work and expressed satisfaction with the training they received at their workplace. A majority of respondents at least "slightly agree" that they would like to start a business if they were able to get a bank loan.

On average, respondents reported being at least "slightly satisfied" with their employment situation, however, there is also dissatisfaction in certain areas. Over 30% of respondents at least "slightly disagree" with the statement that Boulder County Latinos can find work in their community; and 10% express strong disagreement with this statement. Likewise, over 40% of respondents believe the wages they are receiving are unfair, and approximately 15% of respondents believe their workplace is somewhat unsafe or uncomfortable.

According to Boulder County leaders interviewed in the 2013 LTF Community Assessment, Latinos in Boulder County tend to hold lower paying jobs:

“What I see, which is what I think everybody sees, is that a lot of folks in the Latino community are in lower paying jobs, landscapers, maybe working for a contractor, housing, housekeeping kinds of services, food service, those sorts of things, and those are low paying jobs. So I think it’s true that the job opportunities are not as good for the Latino community.”

Leaders believed this is mainly due to a lack of educational attainment among this population. Most respondents felt that “if you have the education and you have the background, there are a lot of opportunities. If you don’t, there are not very many opportunities.” This sentiment was repeated multiple times across those interviewed. Other leaders felt Latinos may pursue self-employment in order to avoid potential discriminatory practices. One respondent said:

“I think that’s why you have such a high percentage of the Latino community that are self-employed as well as in the service industry because that’s work that they can control. They don’t have to rely on going to an agency or walking in and applying and facing what could be discriminatory practices.”

Job obstacles such as poor working conditions, fear, lack of knowledge of the system, lack of knowledge about workers’ rights, discrimination, and wage issues, including non-payment of wages, were also mentioned in the interviews with leaders. It was also speculated that as Latinos are more likely to both be in low income jobs and to face these related obstacles, the employment inequities were magnified for the Latino population in Boulder County.

### Poverty

Latinos are disproportionately likely to live in poverty compared to non-Latinos. Latinos constitute approximately 13% of the general population, but nearly half of all children in Boulder County who are living below the poverty line are Latino, along with nearly one-quarter of impoverished adults and nearly 30% of impoverished seniors, according to data in the American Community Survey.

The majority of Boulder County’s Latino residents do not receive public assistance. However, according to the American Community Survey, Latinos are more likely to receive assistance than non-Latino members of the community. Nearly half of all residents receiving public assistance via food stamps or the Supplemental Nutrition Assistance Program (SNAP) are Latino. And just over half of Boulder County families receiving basic cash assistance (BCA) self-identified as Latino. BCA payments help with emergency household expenses and services such as counseling and training for families in need, particularly those with dependent children according to Division of Colorado Works BCA receipt data, 2012.

Respondents to the 2013 LTF Community Assessment are considerably more likely to have received public assistance compared to those in the 2001 sample; in fact, nearly twice as many respondents report having received public assistance in 2012. This may suggest an increase in the receipt of public assistance among the general population of Latinos in Boulder County over the last decade, but this aligns with the general state of the economy.
Housing

Compared to the general population of Boulder County, Latinos are more likely to rent than own their homes. According to the 2010 Census, 55.7% of Latino households rent, compared to 34.2% of Boulder County households overall. Of households who own their homes, however, the proportion who are “free and clear” (i.e. without a mortgage or loan) is only slightly lower in the Latino population (17.4%) than in Boulder County overall (18.4%). Home ownership among Latinos decreased since 2000 – from 46.2% to 44.3%. This is likely due in part to the recent housing crisis. Indeed, while foreclosures have declined since peaking in 2009, there were still nearly 800 foreclosures in 2012 alone, according to data from Boulder County Trends 2013.

Most Latinos in Boulder County live in single-unit, detached homes, as reported in the American Community Survey. Latinos are slightly more likely than non-Latino members of the community to live in housing structures with more than one unit per structure, however, and are more likely to live in mobile homes. The average respondent to the 2013 LTF Community Assessment survey expressed only slight agreement with the statement that affordable housing is available in his or her community.

Economic Issues

Recommendations for Institutions

- Access to capital
- Equitable work conditions and wages
- Access to larger business community
- Leadership equity and representation on government and nonprofit boards and business, fraternal, and civic groups
- Increase job training and opportunities for advancement
- Opportunities to involve/mentor Latino individuals into civic organizations
- Address the shortage of affordable housing in Boulder County
- Improve access to employment, quality of employment, and compensation

Recommendations for Latino Community

- Patronize Latino businesses
- Latino business leaders support own community through philanthropy
- Join civic organizations, boards, and commissions
- Build capacity of Latino entrepreneurs and businesses

Home Ownership for Boulder County’s Latino Population

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner Occupied</td>
<td>44.3%</td>
<td>46.2%</td>
</tr>
<tr>
<td>Renter Occupied</td>
<td>55.7%</td>
<td>53.8%</td>
</tr>
</tbody>
</table>

Source: 2010 Census

Respondents Reporting Being Ever on Public Assistance

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>32.4%</td>
<td>15.2%</td>
</tr>
<tr>
<td>No</td>
<td>67.6%</td>
<td>84.8%</td>
</tr>
</tbody>
</table>

Sources: 2013 LTF Community Assessment and 2001 LTF Community Assessment

Leaders interviewed for the LTF Community Assessment talked about various efforts in Boulder County to engage low-income and Latino individuals in decision making regarding affordable housing. They discussed local focus groups and “multiple community advisory committees.” However, some respondents felt that Latinos and low-income individuals were not being included in the decision making process, saying: “by and large, no.”

Boulder County Leadership Fellows Program

This Community Foundation of Boulder County program provides a resource for building networks and relationships; a forum to engage in thoughtful dialogue about emerging, multicultural, and transformational leadership; the chance to learn about the wide range of needs and assets in Boulder County; and the opportunity to share their own experience and interact with established community leaders.
There was also an acknowledgement that the situation is more complicated than it might seem at first glance:

“Fair is a complicated word. I’m convinced that we are not out there profiling, I’m convinced we are not going to stop you because you are Latino. We have gone through tremendous efforts with significant, serious consequences if we think people are doing that in our police department. But, fair, in my mind, [is more than that]. I don’t know if we are always great at making sure that we understand the context for everyone’s life.”

Law enforcement officials are both aware of their place and reputation within society, and the Latino community in particular, as well as being aware of and proud of the work they have done to eliminate bias in the law enforcement system. One person interviewed commented: “very rarely do we get a complaint that somebody was arrested or stopped or whatever because they were profiled. That happened a lot, years ago.” At the same time, officials acknowledge the inherent fear that can come from interactions with the police for anyone.

It was noted that the criminal justice system is “hiring more people [fluent in Spanish].” One respondent said, “I’m trying to create incentives among my staff to become fluent in Spanish, and I’m trying to set an example by doing it myself.” Others noted that we are “fortunate in the Boulder area,” as “there are a lot of law enforcement officers that do speak Spanish.”

**Ethnic Discrimination**

A majority of respondents to the 2013 LTF Community Assessment survey indicate they have been discriminated against in their community because they are Latino. And a majority express some level of disagreement with the statement that Latinos are treated the same as everyone else within their community. In addition, nearly 12% of Latino high school students report having been harassed because of their racial or ethnic origin, according to data from the Youth Risk Behavior Survey. This rate is no higher than that for other non-white high school students in Boulder County, but along with the findings presented above, it draws attention to an alarming trend.

### Latino Youth Risk Behavior Survey

<table>
<thead>
<tr>
<th>Youth Risk Behavior</th>
<th>Percentage Responding Affirmatively</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harassed at school in previous year</td>
<td>24.0</td>
</tr>
<tr>
<td>Has been electronically bullied</td>
<td>14.5</td>
</tr>
<tr>
<td>Harassed because of racial/ethnic origin</td>
<td>11.8</td>
</tr>
<tr>
<td>Did no go to school because felt unsafe</td>
<td>8.9</td>
</tr>
<tr>
<td>Threatened or injured with weapon on school property in last year</td>
<td>8.6</td>
</tr>
<tr>
<td>Harassed at school in past year because someone thought they were LGBQ</td>
<td>6.0</td>
</tr>
<tr>
<td>Harassed because of religious beliefs</td>
<td>4.5</td>
</tr>
</tbody>
</table>

Source: Youth Risk Behavior Survey

Respondents to the 2013 LTF Community Assessment “slightly agree,” on average, that Latinos are no more likely than non-Latinos to break the law. Over half of respondents agree to some extent that language barriers are a problem when they interact with law enforcement; the same is true for interactions with the courts. Likewise, respondents express slight disagreement, on average, with the statement that the law enforcement community generally treats Latinos fairly. Again, the same is true for the courts.

Even more strikingly, over two-thirds of respondents feel, to some extent, that the police are more likely to stop them because they are Latino – with a majority solidly “agreeing” with this statement. These results may suggest a need for more outreach to the Latino community in Boulder County by the law enforcement community and justice officials, as well as greater accommodations to address language barriers when interacting with these institutions.

Leaders in the criminal justice and law enforcement communities who were interviewed for this project generally acknowledged the overrepresentation of minorities in the criminal justice system; at the same time, however, they noted improvements they felt had been made in this area over the last decade. Those interviewed suggested that Latinos, and youth in general, are overrepresented in the criminal justice system in Boulder County, although some indicated they “don’t know why minority youth are generally more likely to be stopped, and then more likely to be arrested.” Others felt that the overrepresentation was due to Latinos’ overrepresentation among those living in poverty. One person said: “I think that’s more a function of poverty than it is a function of an ethnic group.” It was mentioned that higher incarceration rates of Latinos may be due to the lack of proper documentation when pulled over especially for undocumented immigrants and the inability to post bail. In addition, recent changes in immigration enforcement were perceived by those interviewed as making things more difficult for Latino communities, and especially for those who are undocumented.
In 2011, there were five racially/ethnically-motivated hate crimes in Boulder County, three of which occurred in Longmont, according to Boulder County Trends 2013. And less than one-quarter of Boulder County residents consider Boulder to be a good place for immigrants or racial/ethnic minorities. These data indicate there is much room for improvement when it comes to making Boulder County a welcoming place for all its residents.

Even so, over half of respondents to the 2013 LTF Community Assessment survey at least “slightly agree” with the statement that non-Latinos support Latinos taking leadership positions in their community. The same is true for the belief that non-Latinos support public policies that benefit Latinos — and agreement with this statement is higher now than it was in the 2001 survey. Although these findings do suggest feelings of otherness are prevalent among Latinos in Boulder County, and that experiencing discrimination is common, they also appear to suggest growing feelings of acceptance over the last decade.

Overall, those leaders interviewed for this assessment felt that there was still work to be done in Boulder County to remove discrimination as an issue. However, they also felt that a lot of progress had been made in this area. Most had no “hard data” to support their feelings, but were going by experiences they had or heard about where someone experienced racism or discrimination. One participant reported receiving complaints about translations of materials into Spanish: “We will get calls about why are we spending money to do that. ‘If they can’t speak the language, then they need to go home.’”

Several of those interviewed mentioned specific experiences they or their friends and family had in regards to being bullied or discriminated against by law enforcement. One person said, “My son was stopped on the street just going to school, by the police. That happens. He wore a hoodie; maybe that was it. He was just walking down the street on his way to school, and the cops stopped him and he felt pretty harassed.”

Others who worked for municipalities reported receiving discriminatory complaints such as the following: “There are too many Mexicans living in this house and they are the downfall of my neighborhood.” This person felt that discrimination is “still there and with us.” Another of those interviewed said: “We would hear things about differential treatment in terms of our code enforcement.” While people frequently acknowledged the persistence of discrimination in law enforcement in Boulder County, at the same time, many felt hopeful that law enforcement was “strict about that“ and did not allow individual race or ethnicity to influence their actions.

Others felt that discrimination in Boulder had become significantly better over time, and that although it may not have disappeared entirely, there had been a vast improvement. Several people felt that the City of Boulder had done better than other areas: “Our city workforce is representative of the community. So we’re working on it.”

Social Justice Issues
Recommendations for Institutions

- Provide transparent and equitable processes that can address complaints of bias and/or discrimination within institutions.
- Create review boards with authority to address the issue of discrimination within our schools and communities.
- Assess overrepresentation within the criminal justice system and address inequities.
- Institutional training to identify bias and/or discrimination with strategic action to address these issues.
- Develop advisory groups of Latinos to examine internal data collection, with a focus on demographic disparities
- Examine training programs to identify opportunities to enhance cultural competency components
- Highlight the benefit of employing/serving Latinos in the community

Social Justice Issues
Recommendations for Latino Community

- Become informed and support agencies that work for social justice support within the community.
- Be willing to bring forward complaints and solutions regarding incidents of bias and/or discrimination.
- Become informed of how systems work.
- Become involved in supporting social justice in your schools and communities.
- Document instances of bias/discrimination with the Latino Task Force
- Work with community to create the vision for a socially just Boulder County
IN CLOSING

The 2001 Latino Community Assessment was a catalyst that started the recognition of the many positive assets and contributions the Latino community provides and the need to be intentional about inclusive practices. LTF hopes that the 2013 Latino Community Assessment will start a new focus on strategies and approaches that will create more equitable opportunities for Latinos in Boulder County. One of the most concerning issues uncovered in the 2013 Assessment is the evidence of the many underlying problems related to poverty, white privilege, and institutional racism in Boulder County. The 2013 Latino Community Assessment can serve as an opportunity for service providers, government programs, and other decision-making entities to conduct a self-assessment related to their existing workforce, mechanisms for community input, and leadership opportunities, all with the lens of being more inclusive and representative of the diversity in Boulder County. More inclusive and diverse workforces, advisory groups, and decision making bodies will inevitably lead to providing more culturally competent services and addressing the larger systemic issues preventing social equity.

LTF is humbled at the opportunity to serve as a bridge between the Latino community and the non-Latino community to produce change that enhances the quality of life for all Boulder County residents.

With appreciation

The LTF appreciates all the donors that helped make the 2013 assessment possible, with a special thanks to The Community Foundation Serving Boulder County, Boulder County Commissioners, City of Longmont, City of Boulder, Boulder Valley School District, St. Vrain Valley School District, Latino Advisory Board of Lafayette, Longmont Community Foundation, Bob Norris, Benita Duran, El Comite, and the YMCA Diversity & Inclusion Collaborative.

Con gratitud

The LTF is grateful to all those who participated in this assessment by helping administer the survey, filling out the survey, or participating in focus group or interviews.

Further engagement

If you would like more information about the Survey or would like for a member of the LTF to provide a presentation to your organization or group, please contact Nick Robles at NRobles@latinotaskforce.org.
**Glossary:**

- **Acculturation** – Cultural modification of an individual, group, or people by adapting to, or borrowing traits from, another culture; a merging of cultures as a result of prolonged contact. It should be noted that individuals from culturally diverse groups may desire varying degrees of acculturation into the dominant culture.¹

- **Assimilation** – Assuming the cultural traditions of a given people or group.¹

- **Classism** – differential treatment based on social class or perceived social class; the systematic oppression of subordinated class groups to advantage and strengthen the dominant class groups. It’s the systematic assignment of characteristics of worth and ability based on social class.²

- **Cultural Competence** – have a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally.¹

- **Cultural Brokering** – the act of bridging, linking or mediating between groups of persons of differing cultural backgrounds for the purpose of reducing conflict or producing change.¹

- **Discrimination** – unfair treatment of a person, racial group, minority, etc.; action based on prejudice.³

- **Institutional Racism** – The collective failure of an organization to provide an appropriate and professional service to people because of their color, culture or ethnic origin which can be seen or detected in processes; attitudes and behavior which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantages minority ethnic people.⁴

- **Internalized Oppression** – the process by which a member of an oppressed group comes to accept and live out the inaccurate myths and stereotypes applied to the group.⁵

- **Linguistic Competence** – the capacity of an organization and its personnel to communicate effectively and to convey information in a manner that is easily understood by diverse audiences.¹

- **Racism** – a belief that race is the primary determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race.⁶

- **Social equity** – fair access to livelihood, education, and resources; full participation in the political and cultural life of the community; and self-determination in meeting fundamental needs.⁷

- **Social Inclusion (inclusiveness)** – a process by which efforts are made to ensure equal opportunities for all, regardless of their background, so that they can achieve their full potential in life. It is a multi-dimensional process aimed at creating conditions which enable full and active participation of every member of the society in all aspects of life, including civic, social, economic, and political activities, as well as participation in decision-making processes.⁸

- **White Privilege** – A right, advantage, or immunity granted to or enjoyed by white persons beyond the common advantage of all others; an exemption in many particular cases from certain burdens or liabilities.⁹

**Sources:**


Brighter Boulder County,
a community-wide initiative, will guide Housing and Human Services in our work as a full community partner investing in our safety net, and collaborating to provide successful services in a committed, multi-year process.

Our goal is to help our neighbors become healthier, happier, and more self-sufficient, building a Brighter Boulder County for everyone.

We believe in co-creating solutions for complex family and community challenges by fully, effectively, and efficiently integrating health, housing, and human services to strengthen the broad range of Social Determinants of Health, in turn generating a more self-sufficient, sustainable, and resilient community.

We are focused on aligning our work both externally and internally in deeper ways that connect us to the core principles of individual and family well-being and strong community development.

There are three major components in our efforts to build a Brighter Boulder County: nurturing community integration, building the pillars to self-sufficiency, and revolutionizing the DHHS workforce and infrastructure.

We have nine strategies for building a Brighter Boulder County:

• strengthening the community safety net;
• integrating case management;
• creating a robust early childhood plan for Boulder County;
• increasing access to health coverage;
• boosting educational and employment development and empowerment;
• expanding the housing continuum;
• developing a comprehensive, agile DHHS staffing structure and modern workforce;
• utilizing a strong data structure that informs our practice; and
• developing a comprehensive, sustainable economic engine for DHHS and the Boulder County safety net.
The human services value curve

As an organization evolves, it becomes proactive rather than reactive; its services become fully integrated rather than isolated; it becomes fully collaborative within its community; and through all of this it helps generate a healthy community that is self-sufficient, sustainable, and resilient.

Our vision

We will efficiently and effectively provide services to the community across a fully integrated health, housing, and human services continuum. As an organization, we will focus on priorities that move our agency and our community further up the human services value curve to a generative business model. As we realize this vision we will help form a healthier Boulder County community, with a strong network of agencies and partners working together to seamlessly co-create solutions to address the complex challenges and issues faced by families and individuals living in crisis or below the socio-economic threshold of security.

There are six Brighter Boulder County self-sufficiency indicators we use to measure progress in achieving our vision.
To support our community, the Boulder County Department of Housing and Human Services (DHHS) is focused on aligning our work with the core principles of individual and family well-being and strong community development. There are three major components in our work to build a Brighter Boulder County: Nurturing Community Integration, Reinforcing the Pillars of Self-Sufficiency, and Revolutionizing the DHHS Workforce and Infrastructure.

2014 Boulder County Housing and Human Services Strategic Priorities

1. **Nurturing Community Integration:** The foundation of a strong and supportive community safety net is a seamless and collaborative system of services that allows people to access what they need where they are, and to have the support to learn how they might live healthier, happier, and more productive lives.

   **A. Strengthening the Community Safety Net:** We recognize our role in strengthening and supporting the community safety net and in ensuring that our services are fully integrated into our community. Our agency’s fiscal, contracting, data, and staffing models are driven and supported by the larger context of community well-being and provide the necessary support to our community partners so we may collectively achieve community-wide goals. We work with our community partners to support the long-term sustainability and agility of the safety net to adapt to social, economic, and environmental disruptions.

   **B. Integrating Case Management:** DHHS provides integrated case management services both within our agency as well as through our relationships with community partners. Integrated case management ensures that organizational expertise in all areas that promote family self-sufficiency and well-being is easily accessible to each community member needing assistance. Commitment to integrated case management ensures that community members, DHHS staff, and community partner staff are evolving their understanding of the most effective means to support people in achieving their goals.

   **C. Early Childhood Plan for Boulder County:** DHHS is committed to improving childhood well-being and preventing neglect, suffering, and abuse through coordinated programming with community and agency partners. We will do this by developing a coordinated and strong system of care along the entire early childhood continuum, including ensuring enhanced access to quality child care.
2. **Reinforcing the Pillars of Self-Sufficiency**: Individuals and families succeed in achieving their goals and supporting themselves when they are able to live stable lives free from unsettling crises. By strengthening the pillars of self-sufficiency for individuals and families, our community collectively becomes safer, healthier, and thriving in the most rapid and effective manner.

   **A. Access to Health Coverage**: We believe that access to affordable health care and insurance coverage is a foundational component of our community’s well-being, and is the first foundational step to implementing a community-wide, Social Determinants of Health model.

   **B. Educational and Employment Development/Empowerment**: Self-sufficiency is built on education, training, and employment. Empowered clients are capable of making effective decisions that will promote their well-being.

   **C. Expanded Housing Continuum**: Access to safe and stable housing provides the framework within which all successful evidence-based practices for human development can prosper. Our generative housing strategies focus on developing successful housing supports and assets with sophisticated private/public partnerships and financing mechanisms to deliver efficient and effective housing services to residents when they most need the help.

3. **Revolutionizing the DHHS Workforce and Infrastructure**: As agents of change that promote family and individual well-being, DHHS staff need the tools, technology and support to be active, aware, and competent professionals, serving the community at each and every safety net access point. The DHHS worker of the future is skilled in evidence-based practices, has deep knowledge of data and outcomes, has the technological tools and financial resources to work within the community, and has ready access to all of the services that DHHS can offer that will most effectively support people’s individual development and achievement of their goals.

   **A. Comprehensive, Agile DHHS Staffing and a Modern DHHS Workforce**: DHHS staff are the key to the provision of exceptional service to the public. Developing a comprehensive, generative system of service delivery requires agility and flexibility in our daily work. The DHHS infrastructure is thoughtfully designed to support successful outcomes for the people we work with, promote expertise and professional development of our staff, and enhance mobility, agility, and decentralized access to services and supports.

   **B. Data Infrastructure/Data-informed practice**: Data drive our collective decisions on operational, financial, and program levels. The data infrastructure is designed to support informed and intelligent practice, effective investment of staff time and resources, and common metrics that will lead to the greatest overall community outcomes.

   **C. Comprehensive and Sustainable Economic Engine**: The future of the human services delivery system depends on integrated and flexible funding delivered at the local level to meet well-defined community needs in a proactive and preventative manner. DHHS’s long-term financial strength and strategically-focused service delivery are driven by the sophisticated coordination of local, foundation, state, and federal resources that focuses on maximizing agency responsiveness and agility.
BOULDER COUNTY HOUSING & HUMAN SERVICES

Hope for the future, help when you need it.

2014-2015 Strategic Priorities
Hope for the future, help when you need it.
A concrete vision of “What does our future look like?” was never explicitly outlined, however the department clearly started to move in a specific direction with key pillars of work.

Hope for the future, help when you need it.
BCDHHS and the Social Determinants of Health

Healthy Thriving Communities

- Early Childcare
- Nutrition
- Social Support
- Stress
- Addiction
- Prevention
- Employment
- Housing
- Transport

Hope for the future, help when you need it.
Hope for the future, help when you need it.
Regulative Business Model: The focus is on serving constituents who are eligible for particular services while complying with categorical policy and program regulations.

**program specific, compliance, discrete funding, discrete efficiency**
**Collaborative Business Model:** The focus is on supporting constituents in receiving all the services for which they’re eligible by working across agency and programmatic boundaries.

**Break down silos, comprehensively address immediate needs, create common intake processes, ensure team-based care planning, foster information sharing**
**Integrative Business Model:** The focus is on addressing the root causes of client needs and problems by coordinating and integrating services at an optimum level.

**Seamless, cross-boundary, enterprise wide solutions, individualized services**
The Generative Model

Generative: Comprehensive Focus to Generate Long-Term Success

Generative Business Model: The focus is on generating healthy communities by co-creating solutions for multi-dimensional family and socioeconomic challenges and opportunities.

**Ongoing, evolving, adaptive, ecosystem focus, predictive

I Spy an Ecosystem!

Hope for the future, help when you need it.
The Generative Model

As an organization evolves,
• it becomes **proactive** rather than reactive;
• its services become **fully integrated** rather than isolated;
• it becomes fully **collaborative** within its community; and through all of this,
• it helps **generate a healthy community** that is self-sufficient, sustainable, and resilient.

Hope for the future, help when you need it.
The Generative Model

For our community, the **benefits of our adoption** of the Generative Model and the accompanying evolution of our health, housing, and human services delivery strategies will be many:

- **the health of the community will improve**;
- **services will be much more efficient**; and
- **challenges will be met sooner and more easily**.

Hope for the future, help when you need it.
2014-2015 Strategic Priorities

Hope for the future, help when you need it.
The Generative Model

The DHHS Senior Leadership Team has adopted the Generative Model to help guide the development of our vision, goals, and strategic priorities for 2014 and beyond. This model represents the progress of the evolved organization on the human services value curve.
<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Description</th>
<th>How will priority be met?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved Service Operations</td>
<td>Improves service to customers by enhancing operations, workflow, delivery methods, access channels, customer experience or services offered. Program level improvements with cross-divisional implications are more valued.</td>
<td></td>
</tr>
<tr>
<td>Foster Integration</td>
<td>Project links together services or staff across the department in attempt to better connect services and outcomes.</td>
<td></td>
</tr>
<tr>
<td>Include consumer in planning and service delivery</td>
<td>Project implements strategies to allow consumers to be represented in the case planning process.</td>
<td></td>
</tr>
<tr>
<td>Fiscally Sustainable</td>
<td>Project contributes to the department's overall plan for sustainability by maximizing match opportunities, trimming budgets or creating long term sources of revenue.</td>
<td></td>
</tr>
<tr>
<td>Improve outcomes, connect to community outcomes</td>
<td>Project has clear outcomes that pertain to department and community level indicators. Potentially pertains to multiple program indicators.</td>
<td></td>
</tr>
<tr>
<td>Technology opportunity</td>
<td>Project integrates with the enterprise vision for the agency and takes advantages of opportunities to leverage existing technologies or introduces potential new enterprise standards.</td>
<td></td>
</tr>
</tbody>
</table>

Hope for the future, help when you need it.
The Generative Model

We have measured each of our priorities on this Generative Model human services value curve in order to determine what our needs currently are and what steps we need to take in the near– and long-term.
2014-2015 Strategic Priorities: Components

We are focused on aligning our work with the core principles of individual well-being and community development. There are **three major components** in our work to build a Brighter Boulder County:

- Nurturing Community Integration
- Building the Pillars to Self-Sufficiency
- Revolutionizing the DHHS Workforce/Infrastructure

Hope for the future, help when you need it.
Our 2014-2015 DHHS Strategic Priorities

Nurturing Community Integration

- Strengthening the Community Safety Net
- Integrating Case Management

Building the Pillars to Self-Sufficiency

- Early Childhood Plan for Boulder County
- Access to Health Coverage
- Educational and Employment Development/Empowerment

Revolutionizing the DHHS Workforce/Infrastructure

- Data Infrastructure/Data-Informed Practice
- Comprehensive & Sustainable Economic Engine
- Comprehensive, Agile DHHS Staffing & a Modern DHHS Workforce

Educational and Expanded Housing Continuum

Boulder County Housing & Human Services

Hope for the future, help when you need it.
Our 2014-2015 DHHS Strategic Priorities

Nurturing Community Integration
Building the Pillars to Self-Sufficiency
Revolutionizing the DHHS Workforce/Infrastructure

- Strengthen Consolidated Contracting Process – work collaboratively with community partners to build network of services
- Leverage funding – maximize existing sources, match when possible, diversify
- Use Data-Driven Decision Making – for service needs, program effectiveness, self-sufficiency gains
- Ensure Transparency – to the public and our funders, partners, community, and staff

Strengthening the Community Safety Net
Integrating Case Management

Hope for the future, help when you need it.
Our 2014-2015 DHHS Strategic Priorities

- Nurturing Community Integration
- Building the Pillars to Self-Sufficiency
- Revolutionizing the DHHS Workforce/Infrastructure

- Embrace Diverse Entry Points for DHHS Services
- Ensure Client-Driven Case Planning/Goal-Setting and Focus on Core Self-Sufficiency Targets
- Finalize Primary Caseworker Model and Expand With Community Partners
- Focus on Early Intervention and Prevention in Partnership with Clients

Strengthening the Community Safety Net

Integrating Case Management

Hope for the future, help when you need it.
Our 2014-2015 DHHS Strategic Priorities

- Nurturing Community Integration
- Building the Pillars to Self-Sufficiency
- Revolutionizing the DHHS Workforce/Infrastructure

- Strengthening the Community Safety Net
- Integrating Case Management
- Early Childhood Plan for Boulder County

- Improve Access to Quality Child Care
- Integrate Continuum of Early Childhood Resources and Programs
- Enhance Parent Education and Parent Empowerment Programs
- Coordinate with Race to the Top Priorities

Hope for the future, help when you need it.
**Our 2014-2015 DHHS Strategic Priorities**

<table>
<thead>
<tr>
<th>Nurturing Community Integration</th>
<th>Building the Pillars to Self-Sufficiency</th>
<th>Revolutionizing the DHHS Workforce/Infrastructure</th>
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- Strengthening the Community Safety Net
- Integrating Case Management
- Early Childhood Plan for Boulder County
- Access to Health Coverage

- **Make Health Coverage Intrinsic to Interactions with all Families in all Programs**
- **Use Technology and Data to Drive Easeful Access to Insurance**
- **Create and Enhance Public/Private Partnerships Toward Preventive Care**
- **Translate Access and Utilization to Community Well-Being, Strengthen Social Determinants**

Hope for the future, help when you need it.
Our 2014-2015 DHHS Strategic Priorities

- Nurturing Community Integration
- Building the Pillars to Self-Sufficiency
- Revolutionizing the DHHS Workforce/Infrastructure

- Use Effective, Evidence-Based Employment Development Interventions
- Use Internships/Competency-Based Trainings to Enhance Employability
- Promote Seamless Transitions from Supportive Service to Employers
- Empower Case Managers to Identify Additional Transitional Supports

Educational and Employment Development/Empowerment

Hope for the future, help when you need it.
Our 2014-2015 DHHS Strategic Priorities

Nurturing Community Integration

Building the Pillars to Self-Sufficiency

Revolutionizing the DHHS Workforce/Infrastructure

Strengthening the Community Safety Net

Educational and Employment Development/Empowerment

Access to Health Coverage

Data Infrastructure/Data-Informed Practice

Comprehensive & Sustainable Economic Engine

Expanded Housing Continuum

- Expand Affordable Housing Supply
- Ensure Relevance/Responsiveness to Community Need, Any Door for Housing Assistance
- Utilize Flexible Funding and Public/Private Partnerships
- Ensure Projects are Diverse, Inclusive, and Sustainable

Comprehensive, Agile DHHS Staffing & a Modern DHHS Workforce

Hope for the future, help when you need it.
### Our 2014-2015 DHHS Strategic Priorities

<table>
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<tr>
<th>Nurturing Community Integration</th>
<th>Building the Pillars to Self-Sufficiency</th>
<th>Revolutionizing the DHHS Workforce/Infrastructure</th>
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</table>

- **Ensure Staffing and Workforce Decisions are Data-Informed, Responsive to Community Need**
- **Envision Solutions Beyond Traditional Roles**
- **Expand Use of Flexible Spaces Throughout Community**
- **Utilize Mobile Tools, Including Access to Client Histories/Services**

**Boulder County Housing & Human Services**

Hope for the future, help when you need it.
Our 2014-2015 DHHS Strategic Priorities

Nurturing Community Integration
Building the Pillars to Self-Sufficiency
Revolutionizing the DHHS Workforce/Infrastructure

- Utilize Multi-Year Planning
- Leverage Funding
- Use Return On Investment (ROI) Modeling
- Up-Stream Funding and Programming to Meet Community Needs

Data Infrastructure/Data-Informed Practice
Comprehensive & Sustainable Economic Engine

Strengthening the Community Safety Net
Integrating Case Management
Early Childhood Plan for Boulder County
Educational and Employment Development/Empowerment
Access to Health Coverage
Expanded Housing Continuum
Comprehensive, Agile DHHS Staffing & a Modern DHHS Workforce

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Our 2014-2015 DHHS Strategic Priorities

Nurturing Community Integration

Building the Pillars to Self-Sufficiency

Revolutionizing the DHHS Workforce/Infrastructure

- Strengthening the Community Safety Net
- Integrating Case Management
- Early Childhood Plan for Boulder County
- Access to Health Coverage
- Expanded Housing Continuum
- Educational and Employment Development/Empowerment
- Data Infrastructure/Data-Informed Practice
- Create Portal for Clients, Staff and Partners
- Focus on Outcomes-Based Decision Making
- Reduce Clients Tasks, Increase Access
- Establish Consistent, Sustainable Dashboard
- Comprehensive & Sustainable Economic Engine
- Agile DHHS Staffing & a Modern DHHS Workforce

Hope for the future, help when you need it.
HHS Strategic Projects: High Level Timeline

Current Project Activity continues on at division or program level, building to cross-departmental effort

Target Timeframes for cross-department high intensity focus on specific efforts

Subsequent committee or team activity once the project is framed and focused

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Managers and Supervisors

With our recent work around core competencies for Managers and Supervisors we’ve gotten very specific about the skills and abilities we expect of leadership.

In other words, we **carved out a concrete vision** of the role we envision staff will play in the future and the skills necessary.

---

**Supervisors**
- Performance Management
- Basic Project Management
- Building Effective Teams
- Leading and Managing Change
- Running Effective Meetings
- Handling Difficult Conversations
- Appreciative Problem Solving
- Emotional Intelligence
- Customer Focused
- Basic Financial and Data Analysis

**Managers**
- Strategic Thinking
- Building Strategic Relationships
- Intermediate Project Management
- Coaching and Mentoring
- Critical Thinking and Decision Making
- Financial and Data Analysis
- Process Improvement
- ..........plus for sups

**Division Directors**
- Making Hard Decisions
- Executive Presence
- ..........plus sups and managers

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Hope for the future, help when you need it.
### DHHS Competencies From Lominger

#### “Building Blocks” of Superior Leadership

<table>
<thead>
<tr>
<th>Category</th>
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<td><strong>Action Oriented</strong>&lt;br&gt;- Customer Focused&lt;br&gt;- Integrity and Trust&lt;br&gt;- Functional/Technical Skills&lt;br&gt;- Problem Solving&lt;br&gt;- Time Management&lt;br&gt;- Approachability&lt;br&gt;- Understanding Others</td>
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The Next Generation of Human Services:
REALIZING THE VISION

A Report from the
2010 Human Services Summit
at Harvard University

Leadership
For a Networked World
3. Cost is Escalating: After national defense and education, human services programs make up the largest portion of the US federal budget – more than $900 billion projected for 2011. In states and regions, the cost is relatively even higher – $10.8 billion in Oregon, $11.7 billion in Minnesota, $54.3 billion in Florida, and $83 billion in California.

4. Resources are Dwindling: Federal and state budget shortfalls are forcing extreme choices. According to the Center on Budget and Policy Priorities, 46 states have made “cuts that hurt families and reduce necessary services.” Service cuts are only the beginning, as many governments no longer have the capacity to balance service needs with cost.

When these factors are combined, they threaten our nation’s social well-being, community health, economic development and individual equity. “We’ve been doing more for less for years, but it’s at a point where if we don’t come up with some innovations and new ways of delivering more effectively and efficiently we risk being inhumane because we won’t be able to deliver services,” warns Tracy Wareing, executive director of the American Public Human Services Association.

What the human services community faces is a “capacity challenge”: Organizations must grow their capacity to improve current services, to deliver new services, to decrease organizational costs and - most importantly - to help people, families and communities realize their full potential.

Experimentation and progress are already happening. In Allegheny County, Penn., creative program alignment is improving results for multi-need families. In Louisiana, modernization of entire organizations, processes and systems is reducing costs and increasing customer service. In Massachusetts, new methods of developing, collecting and reporting outcomes are driving innovation and results across organizational boundaries. In Oklahoma, a focus on healthier families is leading a move to integrated services and improving community outcomes. In New York City, streamlined citizen access, case management and other systems are transforming the city’s ability to meet future demands.

Yet critical questions remain: What is the vision for the future? How can human services leaders grow their organization’s capacity? And how should the innovation and change be implemented and brought to scale?
“There are risks and costs to a program of action. But they are far less than the long-range risks and costs of comfortable inaction.”

– President John F. Kennedy

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This document was developed by Antonio M. Oftelie to disseminate lessons learned from the 2010 Human Services Summit at Harvard University and is intended solely as a research and learning document. The content and cases are not intended to serve as endorsements, sources of primary data, or illustrations of effective or ineffective management. Copyright © 2010 by Leadership for a Networked World and Antonio M. Oftelie. All Harvard University, Accenture and American Public Human Services Association logos and/or content are trademarked and/or copyrighted by their respective organizations. To order copies or request permission to reproduce this paper, please send a note of inquiry to info@lnwprogram.org.
The Human Services Summit

The capacity challenge has moved the human services community to an inflection point. A central demand is for programs to provide a high level of “public value” — a measure of how effective and efficient a program is in achieving outcomes. Across the political spectrum, citizens desire this transparency in reporting public value. Yet the capacity challenge has many organizations struggling. Their effectiveness is at risk in relation to short and long-term demands.

To help human services leaders form and realize a vision for their organizations, Leadership for a Networked World and Accenture, in collaboration with the American Public Human Services Association (APHSA) convened senior human services policy makers and executives at the 2010 Human Services Summit at Harvard University.

Leaders from federal, state and local human services organizations met at Harvard University to share insights and lessons, identify best practices, define the opportunities and challenges in adopting innovations and new business models, and ideate the future of human services.

Leaders at the Summit agreed that addressing the capacity challenge will require a new vision for designing and delivering human services. The new business models will have a family centric mission, will work across organizational boundaries to align goals and will pursue a laser-like focus on outcomes. The policies, programs, production and provision of services will enable the mission and continually adapt to changing circumstances — all while striving to generate the highest level of capacity for the organization, employees, clients and the broader community.

As a product of the Summit, Leadership for a Networked World is pleased to present this whitepaper, The Next Generation of Human Services: Realizing the Vision. This paper will help human services leaders envision a transformation journey for their own organization and realize their vision through concrete actions. To inspire and guide efforts, the paper couples insights from the Human Services Summit at Harvard with case-based examples from human services executives nationwide.
“We need to renew our focus on outcomes for the customer – that's what resonates and what cuts across all other issues. It's a different environment now,” says B.J. Walker, former commissioner of the Georgia Department of Human Services. “Our clients are different people. They're different in that they are not just showing up for services – they want to be part of the solution. We really need to think about capacity building and life-changing tools, and how we must change our organizations and culture to get there.”

What does “capacity” really mean in human services? At an organizational level it's about delivering outcomes that individuals, communities and society at large value. At an individual level it means providing solutions that empower people to reach their fullest potential in an independent and sustainable way. Capacity is grown in three ways:

- First, an organization can become more efficient at delivering outcomes – i.e., it can produce more of the desired outcomes with a level or reduced amount of resources.
- Second, an organization can become more effective at attaining outcomes – i.e., it can measurably improve its ability to reach goals.
- Third, and most important, an organization can develop entirely new competencies – i.e., it can respond in new ways to create and deliver previously unattainable outcomes.

Thus, renewing focus on generating the capacity to reach client and family centric outcomes is the central thread to meeting demands today and in the future. But to get there, human services organizations must first improve their business models. Broadly, this is done by transforming their business model over time by adopting organizational innovations and harnessing advances in information and communication technologies that enable increased efficiency, effectiveness and the development of new competencies.

Collectively, these actions enable high-performance delivery of current programs and services, and provide a foundation for forecasting needed outcomes and designing forward-looking solutions.

To help apply these concepts and guide efforts, Leadership for a Networked World researched best practices and developed a framework referred to as the “Human Services Value Curve” represented as:

- **Regulative Business Model**: The focus is on serving constituents who are eligible for particular services while complying with categorical policy and program regulations.
- **Collaborative Business Model**: The focus is on supporting constituents in receiving all the services for which they're eligible by working across agency and programmatic boundaries.
- **Integrative Business Model**: The focus is on addressing the root causes of client needs and problems by coordinating and integrating services at an optimum level.
- **Generative Business Model**: The focus is on generating healthy communities by co-creating solutions for multi-dimensional family and socioeconomic challenges and opportunities.

The Human Services Value Curve is not a one-size-fits-all solution, but rather a guide to help leaders envision a path for their organization. In traversing the curve, the enabling business models and competencies of the human services organization mature and improve the organization's ability to deliver broader and more valuable outcomes.

The rest of this paper will examine the Human Services Value Curve and how leaders are applying it in the field, and help you chart your own human services transformation journey. As you'll learn from their experiences, progress is feasible, but requires sound strategy and leadership to create the environment for success.
The History of Human Services: Implications for Today

Civilizations have always grappled with how to respond to the needs of the most vulnerable, and “human services” often mirrored the cultural, philosophical, theological, and technological leanings of the time. These views formed how the collective understood an individual’s needs and how those needs should be addressed. Yet at every point in time great advances in service delivery— and steps backward— were tempered by the values societies placed on those in need and the resources available to serve them. While not following a straight trajectory, human services as in service delivery— and steps backward— were tempered by the value societies placed on those in need.

An Ancient Practice

The ancient Greeks looked to their god Asklepios and his daughter Hygeia (pansorger to the word hygiene) for inspiration on how to help those in need. As a result, the Greeks offered prayer and cleansing with fragrant water at hundreds of aesculapium— “a house for strangers” — to which the mentally and physically ill would journey for care. Many of these principles and methods transferred to the hospice model still in place today. As Greek Roman cultures melded, more than 500 aesculapii shrines for bathing, diet, medicine and basic mental disorders were developed. The vast Roman armies later erected thousands of smaller, “metchnatoriums” — similar to a hospice — also reflected the empire’s attention to order. There, many services were routinized through formal job descriptions for caregivers and tasks for patients.

During the early Middle Ages, the spiritualization of services rose in prominence. Virtually every town had a church and/or hospice and it was generally understood that people should volunteer time and resources in maintaining care for the ill, hungry, or spiritually needy. Yet for all the local benefits, the lack of national systems took a toll. Draconian increases in poverty, sickness and disease strained the parish-based system to the breaking point. In addition, the growing belief in “malefaction” — that some mental and physical illnesses were a sign of deadly sin — led to the execution of many in severe need. Even more were imprisoned. This “incarceration” of needy people reached a crescendo between 1400 and 1550 A.D. — 1400 A.D. is in reference to religious orders during the Reformation led to the destruction of many hospices.

Towards a National System of Care

Out of the Medieval period arose a newfound respect for and theory on services for those in need. In 1526 Juan Luis Vives, a Spanish scholar and humanist wrote “Des Subventions Povertern Sae de Humani Necessitatibus.” (On Assistance to the Poor), which laid the foundation for converting the private, voluntary charity system into a systematized and centralized public system based on taxation. As counties began to adopt his vision, they implemented various methods of local taxation along with a system of eligibility and registration to differentiate those they deemed worthy, deserving poor from the rest. Many of these laws, rules and systems were formalized and refined in England and Wales under the Act for the Relief of the Poor (commonly referred to as the Elizabethan Poor Law) in 1601.

A central thread in this new Act was national funding, with individual towns or jurisdictions responsible for system implementation and administration, still the dominant method today. Yet despite advances of the time, the law and administration were hopelessly subjective, fraught with nepotism and left to interpretation by the local overseer. Many with mental disabilities who were unable to work were cast away to prisons or left to die in the streets. Children of “paupers” were regularly taken from their parents, assumed by the government and sent to apprentices.

From Injury to Advocacy

A revolution point came in the late 1800s and early 1900s as the Eugenics movement and Social Darwinism influenced policy makers across Europe and the United States. Their ideas held that there was a hierarchy of usefulness and utility among humans and that better ability could be “engineered in or out.” This trend of devaluing certain populations took hold among many and spawned depersonalization, segregation, racism, brutalization and even genocidal policies. This mindset held strong for years as exemplified by Louisiana Gov. Huey Long who in 1929 bragged, “We forced a few people to be hanged and reduced the death rate in charity hospitals from 15.04 percent to only 30 percent,” and by official government policy which led to the sterilization of 60,000 mentally ill in the United States. While in many ways deplorable, this movement also cultivated a new era of advocacy on behalf of the most vulnerable, and promoted a sense of accountability from human services to the general public and particularly clients. Professional training also came to the fore, as the first social work training program was created at Columbia University and researchers began to understand and teach the contextual and systemic views of cases. The formalization of job training, a focus on behavioral education and the “case-worker” model also became more entrenched practices.

Over the past century, policy makers in the United States have made gains in balancing equity in access with cost and societal priorities. The 1933 Social Security Act instituted federal and state systems of care for the elderly, unemployed and others in need. President Dwight Eisenhower formalized many social service goals with the implementation of the Federal Department of Health, Education and Welfare in 1953. The inception of Medicare and Medicaid in 1965 brought health care to the elderly and poor as part of President Lyndon Johnson’s “Great Society,” and subsequent laws and reforms enabled resources for foster care, adoption, immigrant services and other progressive programs. Current human services policy makers and workers are in the midst of more change as federal and state governments continue to decipher the advantages and disadvantages of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (Welfare Reform) and the near-term implementation of the 2010 Patient Protection and Affordable Care Act, which will drive new opportunities and challenges across government and private care providers.

Defining the Next Generation

As history has demonstrated, the next generation of human services policy makers will have opportunities to reform practice. A driving force for the coming generation will be the relentless growth of information and communication technologies. Organizational technologies will bring new ways of forming, managing and evaluating human services agencies. Information technologies will generate massive amounts of data that will reveal societal, social, community and familial patterns that impact human services. Networks and mobile systems will enable an unprecedented ability to communicate with communities and clients. Yet good intentions do not translate into historical processes and deeply held customs, bases and beliefs; advances will also bring tough choices and tradeoffs on organizational design, jurisdiction, equity and privacy.

At no other time has the ability of the human services community to promote self-sufficiency, productivity, integration, inclusion and capacity for the pursuit of happiness been so ripe. How we harvest it will define our generation.
Regulative

This level serves as a baseline – all human services organizations start here and must meet this level in order to comply with program requirements. With this basic business model, programs and processes are developed and managed categorically and are usually aligned with discrete funding streams. Information technology and support tools are designed to support program-specific management, funding, eligibility, case management and client interactions.
Regulative Business Model

When Ruth Johnson stepped into her role as Secretary of Louisiana’s Department of Children and Family Services she faced some tall orders: Gov. Bobby Jindal wanted improvements in responsiveness, efficiency and customer service. “We looked and we found that there were significant inefficiencies. One agency didn’t talk to another one,” she says.

“We have four agencies, the Office of the Secretary and the Office of Family Support which did food stamps, cash assistance, Child Care Assistance and Child Welfare. Many of the parents of families need the same services that are in family assistance; however, they were not linked to those services. Our client interaction was almost all face-to-face and it was extremely paper-intensive. So, we said it’s one pot of money. It shouldn’t be seen as a series of agencies. It should be seen as a series of services. And we decided to fix that,” recalls Ruth.

Ruth’s story presents the challenges of many organizations at the “Regulative” level. As human services administrators like Ruth look to achieve better outcomes, they’ll have to inspect under the hood of their organizations – and many will find plenty to work on. At the Regulative level, this often means fixing something that isn’t fundamentally broken. Every human services organization starts with a call to solve a particular challenge and their business model is built around that mandate or goal. The organization begins life with a regulatory posture and the focus is on serving constituents who are eligible for particular programs, processes and systems have been formed in “silos” – the categorical agency lines you live because that’s where your case file was located.”

This has been a significant challenge for years. Since the mid 1900s most human services programs, processes and systems have been formed in “silos” – the categorical agency lines of business. Historically this served a good purpose, as categorical management made it easier to match services to distinct constituents and to raise and track funding. But as the silos have grown, so have the difficulties in collaboratively addressing an individual’s or family’s comprehensive needs. The inability to effectively communicate and work across traditional agency and program boundaries has brought challenging consequences not only in terms of case management, but also from redundant costs and efficiency perspectives – depleting the capacity to truly focus on the client and outcomes.

The Washington DC plan will focus on developing and aligning staff around outcome measures. The goal is to reform processes and workflow to reduce the number of compliance staff from 35 percent to 18 percent and shift people to client-facing, outcome-generating work.

Moving Up the Human Services Value Curve

As a leader begins the journey to a more collaborative business model, they’ll find it’s partly an organizational challenge, partly a system challenge and partly a political challenge. From an organizational view — a single agency or program — the primary levers a leader has in increasing the organization’s operational capacity are in the internal value chain: the people and culture, management and operational processes, and capital and technology that enable it to perform more efficiently and effectively. When an organization improves capacity and successfully achieves its mission and outcome goals, it solidifies legitimacy and support. That’s what keeps the organization “in business.”

From a system view — across organizational and program boundaries — the primary levers to increase capacity are to align policies and goals horizontally across programs, and improve managerial and operational processes and divisions of labor vertically by leveraging and sharing capital (infrastructure, systems, tools and technologies) and human resources. When leaders can balance and optimize these levers, the human services system will become not only more efficient and effective but also improve its ability to deliver new services and outcomes sought by communities, groups and individuals.

Thus when making the first moves beyond a Regulative business model, one should look to the mission of the organization and the outcomes desired from programs. Then, take a portfolio view by scanning programs to assess where collaborative connections can be made. At every level of the Human Services Value Curve, organizing around outcomes and measures is paramount. This is especially true for organizations starting with a Regulative Business Model as they emphasize measuring compliance, i.e., did we verify a client was eligible and did that client get their benefit? In Washington, “the three things that we measured in the administration of the Supplemental Nutrition Assistance Program are, did we get the benefit to that individual or family that was entitled to receive it? Did we get it to them in the appropriate amount, and did we get it to them in the right time?” Clarence says, adding that the agency is now looking to take the next step.

“I believe that we can continue to measure accountability for a program to ensure for the taxpayers that the dollars are expended for the intended purpose. But, I would argue for balancing what we measure by adding measures of human well-being, for us to determine at the end of the day, did anybody get better because of it? And if not, what do we do to achieve that objective?”

Moving up the Human Services Value Curve – Key Strategic Steps:

Start with an outcomes view, prime areas for advancement are the programmatic measures, basic managerial and operating processes and program infrastructure.

• Define and extend enterprise-wide measures: Make an attempt to extend measures across programs and assess if the results have been beneficial. A key theme is to not only measure the results that are important to program operations, but also results that are important to achieving outcomes.

• Start reconfiguring managerial and operating processes: Shift the organization’s employees to capacity-oriented work. Basic process reengineering is valuable if it can enable employees to orient their work around assessing and managing the degree to which a program actually grows the capacity of the customer served.

• Integrate on program technology and tools: Develop a basic plan to share more infrastructure across programs and if possible, across organizational lines. Good places to start are on routine technologies such as document imaging, digitizing and storage, allowing employees across programs to access and update client files, and enabling clients to submit basic applications online. Like Clarence and Ruth, make sure to tie infrastructure investment to key outcome goals.
As a human services organization progresses to a “Collaborative Business Model,” the focus expands beyond program “silos” and categorical management to support constituents in receiving all the services for which they are eligible and helping them address immediate needs. In action, entities collaborate on some policy and programs and may have some common intake, eligibility and team-based case planning. The technologies and tools adopted facilitate limited cross-organization information sharing and decision making.
Collaborative Business Model

“...we need to transform to a culture that is outcomes-focused, not just budget or process-focused. We need to talk more often and openly about what our policy and program goals are, and use performance information that communicates how well we are achieving those goals as the starting point for our management discussions, rather than an after-the-fact reporting requirement. This change in culture is not easy, and will take several years...”

From Massachusetts’ EHSResults Mission Statement

What distinguishes the Collaborative Business Model from the Regulative is the degree of alignment among the desired outcomes, policies and processes and the extension of that alignment across organizations and programs. The enterprise-wide alignment helps the entire human services system respond to a client in a coordinated and comprehensive way. In moving to a Collaborative Business Model, the primary leadership responsibility is to work diligently across organizational boundaries in order to find points of program collaboration and apply a governance model that keeps stakeholders engaged and committed.

In Massachusetts, Judy Bigby, secretary of the Executive Office of Health and Human Services, started the move to collaboration by focusing on an area that makes ears perk up—agency budgets. With the executive sponsorship of Gov. Deval Patrick, Judy created an initiative to measure outcomes across state agencies and programs in order to find areas for improved efficiency and effectiveness. To start, she directed conversations to the following questions: What are we doing with taxpayer money and why? How do we know whether or not we’re reaching the outcomes we want to achieve? Initially, the answers weren’t what she was looking for. “What I got from agency after agency for the most part was I need this line item, this line item, this line item,” recalls Judy. “So, I started asking about the results we’re achieving from these programs that are divided up in all these line items and I found out that there really wasn’t that much information about results or outcomes.”

From this kernel of insight the EHSResults initiative was jumpstarted. The goal of EHSResults is to maximize achievement of human services outcomes. To make this happen, Judy’s team collects data and metrics for every human services program the state runs, then incorporate the analysis into cross-agency policy and program decision making. It’s changed how they do business. “We use the information in leadership meetings to look at the progress we’re making toward the goals,” explains Judy. “People actually can see how we’re using the measures to make decisions about what we’re doing, about policies, about budget decisions and it also allowed us to do a better job of looking at how we align functions and work across agencies in order to achieve common goals and system-wide outcomes.”

A key leadership lesson from Judy’s experience is to gain the buy-in of both the leadership level and program level executives. On the senior leadership side, the goals of EHSResults align completely with the governor’s agenda for improved outcomes and increased transparency, and program staff develops the goals and measures with their peers. From the executive to caseworker levels, people can see how they’re being held accountable simply by looking at the metrics, which solidifies and validates the new approach. “The new level of transparency “closes the loop,” as citizens can go to the web and look at measures that are understandable and relevant. Lastly and importantly, the increased visibility into the effects of changes to policies or programs drives improvement across the entire human services system, and this will enable Massachusetts to move to a fully Integrative and Generative Business Model faster.

In Oklahoma, Howard Hendrick, director of the Oklahoma Department of Human Services, is leveraging a strong Collaborative Business Model to make a move to increased integration. For the State of Oklahoma and Howard’s team service integration isn’t an option – the new reality they’re working in demands it. From 2002 to 2010, the human services system lost eight percent of its employees. The number of children on various subsidized programs and in the adoption program has increased by more than 100 percent. “We have a 75 percent rise in elderly care, 62 percent increase in food stamps, 55 percent increase in maternity establishment for child support and a 43 percent increase in Medicaid participation. Overall there’s higher demand, fewer resources, and 90 percent of the families served are in more than one program—the perfect storm for human services.

Howard’s vision is clear. “It really gets down to our mission statement. We try to drive that as far as in the organization as we can. We help individuals and families lead safer, healthier and more independent productive lives.” And if we really believe that and see that at our job, then we have to work collaboratively and integrate systems. It’s better for us, better for customers, and better for outcome achievement,” he says. “To realize the vision, Howard launched an enterprise-wide program called MOSAIC. This initiative will consolidate three legacy systems into one integrated system, replace a 30 year old development platform, and reform program-based (silo) operations to functional based. Most important, the new combination of cross-boundary collaboration and technology-enabled integration will streamline eligibility so that customers only have to apply for services once. The state will confirm eligibility and enable caseworkers to collaborate on client solutions—bringing improvements in effectiveness, efficiency and outcomes.

For Howard and his team, aligning policy and process has been instrumental in moving forward. In many organizations the opposite is true—innovations get held up or stopped by outdated processes that have become calcified across the organization. Thus the common question, “why does it take 10 people and 45 days to process this form?” is met with the common answer, “because that’s the way it’s always been done.” When you have clear policy goals and can translate those to organizational actions, it becomes obvious how to change operational processes. Howard has used policy goals to “rationize” (optimizing workflow to achieve goals such as improving accuracy or speed, reducing cost, improving customer services, etc.) processes and process-related definitions. “When policy drives process, you’ll find performance gaps that clearly need to be fixed,” he explains. “For example, you’ll probably find that the definition of ‘household’ for food stamps is not the same definition of ‘household’ for some other program, ‘a case’ in child welfare is not the same thing as a ‘case’ in child support enforcement, or a ‘case’ in the food stamps program. So you have to harvest all this data, get a common understanding about what the data means, and then synchronize it across organizations and programs.” This isn’t easy work, but it’s the “roll up your sleeves and get it done work” that underpins cross-boundary work and integration.

The result of Howard’s efforts will also bring a strong return on investment to the state. Projected costs are $6.2 million annually for nine years. Projected savings include an $8.5 million increase in child support collections, $3.7 million in administrative savings, $5.2 million in staff hours and nearly $1 million in decreased system maintenance costs.

Moving Up the Human Services Value Curve – Key Strategic Steps:

Starting with an outcomes view, prime areas to move forward are alignment of policy and program strategies, basic integration of case information and adoption of technologies that enable collaborative decision making.

- Develop policy and program strategies across programs: As in Massachusetts, drive the collection and analysis of measures and metrics deeply within organizations and across programs. Set up a team to analyze and determine what is working well and what needs improvement. This will map the areas of improvement to specific policies and programs. In particular, find the intersections of new value, i.e., where agencies and programs can collaborate in order to improve outcomes. Then, with strong executive sponsorship, remove the barriers to improved collaboration and institutionalize the alignment of performance.

- Share eligibility, service delivery and case information across programs: Multi-need individuals and families are a critical area to address as solutions tend to be more complex and take longer to work. Find ways, both procedurally and technically, to share information, processes and case information. Oklahoma, for example, is integrating applications for TANF, SNAP, CHIP and Medicaid with single intake processes supporting all programs and with technology and business processes to support integrated eligibility for those programs. This will allow caseworkers to collaborate on solutions and help clients move to self-sufficiency faster.

- Utilize technology and tools that enable decision making across organizations: Organizations, programs and staff can collaborate in basic ways without the use of technology and systems, but in today’s world, information and communication technologies dramatically enhance collaborative capability. Even if you’re not ready for a full integration project, make sure you’re guided by adopting technologies such as digital records, enterprise content management and document storage, customer self-service modules, and basic staff communication tools. Not only will you improve workflow and collaboration, but also your trajectory to long-term integration.
Economics of Human Services Integration

SINCE THE MIDDLE 1900s MOST HUMAN SERVICES PROGRAMS, PROCESSES AND SYSTEMS HAVE BEEN FORMED IN “SILOS” — THE CATEGORICAL
AGENCY LINES OF BUSINESS. Historically this served a good purpose, as categorical management made it easier to match services to
distinct constituents and to raise and track funding. But as the silos have grown, so has complexity. Agencies and programs developed
their own infrastructure, processes and systems, and as complexity increased, tradeoffs were made between efficiency and effectiveness
in the production of services. This led not only to system-wide inefficiencies but also to less cohesive customer service.

Managers historically had two broad options for optimizing this “production function.” They could pull resources (capital and labor)
in and focus on maximizing efficiency production through standardization of processes and technologies and direct central control – but
this limited flexibility and responsiveness at the local agency level. Alternatively, they could push resources out and provide extensive
customization and local control of production to agencies – yet this option ignored volume efficiencies, produced duplication and raised
overall costs to taxpayers. It was a lose-lose proposition.

Now the formula has changed. In just the last few years, the combination of new organizational structures, network-enabled
business models and shared services platforms has created a new level of optimization – one in which overall capacity has grown and
overall costs to taxpayers. It was a lose-lose proposition.

Now the formula has changed. In just the last few years, the combination of new organizational structures, network-enabled
business models and shared services platforms has created a new level of optimization – one in which overall capacity has grown and
can be extended across an enterprise. These innovations interrelate and include:

• Organizational Structures: Advances in management theory – particularly around management and business process - have led
to new ways in which an organization can enact policy. The series of activities that form how an organization designs, produces,
markets, delivers and supports its services have been subjected to collective knowledge (such as time and motion studies) and are
now able to be done faster, leaner and in “flatter” organizational structures.

• Network-Enabled Business Models: Networks and information flows – in particular “Web 2.0” technologies and “cloud computing” – make cooperation and coordination possible in configurations where the transaction costs would have been prohibitively high in the past. The hardware, software and networks that enable an organization to create, store and use information in all its forms have advanced to a point where people can work “virtually” and processes can be standardized, integrated and synchronized over any distance. Networked government can now provide control, accountability and predictability, while also accommodating flexibility and innovation.

• Shared Expertise, Processes and Technologies: Shared services – a method of ordering work so that business processes and
the people who do those processes are brought together in new and more efficient and effective ways allow workers to specialize in
processing transactions quickly and effectively. This drives down cost and enables the organization to transfer costs from back-office
business processes to programs that really impact clients.

Extending this increased capacity across human services agencies and programs can amplify the effects of these laws. This amplification
is based on increasing the return on labor (through specialization of management and operational processes) and increasing the return on
capital (through higher utilization from the volume of production). The total potential for increased capacity depends on the number and
size of organizations in the collaboration and the depth of integration in programs, production and provision.

Human services enterprises that adopt these new models of doing business will be better able to meet demands for improved services
and lower costs through:

• Greater Returns to Scale – organizations can produce more with a constant proportion of inputs, i.e., “We can do more with the
same amount of resources.” The consolidation and combination of certain functions can reduce fixed costs by removing duplicate
departments or operations and lowering the cost of services, thus increasing taxpayer return on investment and public value.

• Greater Economics of Scale – organizations can produce more when input proportions are variable, i.e., “We can double our output
with less than a doubling of cost.” Instead of multiple agencies working at less than full capacity, a single (shared service center) or
smaller set of agencies can leverage processes and technologies, maximize existing capacity and decrease overall costs.

• Greater Economics of Scope – organizational outputs by a single entity are greater than outputs that could be achieved by two
different agencies each producing on their own, i.e., “We can share expertise and processes to get more for less.” In these cases, human
services organizations can gain efficiencies associated with demand-side functions, such as implementing new business models for intake
and case management, eliminating unnecessary duplication and adopting new shared technologies.

In sum, harnessing new-found capacity with the combination of new organizational structures, network-enabled business models and shared
services and extending it across boundaries increases capacity and public value in human services.
With an “Integrative Business Model,” the focus broadens to complete integration of multiple programs and services in order to improve customer service, increase participation and support data-driven policy and decision making. Strategically and operationally, the enterprise addresses family-centric outcomes through seamless, cross-boundary collaboration. Information technologies support enterprise-wide back-office processes, as well as front-office innovations such as individualized client services focused on self-sufficiency, improved health outcomes and social inclusion.
**Integrative Business Model**

“We’re very big on looking at capabilities as opposed to disabilities. Our goal is client self-sufficiency. We do services in the community. We go to people’s homes. It’s not about 8:30 to 4:30, Monday through Friday. It’s about where people are and what they need. Cultural and community competency is important and everybody is a unique individual so you have to have some individually tailored services. The cookie-cutter approach doesn’t work and with so many people in multiple systems, you have to integrate and provide holistic services,” says Marc Cherna, director of the Allegheny County, PA, Department of Human Services.

Moving to an Integrative Business Model is born from the recognition that the world is giving us more complex problems and we need more robust ways to respond. There are countless stories of a parent working to become self-sufficient, receiving temporary assistance, employment services and finding a job, but then not receiving child care assistance. The parent can’t keep the job, has to reapply for nutrition assistance, and winds up in a worse place than before. With integrated services, caseworkers from multiple organizations work together to solve complicated cases. An Integrative Business Model lays the foundation for providing truly customized services that address complex challenges and lead to family centric outcomes. Customization is the caseworkers’ ability to mix and match services from an array of programs and synthesize them so they reinforce and strengthen each other. This level of integration relies on the ability to share data across multiple entities, and make decisions with a full-service view.

In Allegheny County, Marc has worked hard at achieving an Integrative Business Model. His goal has been to provide a holistic, consumer-centric service delivery model around specific client groups. There’s a lot riding on success. The county has 1.3 million people – and some 250,000 of them are receiving human services. Within the county, 41 percent of clients (as of 2009) are multi-need – receiving services from three or more programs. Multi-need clients put enormous stress on human services systems as costs are higher, solutions more complex, and often they’re reliant on the system for a longer time.

When Marc took the reins of the children and youth system, it was in complete disarray: There were highly publicized child deaths, vicious public hearings and community confidence was at an all-time low. He took immediate steps to stabilize the agency through a number of internal and external actions, including getting the largest law firm in town to do pro-bono adoptions to reduce the backlog. Within the year, The County Commissioners asked Marc to take five discrete departments and form a department of human services. To get support and buy-in from the leaders of the private and public sectors, he created an oversight committee of community leaders to assist in the development of a new human services management structure and advise on the organizational change process. Using technical assistance from the Chamber of Commerce and financial support from the local foundations, the county was able to consolidate its fiscal, human resources and information management functions, its community relations and public information functions, and its data analysis, research and evaluation functions. In addition, the policies, programs and processes of previously separate organizations were aligned to permit coordination of services for multi-need consumers through its five program offices. Very importantly, Marc engaged the community and key stakeholders in the transformation effort – they developed the vision and operating guidelines and were an integral part of the redesign process.

Allegheny County is a strong example of the importance of innovative governance and strong executive sponsorship. “This really becomes a team,” says Marc. (see sidebar on the Adaptive Challenge on page 3b). “We have to invent new ways of doing things, and new ways of working. There’s little formal authority when you’re going across boundaries unless you create a new boundary and then a new form of authority.” When transforming the entire human services system, one person can’t possibly redline all the lines; it takes a coalition of like-minded people. In this case, community businesses, churches, non-profit organizations and a mix of elected officiats were all at the table. They helped de-politicize the reform, an important ingredient to gaining buy-in.

Beyond the client-facing benefits, consolidation and automation also helped to reduce administrative staff by 50 percent. “We used to have the assembly line and silos – 17 people had to touch a piece of paper to make a payment. Now it’s two people, and we are much more efficient,” explains Marc. The new business model also helped the county maximize utilization of existing funding streams and create opportunities for new and flexible funding sources. In addition, greater accountability was brought to the system through increased transparency, inclusive public participation and openness and accessibility for all stakeholders.

New York City is another shining example of the Integrative Business Model, and by many measures it’s the most advanced in the nation. New York City’s HHS-Connect system integrates 35 programs offered by 15 different agencies. Robert Doar, director of the New York City Department of Social Services provides some history. “This is about information access that gets outcomes. We had all this data in multiple agencies, and not enough people could see it, and we wanted a single consolidated view of information. We wanted a worker at the Public Housing, authority, or a worker at the Administration for Children's Services who has the child protective report, to be able to see quickly whether a family was on food stamps, on Medicaid, on cash assistance, and other information we could synthesize in order to make better decisions and provide improved service.”

Integrating all the agencies and programs was a monumental task. New York City is the largest municipal government in the nation; approximately $20 billion is allocated annually to human services and its more than 50,000 employees. Thus, a strong vision and dedicated leadership from the top was imperative. Fortunately, Mayor Michael Bloomberg and the deputy mayor of health and human services were of like mind and resolve – they knew New York City had to stay ahead of the curve. Mayor Bloomberg and his deputy mayors have always been proponents of performance management and they wanted health and human services agencies to share client data where appropriate, and use it to generate business analytics. Much like New York City’s award-winning COMPSTAT and 311 systems, data and metrics could take the pulse of the city in order to improve service delivery and outcomes.

**HHS Outcome Model**

The HHS Outcome Model was defined in the Summer of 2008 to develop a cross-agency means of measuring success. The model illustrates the interconnectedness of the HHS Outcomes, the HHS-Connect Priorities, and impacted Client Population Groups.
To gain a solid understanding of the data and analytics needed, officials first started with the citizen view to determine what service features would be most valuable and lead to the best outcomes. They then turned to the caseworker view to determine what information would lead to the best formulation of services. The resulting HHS Outcome Model illustrates the interconnectness of outcomes desired, the HHS-Connect priorities, and impacted client population groups. The city uses the outcomes model as a sounding board and measuring stick for every health and human services initiative they undertake. In addition, the model helps determine return on investment. For HHS-Connect, every aspect of the project was evaluated in terms of return on investment and outcome generation, and each initiative had to pay for itself through savings, reduced headcount or greater productivity.

As with every major human services transformation, establishing a new cross-boundary governance framework was integral to success. “I cannot emphasize enough the importance of governance structure. It’s boring, it’s painful, it’s very much ‘process,’ but it is essential to running one of these projects successfully, and I think we got that right,” explains Robert. “Integration ends up being deeper into the production process, not just the eligibility and delivery but also the policy development and the formulation of programs. So the more legitimacy through governance we give to this, the bigger and broader problems our organizations will be able to address.”

The results generated from HHS-Connect speak for themselves. City residents can see whether they’re eligible for multiple programs on one site, which also provides online access to benefits. The system decreases cultural barriers through seven different language formats. Customer surveys show that people are using it in libraries, at home and in community-based organizations. There’s also a worker portal that allows staff from multiple agencies to see (with appropriate privacy standards at each level) metrics and analysis across agencies and programs.

With all of this success, officials in New York City are looking to the future. “Here’s where we get into the second generation—the generative level,” projects Robert. “Eventually we’re going to have adaptive enterprise case management practices where we’re all learning how to work in real-time and how to adapt services to special conditions, especially on those hard-to-solve cases of children or families who are in numerous programs and stuck in the system. We’re going to solve this, and our families, communities and city will be stronger,” he says.

Moving up the Human Services Value Curve: Key Strategic Steps:

High-performance governments and human services agencies use customer-generated data and metrics to provide better services and improved outcomes. Integrated human services are dependent on these forms of metrics. Prime areas to move forward are linking overall government performance to human services measures, developing deeper governance structures and deploying a complete, single-view system for customers and caseworkers.

- Develop a performance management system that supports fully integrated, client-centric service delivery: Formulate a human services model that connects desired outcomes to overall community priorities and expand the focus to include cross-agency outcomes, metrics and real-time situational awareness. Analyze the data at regular meetings (New York City has weekly reviews) and adjust policies and programs to improve client and outcome focus.

- Develop governance structures and business processes that focus on common outcome goals and the support of cross-organization coordination: Utilize the new performance management system to drive cross-boundary governance changes deeper into agencies and wider into programs. Then leverage the governance model to eliminate agency vertical silos and replace them with horizontal, cross-boundary services.

- Implement an integrated, single-view system for case management across programs and organizations: Break information silos through the use of modernized technology that enables coordinated agency processes through multiple access channels for customers and an enterprise-wide view for caseworkers, hence for a system that provides client service information and pre-screening, application filing, client intake, needs assessment and referral, eligibility determination and benefit processing, case maintenance, reporting, performance monitoring and outcome tracking.

“During the next phase of human services transformation, the unit of change is becoming larger, extending across policy domains and traditional jurisdictional boundaries.”

Jerry Mechling
Founding Director, Leadership for a Networked World.
Lecturer in Public Policy, Harvard Kennedy School
At this level the focus of the human services organization expands to address multi-dimensional family problems, socioeconomic issues and opportunities required to generate long-term individual and community success. In action, the culture, managerial and operational processes and technology of the organization will likely be adaptive and modular, allowing multiple programs and institutions to build, share, and deploy services on an ongoing and evolving basis. Additionally, social networks and advanced information analytics will help organizations synthesize information and trends across the ecosystem of organizations, jurisdictions and communities in order to become predictive in nature – enabling co-creation of policy and adaptation of programs in response to real-time conditions.
Generative Business Model

"When I look to a Generative Business Model I see a human services platform that's completely seamless. We're still building on integration — but everything will be interconnected," says Greg Wass, CIO of Cook County, Ill. "The challenges we'll face in the future will be more complicated and our employees will have grown up working and thinking differently. This all has to be fused together somehow in a way that leads to improved public value and outcomes. As leaders, we need to figure out how to get ready for this future."

To address these challenges and the opportunities of a Generative Business Model, a dynamic panel of practitioners took to the stage at the Human Services Summit to discuss how leaders should prepare and respond.

Moving to a Generative Business Model is first a response to the rapid evolution of the human services "insular system" to an "ecosystem" of complex social challenges, changing customers, a new generation of workers, streamlined government and the information-intensive threat that weaves through all of these. While no human services organization has achieved this vision and business model in its entirety, some are touching it with innovative pilots, and much can be learned from other public and private sector examples.

As leaders look to this future, they see one where services will have to meet the demands of a massive number of retirees, a new generation of people who have grown up "digital," and a swath of people in the middle continually renewing their skills to remain middle class. Public sector organizations, following the private sector lead, will have to boost productivity by magnitudes in order to stay viable. Organizational structures will be lean and modular, perhaps even abandoning physical workspaces for digital access points and regional one-stop centers where an array of public programs all coexist. Human services workers and processes will wrap around and adapt to "portfolio patterns" where work will comprise actively managing a set of resources, clients and programs, often without the constraint of jurisdictional and programmatic boundaries. Human services programs will be modular - assembled, disassembled, combined and packaged dynamically depending on the profile of the customer - and benefit levels will dynamically adjust as a digital record keeps track of the customer's patterns, usage and outcomes. Accountability, transparency and efficiency will be visibly magnified and quantified, as metrics and measures of resources and outcomes will be ubiquitous.

What are the underpinnings of this future? What should the human services community be thinking about when preparing for this future, and how should leaders lay the groundwork for responding?

Organizational Model

First, a Generative Business Model will reshape the structure of human services organizations. The most fundamental change will be the network-intensive focus of the organization and the ecosystem within which it works. As a result, organizations will be much flatter and leaner and the traditional hierarchies we’ve been used to will be gone. Managerial and operating processes and decision making will flow through flexible networks that cut across internal and external boundaries in order to develop and deliver services. Rita Landgraf, past director of the State of Delaware Department of Human Resources, reflects on this future: “I think to actually advance into this model, the strategy has to go beyond the government, it has to go beyond just our respective departments, and it has to be a universal, social impact agenda that not only involves government, but also the communities where they are, the provider networks and the associations and advocacy organizations.”

An example is the National Aeronautics and Space Administration’s (NASA) deployment of Spacebook – a social network that links together disparate groups, experts and communities of interest both inside and outside the organization. NASA is successfully using the system to share content, form and manage teams around projects, and facilitate peer-to-peer information sharing. Intellipedia – a collaboration across intelligence and defense agencies to share information and expertise - provides another example. Intellipedia is essentially “mashed-up” (various tools melded together to create customized functionality and user experience) Web 2.0 technologies such as wikis, blogs, documentary sharing etc. The agencies and communities of interest using Intellipedia have reported improved information sharing, idea generation and organizational learning. Many private sector companies are using networks such as this, as well as extending the networks to their business partners and customers. As these technologies and processes mature and become part of the Generative Business Model, caseworkers will get up-to-speed faster on client issues, share insights and co-develop solutions with external care and resource providers (such as local housing agencies, schools, churches, etc) and generally become more efficient and effective.

Data, Analytics and Predictive Modeling

A Generative Business Model will be driven in large part by the digital future that awaits us. Massive amounts of data will be flowing through our communities, organizations and devices. This will not only force, but also enable new ways of doing business. In particular, pattern recognition and predictive analytics will become a core competency of human services systems. By continually analyzing data from communities and individuals, human services organizations and caseworkers will be able to forecast coming changes and respond faster and more efficiently.

For a glimpse of this future, we can look to the New York City Police Department (NYPD). The NYPD gathers information from systems, networks and sensors in order to find patterns and predict crime “hot spots.” The department will then preemptively respond with resources in hot-spot areas. Furthermore, department leadership meets weekly to take the macro view and assess how successful they’ve been. All of this is driven by the stream of real-time data and metrics. The State of Illinois is experimenting in this area now. Researchers are analyzing large datasets across multiple jurisdictions to better understand multi-system families and their patterns and dynamics of service use. Based on the analysis of family and social patterns (a parent being incarcerated for example) researchers are able to effectively predict future challenges and opportunities for the family as well as resources needed to generate positive outcomes. Likewise, client outcome data can help inform the development of case service plans based on success variables related to services and presenting problems.

This predictive future that a Generative Business Model addresses will enable human services organizations to make smarter decisions and deliver better programs as information will turn into actionable knowledge. Policy making will also be enhanced throughout the human services community as the measures and metrics that show what’s working and what isn’t working will help policy makers at the regional, state and federal levels to change program guidelines and rules faster and with leaner insight on outcomes.

Client Interaction and Co-creation

While continuing to work in static ways with clients of the baby boom generation, human services organizations will dramatically change the ways they interact with the next generation. This next generation of client will be used to communicating virtually and with tools that are integrated into their daily flow of activity. The private sector is responding to this change (and in part driving the change) now as consumer focused companies are increasingly allocating resources to communication technologies that align with customers’ digital lifestyles. For example, some innovative consumer finance companies are integrating their traditional credit card businesses with mobile devices and shopping, and adjusting a customer’s service depending on monthly patterns.

Experimentation on new ways of communicating with clients and the community is happening. The US Health and Human Services agency is using “crowd-sourcing” and peer-to-peer networks to generate ideas and solutions for pressing challenges. Many human services organizations are using social networks and communication tools (Facebook and Twitter primarily) to communicate directly with the community about programs as well as track “service loads” across the city – enabling case workers to shift priorities and resources, create new solutions in real-time and link complimentary programs in response to community needs. And recently, the US Department of Agriculture has approved waivers to allow dissemination of client notices using secure social media tools. The next phase of addressing these communication and interaction patterns will likely lead to benefits (food assistance, daycare payments, training credits, etc.) that are mobile, traceable and adjustable at regular intervals.

One could argue that a human service program shouldn’t adapt in such ways – that customers should adapt to the service as they’re the ones in need. But the point is that whatever human services programs can do to move a customer to self-sufficiency faster will lead to increased effectiveness and valued outcomes, and a positive return on investment.
Infrastructure and technology

As part foundation, and part response to the future, the infrastructure and technology of human services will adapt to the fluid, network-intensive landscape. As human services policy, programs and provision will be modular and adaptive, so will the information systems. Cloud Computing (accessing computer resources provided through networks rather than running software or storing data on a local computer), Web Services (software that makes it easier to exchange information and conduct transactions) and advanced social networks will hold together and run the organization. This approach is already happening in many private companies and is moving into the public sector. Many corporations, for example, use “cloud based” applications for email, documents and spreadsheets, customer relationship management, etc., bypassing the need for capital investments in servers and software and saving time and money. Greg Wass relates how this could impact his state. “In Illinois, we spend $150 million a year, not on new systems but on just maintaining the big IT systems we have across all these silos. We need to become person-centric, not silo-centric, and modular evolution could help us get there with better service at a lower cost.”

Moving up the Human Services Value Curve: Key Strategic Steps:

To harness the advances of a Generative Business Model, leaders will need to prepare the entire value chain of human services, from policy to programs to production and provision. While the most profound changes will take place in the distant future, building towards integration and experimenting with generative tools will help readiness. Key areas to focus on are:

- Foster an adaptive organizational culture that can anticipate changing community and client circumstances and shift priorities to maximize outcome achievement: Start working now to identify program “portfolios” such as population silos within a program or a group of people who work in a certain industry. Assess if your organization has methods to understand the dynamics of the portfolio and can respond to large changes. Based on your findings, run scenarios that would test readiness, such as responding to an influx of new immigrants or an employer laying off a large number of people.

- Synthesize information enterprise-wide to support predictive analysis and policy and program innovation: Establish a team to look at the current data stream your organization produces. Try to identify the patterns in the community of people you serve and the employees of the human services organization. Assess if these information patterns inform new ways (perhaps as a pilot project) to structure programs, processes and rules so that outcome-oriented innovation becomes the norm.

- Extend the integrated-view system to all stakeholders and utilize social media and communication tools to co-create solutions with the community: As a pilot initiative, connect (with appropriate privacy and security controls) key service providers to your integrated system. Look for ways to streamline processes or transactions, such as information sharing with daycare providers on attendance and payments. As a separate initiative, start a new method of communicating with clients, media, partners and the broader community via social networks. Analyze the feedback and communication you receive to see if there are opportunities for improving programs and services.

“Ultimately, your role as leader is to move your organization to ever higher levels of value.”

Amy Edmondson
Novartis Professor of Leadership and Management, Harvard Business School
The APHSA CEO Retreat: Ideas for the Present and Future

In October, the American Public Human Services Association (APHSA) combined its annual health and human services commissioners’ retreat with the 2010 Human Services Summit at Harvard University. The Summit’s theme of service integration figures prominently in the thinking of these state administrators, who face unprecedented challenges as demand for program services and benefits escalates, state budgets are cut or frozen, and federal oversight and accountability tightens. The commissioners identified service integration, program simplification, communication across artificial turf and silo barriers, and a shared focus on outcomes as among solutions to these challenges that must be quickly developed and implemented.

APHSA CEOs also explored a number of potential routes to arriving at the solutions promoted above:

Share ownership and responsibility – A vigorous health and human services system is a necessary component of a functioning community. A sound health and human services system can help every other department avoid unnecessary expenditures and duplicated efforts. If all parts of the community act as allies and supporters, HHS departments across the nation can make remarkable strides. It is our goal to encourage more allies to align with our efforts.

Pursue health care reform opportunities – State health and human services departments have managed the challenges of supporting the health and well-being of our communities for decades. The new health care reform law presents challenges to this model but also offers unprecedented service integration opportunities. For example, moving toward a seamless health care system for all regardless of income can – if well managed – provide commissioners greater opportunity to link the most vulnerable citizens at the bottom of the income ladder to other types of assistance needed to transition to self-sufficiency. As states build information systems in support of the new health care system, these systems must be constructed with the capacity to exchange information across departments, have applications that function across programs and require a single “electronic home” for all health and human services customers.

Make connections across government – Our work cuts across many government divisions and silos and all affected parts of government must begin sharing data, case information, staff, ideas and responsibility for dealing with the issues we face. This is especially true for closely related systems such as public health, labor, juvenile justice and education.

Move to immediate service integration – There is broad agreement that the federal health and human services policy and funding system is fragmented and disconnected. Required to work with separate federal agencies and congressional committees, states are continually frustrated in their efforts to provide holistic, person-centered services. The federal agencies and state systems must create new models that eliminate categorical inefficiencies and dysfunctional processes that have accumulated over decades. Reform will take time. But there is much that can be done now – through greatly expanded waiver procedures, fresh funding flexibility and transfer authority, steps to make accountability more rational and aggressive state action to implement known solutions. Work toward policy integration and operability at the national level must move urgently ahead, but currently available “work-arounds” must also be immediately employed.

Communicate the health and human services story – One of our greatest obstacles is the stubborn “welfare myths” around the programs we administer that persist. As those responsible for these programs and the results they achieve for vulnerable individuals and families, we know our programs provide essential support, improve health outcomes and are helping to move thousands toward self-sufficiency. We also know that they are among the most tightly managed programs in government. What we must do better is communicate our success stories to the public. We commit to working with local and national media, as well as on-the-ground organizations, to spread the word to constituents about the difference we make.

Submitted by the

APHSA is committed to carrying out our work through strong connections and partnerships among the many areas of government and the broader community that affect the well-being of our citizens.

REALIZING THE VISION

Leadership For A Networked World

APhSA is a bipartisan, nonprofit organization representing appointed state health and human service agency commissioners. APHSA was founded in 1930 as the American Public Welfare Association and changed its name to APHSA in 1997. APHSA is the only association of the nation’s top government human service executives from all 50 states, the District of Columbia, and the territories – and their key state program managers, plus hundreds of county-level directors of human services throughout the nation – for the exchange of knowledge, data, best practices, policy review and development, networking and advocacy. APHSA houses nine affiliate organizations, whose members are the administrators which operate human service agency divisions or departments in the states and for the most part report to a state commissioner. The affiliates cover a variety of program specializations such as child welfare and income assistance programs as well as support functions such as program evaluation and staff training.

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Human Services Transformation: the Adaptive Challenge

Moving to higher levels of collaboration and integration provides clear fiscal benefits, increased efficiencies and enhanced effectiveness — so why is it that some human services initiatives fail to launch and grow?

A fair guess would be that leaders underestimate the level, form and duration of change required to launch and sustain the effort. Yet the full answer is that leaders must recognize integration initiatives for what they are — a transformational change effort. Transformational change in human services goes beyond change management — and has some significant differences.

The differences reside in the necessity of innovating along two dimensions simultaneously — technical and organizational — and how the resulting tension impacts the social system and environment within which the human services enterprise operates. Broadly, the dimensions can be described as:

• **Technical Innovation:** This form of change is what we’re most used to. Organizations and people experience this when implementing incremental change (such as updating a process, technology or management method) within their current organizational structure, authority lines and knowledge set.

• **Organizational Innovation:** This form of change is where most people and institutions get uncomfortable, as it requires the development and adoption of new competencies and capabilities — often within a new environment, governance structure and organizational design.

Combine these two dimensions and you have an “adaptive challenge” on your hands. According to Ron Heifetz, founder of the Center for Public Leadership at Harvard Kennedy School, an adaptive challenge “requires experiments, new discoveries, and adjustments from numerous places in the organization. Without learning new ways — changing attitudes, values and behaviors — people cannot make the adaptive leap necessary to thrive in the new environment. The instability of change depends on having the people with the problem internalize the change itself.” Heifetz suggests transformational change cannot be affected completely through authority or change management. Rather, it takes someone exercising leadership to actively mobilize stakeholders to address real and perceived loss of important ideals, values and competencies that have been in place for years (if not for a lifetime) while also actively learning new competencies, capabilities and culture.

When people and social systems are working through an adaptive challenge, high levels of personal and organizational cognitive dissonance can arise. This state of psychological distress is caused by the variance between a projected or required future and the current reality. At high levels, the stress and fear of loss can spur people to work against the change. Thus the capacity of people and organizations to move through adaptive challenges and end up on the positive side of transformational change is largely dependent on planning for and exercising leadership by mobilizing groups to work through their adaptive challenges.

What happens when adaptation does not go well or when people exhibit maladaptive behavior? When personal and organizational dissonance rises to a level where such behavior occurs, the resulting disturbance can be enough to derail a human services initiative. Common examples of maladaptive behavior include:

- **Avoidance:** People disengage from the initiative — consciously or unconsciously — as they avoid the pain, anxiety or conflict that comes with actively working through the gains and losses.
- **Direct push-back:** People actively fight the changes taking place — often creating artificial barriers or arguments against the new ways of doing business.
- **Circumvention:** People bypass or work around the human services sponsors and lobby agency heads, legislators or whoever will lend a sympathetic ear in order to delay, distract or derail the initiative.
- **Shadow Processes:** People secretly keep past processes and operating models — duplicating work in some cases — in order to retain a sense of control. Shadow processes are particularly destructive to achieving new levels of efficiency and effectiveness as they undermine the performance that comes from a new business model.

**Methods to Exercise Leadership and Mobilize the Human Services Stakeholders**

Clearly the importance of exercising leadership through the human services adaptation is critical to success. Here are some recommendations for mobilizing individuals and organizations...and yourself:

- **Understand and Assess the Psychology of “Gains and Losses.”** The first step is to understand the perceived and real value gains and value losses to each category of stakeholders, i.e., data center managers will perceive the value vastly different than an authorizing body or a senior executive in the initiative. It is important to discover both sides of the gain/loss equation as perceived losses affect adoption as much as perceived gains.
- **Identify the Adaptive Challenges:** Be in a position where you know what will happen next. If you assess and forecast where the adaptive challenges will arise, you can start working with the people and units affected — involving them to surface and resolve the difficult tensions and tradeoffs related to their changing roles, capabilities, loyalties and identity.
- **Pace the Innovation and Adaptation:** Realize that people need time to work through adaptive challenges — and get to know their limits. As the saying goes: “Keep it hot enough but don’t let it boil over.” One way you can achieve this is by creating a “faking environment” (the term originated by psychiatrist to describe the relationship between the therapist and the patient) for groups to discuss all of the issues related to the change in a non-judgmental atmosphere. The intent is to understand people’s underlying fears and address adaptive questions such as: What do we have to give up to make this work? Are we competent enough for this new model? How will this change the identities of our current organizations? Do we believe in this new way of doing business?
- **Protect Voices of Leadership:** It’s critical to find and protect the people who exercise leadership but who don’t have the cover of formal authority. These people are the “change-makers” within an organization and usually have a high capacity for mobilizing themselves and their peers. Make sure you funnel them timely information, engage them in helping to voice the necessity of change, and protect them during the process.
- **Hold Steady:** Last — and most important — protect yourself. Realize that you are affected by the change and adaptation as much as others. Make sure you work through your personal adaptation — and even better if you can do some of it with others. A key element is clearly separating yourself from your role and understanding that maladaptive people will attack your role and your authority — don’t take it personally.

For more information on exercising leadership and adaptive challenges please see:

The human services community has a capacity challenge. The environment of increased demand, compressed resources, complex social challenges and changing demographics has challenged the ability to deliver “public value” – the measure of how effective and efficient a program is in achieving outcomes.

Renewing capacity to reach client and family centric outcomes is the central thread to meeting demands today and in the future. But to get there, human services organizations must first improve their business models.

To help human services leaders improve their business models, Leadership for a Networked World and Accenture, in collaboration with the APHSA, convened the 2010 Human Services Summit at Harvard University. As an organization moves progressively through the Regulative, Collaborative, Integrative and Generative levels of the Human Services Value Curve, enabling business models and competencies mature and improve the organization’s ability to deliver broader and more valued outcomes.

What’s clear throughout is that new human services business models will have a family centric mission, will work across organizational boundaries to align goals, and will pursue a laser-like focus on outcomes. The policies, programs, production and provision of services will enable the mission and continually adapt to changing circumstances – all while striving to generate the highest level of capacity for the clients, organization, employees and the broader community.

In traversing the curve, leaders will have to guide their organizations and stakeholders to new models of governance, new organizational structures, new enabling technologies and new methods of delivering services.

The successful improvement of human services is vitally important to our nation’s social fabric, economic competitiveness and equity in the American dream. We now have the strategies and technologies for high-performance. It’s time to realize the vision.
Acknowledgements and Credits

Leadership for a Networked World and Accenture would like to thank the speakers, panelists and participants in The 2010 Human Services Summit. Their participation created the foundation for a robust and successful learning environment at Harvard.

Summit Participants Included:

- David Agar, Harvard University
- Uma Ablawala, Montgomery County Department of Health and Human Services
- Juli A. Baker, Accenture Health & Public Service
- Phil Basso, American Public Human Services Association
- Mary Ellen Bennett, Massachusetts Department of Children and Families
- Elizabeth R. Berlin, New York State Office of Temporary and Disability Assistance
- Karen L. Beye, Colorado Department of Human Services
- Reggie Beila, Wisconsin Department of Children and Families
- Judy Bigby, Commonwealth of Massachusetts
- Darin D. Bodenhamer, Kansas Health Policy Authority
- Julie Booth, Accenture Health & Public Service
- Clarence Carter, District of Columbia Department of Human Services
- Rafael Cepeda Morales, Ménicas Gestion y Consultoría SC
- Marc Chernich, Allegheny County Department of Human Services
- Cari DeSantis, American Public Human Services Association
- Robert Dool, NYC Human Resources Administration
- Jerry Friedman, Accenture Health & Public Service
- Gary L. Gildeman, Office of Management and Budget, Executive Office of the President
- Larry Goosby, American Public Human Services Association
- Mark Greenberg, USDHHS, Administration for Children and Families
- Howard Hendrick, Oklahoma Department of Human Services
- William H. Hogan, State of Alaska - Department of Health and Social Services
- Cheryl Holliday, District of Columbia Department of Human Services
- Rex Anthony Holzemer, Hennepin County Human Services and Public Health Department
- Troy Hunter, Washington State Department of Social and Health Services
- Ruth Johnson, Louisiana’s Department of Children and Family Services
- Donald Jordan, Department of Social and Rehabilitation Services/State of Kansas
- William Kilmartin, Accenture Health & Public Service
- Venkat R. Kishnan, Georgia Department of Human Services
- Rita M. Landgraf, Department of Health and Social Services, State of Delaware
- Anita Light, American Public Human Services Association
- Benjamin Maggett, Orleans

Additionally, credits and thanks are due to Sarah More McCann for editing, Todd Gillenwaters for graphic design, and to Russ Campbell and Tom Fitzsimmons for photography at the Harvard Human Services Summit and the APHSA CEO Retreat.
“The dogmas of the quiet past are inadequate to the stormy present. The occasion is piled high with difficulty, and we must rise to the occasion. As our case is new, so we must think anew and act anew.”

– Abraham Lincoln
Housing & Human Services Advisory Committee Regular Meeting
Tuesday, March 18, 2014, 3:30 p.m. – 5:00 p.m.
DHHS Kaiser Building, Large Conference Room, 2525 13th Street

Joint meeting: DHHS Advisory Committee and the Latino Task Force of Boulder County

Agenda

I. Introductions and message from Frank Alexander, DHHS Director (3:30 – 3:40 p.m.)

II. Brief presentations from Latino Task Force and Community Foundation (3:40 – 3:55 p.m.):
   a. 2013 Trends Report—Elvira Ramos
   b. 2013 Latino Community Assessment—Christina Suarez

III. Goals of the meeting—Open discussion of the following (3:55 – 4:45):
   a. Discussion: How can DHHS better work with its clients?
      i. Making our service system more accessible
   b. Discussion—Staff recruitment: Hiring, training, promotion of folks we’re trying to serve into positions of leadership in our agency is a key question. Not as challenging for us to recruit line staff, but more difficult to hire/promote into management level positions. What will help us do that? How do we promote and train and get people excited about the grad degrees required to get into some of these management positions: LCSW, Ph.D., Master’s Degrees?
      i. Look at DHHS Staff Demographics
   c. Discussion: specific needs for client service and staff recruitment—DHHS Family and Children Services Division and DHHS Community Support Division
      i. Kit Thompson – Family and Children Services Division
      ii. Emma Webster – Family and Children Services Division
      iii. Larraine Archuleta – Community Support Division
IV. Next Steps: Bolstering the partnership between the Task Force and DHHS (4:45-5:00 p.m.)
   a. How can we create a stronger partnership?
   b. Creation of and commitment to action items

V. Next DHHS Advisory Committee meeting
   a. Tuesday, April 29, 2014, 3:30 p.m. Kaiser Large Conference Room, 2525 13th Street, Boulder.

Access to current and past packets for the Boulder County Housing Authority Board, the Boulder County Human Services Board, and the Housing & Human Services Advisory Committee can be found by clicking on the links below:

Boulder County Housing Authority Board Packets

Boulder County Human Services Board Packets

Housing & Human Services Advisory Committee Packets

Attachments:
   1) February 25, 2014 DHHS Advisory Committee minutes
   2) DHHS staff demographics: quick facts
I. Approval of today’s agenda

II. Approval of minutes from January 28, 2013 meeting - Approved

III. Matters from the committee members for consideration

   Dan Thomas – requests committee consider passing the chair baton to someone else. Perhaps a one-year term.

   We had Latino Youth Conference, about 170 kids came. Two HHS reps attended. Very helpful.

   On Facebook, when Connect for Health Nederland post went out, Laura was able to re-post on DHHS Facebook.

IV. Recap of February 11, 2014 City of Louisville City Council study session
   a. Louisville Council Document
      Went very well; Willa and Frank did a great job on asset transfers, update on renovation work and work to be done; talked a little about Alkonis. Council interested in how Josephine Commons Phase II is going, will want tour – get that set up when weather is warmer. Done with LHA this year, may do similar annual update from BCHA and Frank and Willa.
   b. Next steps
      Tour for council members of JC Phase II in spring/summer; updates on Alkonis; Target audience for Alkonis? Mixed income, early in planning, but senior and affordable housing with lower AMIs. Key to Louisville traffic network. Neighborhood opinion? None yet, haven’t dived into this yet. People seem to know that change is happening in this area. Built to handle multi-family.

V. Joint meeting with the Latino Task Force, March 18
   a. Agenda and goals for the meeting
   b. Summary of Latino Task Force Document
   c. Pre-work to be done prior to Latino Task force meeting
Develop list of questions for the Task Force

One person from task force will be coming – Christina Suarez, Dalia, Elvira. **Give Elvira 5-10 minutes to talk about Trends Report to set stage for Latino Task Force Report.** What are we hoping to accomplish from this meeting? Frank – what should we send in advance to help them prepare? Huge demographic of our clientele is Latino. We want to serve them well, however Task Force findings should factor into what we do. How can we serve better? Give us direct feedback. What should we do better?

Takeaway from breakfast Frank attended? We have the highest diversity of staff of any county agency: female, Spanish speaking. Hiring, training, promotion of folks you’re trying to serve into positions of leadership in agency is a key question. Not hard for us to recruit line staff, but harder to get management level positions. What will help us do that? How do we promote and train and get people excited about the grad degrees required to get into some of these management positions: LCSW, PhD, Master’s Degrees? Degrees are far away and are expensive. Changing demographics – erosion of employment wage base, want to talk about making our service system more accessible: is this the experience people are having with us? Can we create a stronger partnership in making this work for everyone? Elvira – task force is all volunteer who work part time at LTF; but they can make suggestions about things that can help. Dalia and Elvira can take messages back. Dalia talked with Cristina about Frank’s questions, so we should be able to address these things. DHHS will have other staff present to listen and share as well.

Differences in how services were provided to Latino community during flood? Many barriers? **Carmen Ramirez** (just left as chair), emeritus member at LTF was very involved in the flood. She was involved with FEMA.

Discrimination against Latinos is a problem in Boulder County. Many Latinos in Boulder County are “American-born”, but get referred to as immigrants, etc. Percentage of U.S. born vs. foreign born, income levels, median income have gone the other way; stereotype getting further reinforced. In relation to this data, what does DHHS do? Strong Latino population here, many of them native to this area. How do you draw from all these populations to serve them? Cultural brokers. Increases in poverty across all populations has been disproportionately impacting the Latino population. Even if we think we’re getting better at serving, the demographics are not in our favor. Racism is a piece of this as well.

When we hire bicultural people into our positions, they have an immediate and positive impact on the people around them.

This is one of the first groups that has asked for a meeting as a result of this report. HHSAC members should feel free to bring staff from their organizations.

Staffing – recruiting – what’s the best way to get the word out on our open positions?

If we get the door open, that’s a great accomplishment.

Half time presentation, half time conversation, entire agenda is devoted to this. Spend some time on problem-solving.

Send Elvira today’s notes ASAP. We can work on a draft agenda and send to Elvira. Chris – please send Task Force Report to HHSAC members.

Send other points to Elvira or Dalia outside this meeting as they come to you.

**VI. 2014 DHHS Strategic Priorities/Generative Framework Vision Document**

a. Presentation of DHHS strategic planning to date—Frank Alexander

b. Review of strategic planning documents for distribution

c. Planning for possible focus group sessions

See PowerPoint in HHSAC packet from 2014.02.25. We’ve been steeping ourselves in the Generative Change model for four years; inching toward it because it’s a lot to get staff to absorb in terms of the
change in their work. Last summer our Senior Leadership Team adopted this framework and staff planning competency framework. We used this to develop our strategic priorities. Early intervention and prevention model – moving families to stability and reinvesting savings into programs. We’ve used our outcomes to push this model wherever we can: if our partners aren’t in this boat with us, we won’t get anywhere. Did Casey have anything to do with this for you? No.

40 or so people in our agency are in “leadership” positions. We presented this to them last week. All that’s happened as an agency in the past five years.

2009 – difficult and reactive time; hard enough to merge two significant systems in a difficult environment. $12 million in cuts in ‘09-’10. But we knew we couldn’t cut our way out of it. We brought in Casey Family Programs to do comprehensive assessment of child welfare programs and merger. We did much community work: focus groups, community input, much feedback about what worked/didn’t work about our system. Led to early intervention/prevention model with families driving case management.

2010 got worse financially, 12 rounds of state budget cuts, lost access to TANF funding, cut 30 FTE, $6 million in operating funding. Making a lot of progress though with child welfare system, better outcomes and cost savings.

2011 tipping point to proactivity.

2012 – consolidation of business operations, bringing things in house. LHA/BCHA consolidation began here.

Clouds - It was hard for staff to see how things connected to each other – why so much change? Concrete vision – move every system to early intervention and prevention, strategic, integrated, client-focused. We needed to be explicit, adopted Social Determinants of Health model. This is replicated in our Self Sufficiency Matrix and how we do business.

Generative model came from Harvard Human Services Summit (2010). Almost no connection between funding stream and compliance and best outcomes. Financially we can’t sustain ourselves at the Regulative level. Section 8 not driven by community outcomes.

In the focus group with child welfare involved families, they said to us and our partners that they trained each other on how to keep their files/paperwork because each time they visited another agency they had to go through the same processes each time with applications/documents/processes. Integrative Biz Model – trying to get to root causes, jointly develop programs and processes to support well being of the client. Less spent in duplicative processes.

To have collaboration, seamlessness, how do you do this with client information? IT solution? It depends. It’s a leadership question: need leaders in multiple orgs that understand what this means for bottom line and be willing to find solutions to do it. Depends on what the service is, who has the data, what attorneys say about data sharing. Share data, outcomes, define common outcomes.

How do you get partnering orgs to buy into this? Stretch to get orgs to collaborate with each other, especially around funding. Shared vision, data sharing, collective commitment to community outcomes. Not easily done. Easier if the organization is doing it themselves.

Other county departments using this model? Public Health? Suicide/mental health can touch both your departments. PH has not adopted the Generative framework. Probably 12-15 other orgs around the nation that we’re working with on this. Some of our community partners are lining up with this, they’re going through their own vision changes with new financial models and staffing plans.

This has not been shared yet outside this group and our managers. All staff meeting in March to present this.

Generative – now we are really family-driven as a community, generating change/well-being; more organized as an ecosystem; we don’t exist in siloes, funding streams are easier to blend, aiming toward community outcomes we want to impact. This is the inevitable future on all sides.

As an agency we looked at everything we were through the Generative framework. Developed a checklist to rigorously look at priorities to see if they would do all these things.
We’re migrating from a safety net to a safety trampoline – people bounce back into their lives, don’t need to stay in the safety net for long periods of time.

Our agency last year served 53,000 people in programs that required them to give us information about them.

Early Childhood Plan – where we see lots of child abuse – early parent, first time parent, newborn. Housing assets can help solve social problems.

3,300 people who applied for benefits through us last year declared themselves as homeless at the time of application. How can we envision solutions beyond our traditional roles to get these kinds of folks the services they need even if they’re not coming to us primarily for them?

10,000 people a month are calling our call center.

Outcomes-based decision-making – everyone to feel more empowered and be able to access information more quickly. No difference between me giving you 5 versus 50 mental health treatments.

Or – through our IMPACT partnership – when people came in we gave them lowest level intervention first, then amp it up if that didn’t work. Then we’d kick into high intensity evidence-based treatment; what we learned is when we just gave people evidence-based treatment early, folks got better outcomes for less money. Changes the nature of the service package.

Evidence-based practices are designed to achieve outcomes. Similar rationale to housing the chronically homeless as well as the provision of healthcare.

Simon – this is exciting, great to see what DHHS has been working toward put in this framework.

Our six division directors worked on this since June, intensively since September. We’ve presented it to strategic management/supervisor positions. Going out to all staff in March.

Commissioners liked it when we presented it to them today.

Elvira – inclusivity might be a piece of this as well. Must be embedded in the organization at every level. People should be ranked and rated in this way as well. Frank – we have been working on this: as you get deeper into institutional systems, disproportionality grows. As you move your system to early intervention, you’re disproportionately touching the people who are going to penetrate the institutional systems. We have many direct links to resources to solve specific problems that crop up.

Family-driven, family engagement helps address the disproportionality.

Downside – if it’s family driven but family isn’t comfortable sharing their needs in a white privileged hierarchy, that’s a barrier.

Also can’t take for granted that cultural competency will automatically be a result of this; must be spelled out through this process.

Spell it out in values communicated to new employees, it will help you recruit more people.

Community partners also responsible for promoting integration work (deep trust) they’re doing. Some partners don’t do as well at this as others.

Leadership- we have to fearlessly wade into the community and forge outcome driven partnerships. There are 7 or 8 orgs that are critical like this for us.

Hospitals moving to “population management” through identifying barriers.

Largest community partners can help carry a vision, keep people calm as we move forward with this.

Lominger – competency based framework for professional development – has been adopted by many Fortune 500 companies.

Internal training opportunities to become more successful in this? We’re just rolling this out, so eventually yes. Coaching and mentoring will be powerful in this. What will staff development mean and how do people tailor their own ability to assess themselves and the supports they need.

VII. Committee Recruitment discussion

a. Focus areas that will complement the committee make up
We need to give more direction to the committee on this, we should discuss it next month. We want people to help us build community relationships, spread message, have expertise around the Generative framework.

VIII. Next meeting

a. **Tuesday, March 18, 2014, 3:30 p.m. Kaiser Large Conference Room, 2525 13th Street, Boulder.

Access to current and past packets for the Boulder County Housing Authority Board, the Boulder County Human Services Board, and the Housing & Human Services Advisory Committee can be found by clicking on the links below:

Boulder County Housing Authority Board Packets

Boulder County Human Services Board Packets

Housing & Human Services Advisory Committee Packets

Attachments:

1) City of Louisville Council Packet from Boulder County Housing Authority

2) Latino Task Force Report

3) HHS Strategic Plan Executive Summary

4) HHS Strategic Plan Power Point

5) 2010 Harvard Human Services Leadership Summit Report
HOUSING & HUMAN SERVICES ADVISORY COMMITTEE REGULAR MEETING
Tuesday, April 29, 2014, 3:30 p.m. – 5:00 p.m.
DHHS Kaiser Building, Large Conference Room, 2525 13th Street

I. Approval of today’s agenda

II. Approval of minutes from March 18, 2014 meeting

III. Matters from the committee members for consideration
   a. Approval of new Committee Chair and Vice Chair

IV. Debrief from Latino Task Force meeting

V. Health Care Expansion Update
   a. Summary of medical caseload growth in Boulder County 2008-2014
   b. Connect for Health Colorado enrollment information
   c. Analysis of enrollment process moving forward and implications for Boulder County

VI. Flood related housing updates: housing developments, other updates (case management, housing supports, and other assistance).
   a. Case management/supports update
   b. Update on development projects including: Aspinwall, Alkonis, and Lyons
   c. Status on Jamestown project
   d. Housing/mortgage counseling update
   e. Weatherization/rehab update

VII. Community contracts update—Frank

VIII. Next meeting
   a. **Tuesday, May 27, 2014, 3:30 p.m. Kaiser Large Conference Room, 2525 13th Street, Boulder.
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Boulder County Human Services Board Packets
Housing & Human Services Advisory Committee Packets

**Note that full DHHS financials are in the associated links to the board packets above.**
MINUTES

I. Introductions and message from Frank Alexander, DHHS Director (3:30 – 3:40 p.m.)

- Minutes approved from previous meeting
- Dan would like to hand baton to Laura for chairing committee. We can form subcommittee that Dan will be on. Recommend nominations to full committee in April. Will vote next month.

II. Brief presentations from Latino Task Force and Community Foundation (3:40 – 3:55 p.m.):
   a. 2013 Trends Report—Elvira Ramos
   b. 2013 Latino Community Assessment—Christina Suarez

See Power Point presentation

- Presentation is part of our plan for dissemination to the community, develop partnerships to meet our (and your) goals. We did assessment in 2001, all volunteer organization, decided to assess every ten years to follow changes
- Research is our primary focus
- Much volunteering in Latino community is church-based, school-based (purpose: to improve their quality of life)
- Voting participation has been going up
- Cultural competence in the community is a major influencer of quality of life for many Latinos/Hispanics
- Would be good to see a multicultural plan for communities like Lafayette (similar to Longmont)
- Boulder County Latino History Project is partnering with school districts on their work
- Low hanging fruit – Promotores – many seniors aren’t comfortable going out into the community to look for help – trained Promotores are going out into the community to offer assistance/information
• Our approach is very strength-based
• Would like to highlight Promotores model – community members trained to educate community members – gives people a way to get information in a non-threatening way
• Cultural competent services – bilingual/bi-cultural person who can help is ideal, develop relationships, to help people understand and access services that are available.
• Programming that’s culturally competent – access, comfort, relationship-building
• Income – 25-30k average in Boulder County; affordability is a major issue
• Leadership – increasing number of culturally competent Latinos in leadership positions in DHHS

III. Goals of the meeting—Open discussion of the following (3:55 – 4:45):

○ Discussion: How can DHHS better work with its clients?
  ▪ Making our service system more accessible
• Would like to highlight Promotores model – community members trained to educate community members – gives people a way to get information in a non-threatening way
• Cultural competent services – bilingual/bi-cultural person who can help is ideal, develop relationships, to help people understand and access services that are available.
• Programming that’s culturally competent – access, comfort, relationship-building
• Income – 25-30k average in Boulder County; affordability is a major issue
• Leadership – increasing number of culturally competent Latinos in leadership positions in DHHS
• Build system to promote, train Latinos currently at DHHS who have basic skills we can develop – educational reimbursements
• How culturally competent is the workforce so Latinos feel accepted in the organization?
• Equity training – within leadership group to promote folks who are coming up – within front line staff to be sure they know what equity really means
• Recognize that folks coming in are not always at the same level
• Dalia – Trends highlights the fact that Latinos in Colorado tend to be highest-educated in the country
• Also Trends emphasizes fact that average Latino in Boulder County more than three generations
• Trends – Boulder County has one of the highest percentage of Latinos, however only 4 percent work in Boulder/Boulder County; easier to find jobs in Denver, Adams, Jefferson Counties
• Peter Dragel article on workforce diversification
• Look at surveying staff at DHHS on ability to take on more leadership roles, what they might need to do so
• Embrace, truly value diversity
• Create vision of what your team will look like, representation of population served
• Identify your superstars, do what you can to help them develop their skills (go back to school, gain other experiences) to be promoted into decision-making positions
• Develop relationship with ethnically-diverse organizations like Latino Task Force, guidance on how to reach populations

For DHHS:
• 23% Latino population at DHHS, largest of county departments
• 10% of the DHHS Latino population are in management positions (20%) of our management positions
• Latino population statistics on accessing Workforce Boulder County? Unsure at this time, would be interesting to know; some agencies not tracking whether clients are Latino, DHHS collects this for every program
• We’re honing our analytics around both staff and client Latino populations
• Services are prevention-oriented and community-based
• Trend in school district – disproportionately male/Latino truancy, major gaps in reading comprehension; addressing truancy is part of early intervention approach
• 70% of kids suspended are habitually truant; 90% of kids in Corrections were habitually truant prior to committing a crime
• We don’t have a scaffolding of treatment options to help families
• MOU with CASA – 7 volunteers who will be specialized truancy advocates – request matching funds, get funding from IMPACT, mitigate issues before having to go to a judge
• Parents working 12 hours a day, kids on their own, lack of positive activities
• 75-80% of truant kids are low income (qualify for Free and Reduced Lunch)
• Options for kids after school
• Crises due to family dynamics, medical issues, may not qualify for open case with DHHS, but not functioning well which impacts kids’ attendance
• Love and Logic – culture of norms they’ve built on, for kids who can’t rise to this it doesn’t work
• Different kind of parenting/skill building that needs to take place –
• Parents are very distrustful of the system
• Dalia – in summer, when kids are not in school, organizations could bring opportunity to the kids so they could learn about the organization as well as do something productive – start while the kids are young, perhaps internships, volunteering
• Karen – BHP has partnership with BVSD, three weeks of intensive literacy with bi-lingual teachers/kids; had very good attendance, test results showed success – doing this again this year at three different sites; partnership with YMCA
• Boulder Community Foundation has Ready Kindergarten Program – BHP will be partnering with them
• What is DHHS’ process to address discrepancies or disproportionality- IMPACT partnership- high level placements of youth, Public Health, Community Justice. We also look at it in our child welfare system (referral and placement processes and how they’re tracked). We have “overrepresentations” in terms of services we provide related to population numbers. Need in child welfare system – high trained bi-lingual bi-cultural workers to interact with Latino community and provide supports. Legal issues here.
• Emma Webster – with Latino families we work with, hardest ones are the ones who are undocumented: housing, jobs more difficult. Hard for them to understand the system, our language has to be very plain. Often our community partners don’t have staff to interpret. We work to help fill gaps with the schools, takes a lot more work from the caseworker. Much easier when it’s bi-cultural caseworkers. Hard to find and retain bilingual/bi-cultural workers. We want fluent workers for the families.

  a. Discussion—Staff recruitment: Hiring, training, promotion of folks we’re trying to serve into positions of leadership in our agency is a key question. Not as challenging for us to recruit line staff, but more difficult to hire/promote into management level positions. What will help us do that? How do we promote and train and get people excited about the grad degrees required to get into some of these management positions: LCSW, Ph.D., Master’s Degrees?

    i. Look at DHHS Staff Demographics

• We have different gaps – have to wait to connect Spanish speaking families with services, where this isn’t true for English-speaking families. Community partners don’t have interpreters, our case managers need to help with this. This takes caseworkers more time, might need to reduce caseloads by 1 or 2. Also gap when kin/foster parent is monolingual Spanish, we are unable to get them into training. Kit is working on getting a translator so all our documents are in Spanish for those families. When we hire: can you read it, can you write it, can you translate the documents?

• Socioeconomic language – how we present info to families is coming from an educated perspective. Difference between middle class and generationally lower-income, lower-education. Understanding social norms that the documents/expectations are coming from is important.

• Recommendations for recruitment/retention? Christina – developing a growth path within the organization. Frank – we have a skill growth path, but this isn’t enough. More tailored recruitment from graduate schools, educational subsidies, in exchange for x number of years of service. Penny – for someone to be able to say “I want to go work in this position, here’s what I need to do...” . Frank – we need to look at piloting some new and deeper investments. Teach for America type investment? Once recruited, then work on retention pieces. Recruit at universities? Recruit at DU? Many of our systems are hard to recruit into: child welfare workers must have thick skin. Could be a community effort to enhance allure of going into the helping professions.

• Metro college was contacted by MHP to recruit Latino staff
• Culture of organization will reflect the culture of recruitment; must look beyond current policies, school reimbursement is not sufficient.
• Kit – next steps – we’re drawing in Boulder County HR to help us with this – be more creative; we’d welcome anyone else interested in helping us take on this issue; increase percentage of caseworkers, supervisors, managers that are Latino.
• Penny – data that relates to the City of Boulder – Human Relations Commission doing much of this work (wage theft is common) – looking at city policy in terms of equity
• Looking at demographics – anyone splitting up population between documented/undocumented – quality of life issues? BHP – majority of families are mixed-citizens.
• BHP in major partnership doing workshop on Wage Theft Prevention on April 24th at 6:30, Senior Center
• Improving communications between agencies would be very beneficial – more teamwork within different agencies
• DHHS has upcoming meeting with BVSD on data-sharing so we all know who we’re serving and can integrate our work better – data sharing agreements that can honor HIPAA, etc. IMPACT agreement gives us protection.
• Good next step might be to connect with Emma Webster’s Bilingual Worker Meeting
• LTF needs to build capacity to hire a director who can come to meetings at all times
• LTF Board has expertise to provide good feedback
• **Emma can come to LTF board meeting and do presentation on Bilingual Worker initiative**
• Larraine Archuleta (Community Support Division Director) might be able to come to LTF board meeting to talk about improving services and increasing cultural competency
• LTF welcomes ideas about further research

b. Discussion: specific needs for client service and staff recruitment—DHHS Family and Children Services Division and DHHS Community Support Division
   i. Kit Thompson – Family and Children Services Division
   ii. Emma Webster – Family and Children Services Division
   iii. Larraine Archuleta – Community Support Division

IV. **Next Steps: Bolstering the partnership between the Task Force and DHHS (4:45-5:00 p.m.)**
   a. How can we create a stronger partnership?
   b. Creation of and commitment to action items

V. **Next DHHS Advisory Committee meeting**
   a. Tuesday, April 29, 2014, 3:30 p.m. Kaiser Large Conference Room, 2525 13th Street, Boulder.

Access to current and past packets for the Boulder County Housing Authority Board, the Boulder County Human Services Board, and the Housing & Human Services Advisory Committee can be found by clicking on the links below:

Boulder County Housing Authority Board Packets
Boulder County Human Services Board Packets
Housing & Human Services Advisory Committee Packets

Attachments:
1) February 25, 2014 DHHS Advisory Committee minutes
2) DHHS staff demographics: quick facts
Summary of medical caseload growth in Boulder County 2008-2014
Boulder County Health Coverage Enrollment in Perspective

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(From 10/1-4/11. County numbers for 10/1-4/15 currently unavailable.)

(C4 county data is only through 4/11)

Check out our newly-updated health coverage enrollment numbers through Connect for Health Colorado! Between October 1, 2013 and April 11, 2014, **10,254 Boulder County residents enrolled through C4HCO**. These graphs are incredible, primarily because they show how well we’ve done alongside our Big 10 Colorado county peers.

The bottom graph is also significant because it shows how many of the people enrolled in Boulder County as an estimated percentage of those who are uninsured but eligible. One caveat: we don’t know exactly how many were actually uninsured prior to enrollment, but apples-to-apples, we know we’ve done very, very well compared to the estimated number of uninsured but eligible (16,747). My congratulations once again to our Affordable Care Act Implementation team, including our Health Coverage Guides, Manager Mae Hsu, and the many other staff who’ve been involved in getting people signed up for health coverage over the past six months. As you probably saw...
earlier this week, our ACA Implementation effort won a 2013 Boulder County Pinnacle Award for Public Service. It’s clear from the numbers and graphs above that this truly has been a top-notch public service, one that shines across our state.
### Maximus Medicaid/CHP+ Application Counts Between 4/1/2013 - 3/31/2014

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Department of Housing and Human Services
Flood Recovery Case Management
Update

April 23, 2014

Angela Lanci-Macris, Case Management & Community Outreach Division Director
Sarah Buss, Housing & Emergency Services Coordinator
Joycelyn Frankhouser, Flood Recovery Coordinator
Flood Recovery Case Management Staff

- CMCO Flood Recovery staff:
  - Joycelyn Fankhouser, Flood Recovery Coordinator
  - Maria Baladez, Flood Recovery Navigator/Case Manager
  - Karen Hoover, Flood Recovery Navigator/Case Manager

- Current caseloads:
  - 13 active high-needs cases requiring extended long-term case management coupled with Housing Stabilization Program rental assistance
  - 60 active “light”-touch cases requiring assistance with FEMA appeals, LTFRG grant requests, one-time rent assistance or other short-term needs
  - 60 “light”-touch cases closed to date
  - 6-10 calls per week to the DHHS “Flood Line”, resulting in 4-5 extensive phone calls per week, providing resource linkage and referrals

- Key Staff Activities:
  - Navigators/Case Managers:
    - Application and Referral to Housing Stabilization Program for rental, deposit or utility assistance
    - Referral to BCHA Housing Rehab program
    - Intensive case management and housing location services
    - FEMA appeals
    - LTFRG Grant Applications
      - Have presented 4 cases to the Unmet needs committee, resulting in $6,620 in awards with a $37,000 request for home repair materials currently pending
      - Approximately 90% of total LTFRG requests completed by DHHS Recovery Staff
    - Screening DHHS Flood Line calls
    - Staffing Lyons and Nederland food bank centers one time per week as available support for flood survivors and assistance with PEAK referrals
    - Assisting the “Jamestown 8” with CDBG-DR Individual eligibility determination, including collecting all required documentation
  - Coordinator:
    - Liaison with LTFRG and driving force of the LTFRG Case Management Committee
    - Implementation of Case Manager assignment process between LTFRG, DHHS and other flood case management agencies
    - Point person on all integrated Flood Recovery efforts, ensuring that communications are clarified, adequately disseminated and consistent
    - Lyons Human Services Planning Committee
    - Lyons Community Meetings
    - Jamestown Leadership Collaboration
    - Nederland Human Services Working Group
    - County Flood Recovery Coordination Group
    - Flood Recovery Mental Health Subcommittee
- **Housing Stabilization Program**
  - Provided **$127,000** in rent assistance to **35** flood-impacted households to date (primary referral sources are DHHS Flood Navigators and OUR Center’s Flood Case Managers); **10** new applications are pending
  - Created and hosted a Flood Rental Assistance Clinic in March, facilitating the application, review, approval and enrollment of 6 flood-impacted households in 2 hours, resulting in an expedited process which eased families’ anxiety and concerns regarding their potential homelessness

- **Other CMCO Key Activities**
  - **LTFRG Case Management Coordination**
    - Worked with LTFRG, Catholic Charities and other agencies to develop and implement a case management (FYI: Catholic Charities has not yet signed their contract for case management funds with the state, so none of their anticipated 6 new case managers have been hired as of this date).
    - Meet weekly with all case manager supervisors to assign cases to appropriate case manager
    - Currently all case managers, including volunteers are at capacity
  
  - **CDBG-DR**
    - Working to develop an efficient and streamlined *eligibility determination process* for all CDBG-DR “Housing Program” activities for all of Boulder County, including the city of Boulder and excluding Longmont.
    - Eligible activities include: wells and septic (Public Health and Housing), roads and bridges (transportation), rental assistance, and housing rehabilitation and repair.

  - **Jamestown 8**
    - Working with Jamestown, Commissioners Office, BCHA Development and Rehab, case managers and the 8 Jamestown residents to coordinate potential federal funding for the rebuilding of 8 Jamestown homes. Focus is primarily on individual eligibility determination, though the outcome is dependent upon the State and HUD’s determination of project feasibility.
**Stories of Impact**

**Heather**
- Middle-aged single mother of two adopted children, closed head injury, rented in Lyons and lost everything (home was destroyed)
- Personal business as an accountant was heavily impacted due to loss of computer and special software
- Re-located to another mountain property (first available property she could find, but more expensive than she could afford)
- We provided deposit and rental assistance
- Assisted her in securing a more affordable unit
- Provided gift cards, food basket and Christmas gifts for her children
- We submitted a LTFRG grant request for car repairs
- We secured a grant from Salvation Army to buy computer and accounting software
- Will continue with rental assistance and case management until she is fully back at work and earning an income again

**Juan and Carmen**
- Spanish speaking elder family of 4, one child is legally blind, owned in Lyons, had no flood insurance, only received $31,900 in FEMA assistance to pay for rent and any home repairs
- Aging services provided support
- We provided rent assistance for their new unit in Longmont and gift cards
- Provided mental health vouchers through United Way, but because there are no private Spanish speaking therapists in Longmont, worked with United Way to allow phone therapy with an out-of-state bilingual therapist
- Currently receiving rent assistance and case management and awaiting for results of 404 buy-out

**Martha and Carlos**
- Young mono-lingual family, renting in Lyons, home and everything in it destroyed, lost income due to employer’s business being destroyed, then after the flood, father was diagnosed with cancer
- We provided rent assistance for new unit in Longmont
- We assisted them in enrolling them in Medicaid
- We assisted them in applying for low-income housing in Longmont (and they were accepted)
- Have moved into the affordable unit, he is receiving treatments he needs, which means his wife can go back to work, case is closed
Boulder County Housing Authority
Current Development Projects

Aspinwall at Josephine Commons Development

Regal Court (rehab)

Alkonis Development

Flood Recovery Development
Josephine Commons/Aspinwall
Lafayette

Phase I:
Senior Apartments

Phase II:
Aspinwall
(Family Housing)

New Construction

Rehabilitation
72 new construction units

95 rehabilitation units
The "Hecla Hook"

- 75 Diverse Income Housing
- 72 Senior Apartments
- 24 Family Units
- 4 Live-Work Units
- 25,000 SF Mixed Use

"Kaylix"

- 65 Senior Apartments
- 60 Multi Family Units
- 6 Townhomes
- 80 Family Units
- 5,400 Day Care
- 2,500 SF Leasing Amenity
Alkonis Development
Louisville
Regal Court Rehabilitation
Louisville
Regal Court Rehabilitation
Scope of Work

- Install new roofing
- Add handrails to walkway
- Paint all exterior wood trim around windows, doors, roof and on building siding
- Replace all existing entry doors and light fixtures
- Replace mailboxes with one unit
- Add foundation sealant
- Replace patio/balcony guardrail s
- Infil, restore, and replace sod
- Remove all juniper bushes around the building and plant new plants
- Test and review irrigation system
Flood Recovery
Flood Recovery
Lyons, Jamestown and/or Nederland

Lyons

Proposed Plans
- Build in most-affected flood areas within the County
- Begin in Lyons with 60-120 units
- Design site to include greenway between river and housing
Lyons is facing multiple housing problems, both due to the impacts of the September 2013 flood and high housing costs relative to incomes. The flood fundamentally affected the community in many ways, including the long-term displacement of 185 households.

133 of the still displaced households have low incomes (less than 80% AMI), including 72 that have extremely low incomes (equal to or less than 30% AMI);

Households that have been unable to return earn much lower household incomes than Lyons households as a whole – about 50% less on average. The median household income for still-displaced households is only $35,000, compared to about $70,000 for all Lyons households.
Jamestown

- Consider Options
- Build smart for the future
Flood Impacts - Aspinwall

- Flood delays construction, adds costs, mold and mildew control impacts
- Some displaced flood victims on interest list
Flood damage often not immediately apparent until thorough investigation commenced on renovation units.
Housing & Financial Counseling Outreach:
The Housing & Financial Counseling Team hosted several Mortgage Round Tables, specifically targeted to the heavily impacted towns of Jamestown and Lyons. In addition, this team distributed 600+ post cards promoting free services for flood-impacted families with the aim to help them create a plan to move toward stable housing.

January 1 – March 31, 2014 Flood Related Housing & Financial Counseling statistics:
- 23 new appointments
  - 3 of these new appointments accessed our program prior to the flood
  - Have spoken with many more people (21) by phone to troubleshoot their flood-related issues
- Income levels vary but 70% of clients are below 80% AMI
  - 11 are at or below 50% AMI
  - 5 are between 50-79% AMI
  - 4 are between 80-100% AMI
  - 3 are over 100% AMI
- Most clients have homes in Lyons
  - 13 are Lyons residents
  - 3 are from Jamestown (met with more Jamestown residents at the end of 2013)
  - 6 live in Boulder (including Fourmile Canyon, Wagonwheel Gap Rd, and the City of Boulder)

The most common thing people cite as being the most helpful result of the counseling is: Having someone help sort through the options and help them create an individualized plan for what to do next (rebuild, repair, purchase new housing, etc.)

Down Payment Assistance/Equity Advance
The Housing & Financial Counseling Team is in process of developing the structure and eligibility requirements for an in-house Down Payment Assistance and Equity Advance (for homeowners awaiting the buy-out) programs and hope to have these up and running in the next month (approximately).
Housing & Financial Counseling Program

Everyone deserves to live in a safe, affordable, and decent home. We can help you make a plan for yours.
A HUD-approved Housing and Financial Counselor will work with you to review:

- Your current financial circumstances
- Your current mortgage and responsibilities with it after the floods, including options available through your lender
- Loans and programs that may be helpful in rebuilding/repairing your property
- Financial implications of your options

Together, we can create a plan for moving forward.

Let us help.

Hope for the future, help when you need it.

www.BoulderCountyHC.org  Office sites: Boulder/Longmont
Email: hcinfo@bouldercounty.org  Phone: 720-564-2279
Appendix H - Possible Flow of CDBG-DR Funding – Boulder County

Department of Local Affairs (State of Colorado)
CDBG-DR Funding

Boulder County
CDBG-DR Funding
Boulder County Holds the Master CDBG-DR Agreement

Housing & Human Services
Eligibility Services & Financial Counseling

Costs associated with this activity are largely salary costs. These costs can potentially be billed via BC Time and IFAS directly to the CDBG-DR codes in IFAS.

Housing and Human Services
Rehabilitation Services

Use HMS to track and pay costs associated with activity. (Invoiced to Boulder Cty.)

Housing & Human Services
Rental Assistance

Use HMS to track and pay costs associated with activity. (Invoiced to Boulder Cty.)

Housing & Human Services (BCHA)
Development Activity

HHS will have a separate agreement directly with DOLA for Housing Development activity.
Housing & Human Services Advisory Committee Regular Meeting
Tuesday, May 27, 2013, 3:30 p.m. – 5:00 p.m.
DHHS Kaiser Building, Large Conference Room, 2525 13th Street

Present:

I. Approval of today’s agenda

II. Approval of minutes from April 29, 2014 meeting

III. Matters from the committee members for consideration

IV. Financial Report

a) Review of Financials through April 2014
b) Mid-year financial update
c) County Fiscal Year / State Fiscal Year financial update
d) Summary of federal/state budgetary issues
e) CDBG-DR Funding streams within Boulder County

V. Community contracts update—Frank

VI. Next meeting

a. **Tuesday, June 24, 2014, 3:30 p.m. Kaiser Large Conference Room, 2525 13th Street, Boulder.

Access to current and past packets for the Boulder County Housing Authority Board, the Boulder County Human Services Board, and the Housing & Human Services Advisory Committee can be found by clicking on the links below:

Boulder County Housing Authority Board Packets

Boulder County Human Services Board Packets

Housing & Human Services Advisory Committee Packets

**Note that full DHHS financials are in the associated links to the board packets above.
Department of Housing & Human Services

Boulder County Housing and Human Services is dedicated to supporting and sustaining healthy communities that strengthen individuals and families while promoting human dignity and hope for the future

HOUSING & HUMAN SERVICES ADVISORY COMMITTEE REGULAR MEETING

Tuesday, April 29, 2013, 3:30 p.m. – 5:00 p.m.
DHHS Kaiser Building, Large Conference Room, 2525 13th Street

Present: Dan Thomas, Simon Smith, Laura Kinder, Elvira Ramos, Dalia Dorta, Penny Hannegan, Ernie Villany, Frank Alexander, Chris Campbell, Jim Williams

I. Approval of today’s agenda

II. Approval of minutes from March 18, 2014 meeting

Approved unanimously.

III. Matters from the committee members for consideration

a. Approval of new Committee Chair and Vice Chair

Laura Kinder, Chair, Penny Hannegan, Vice-Chair. Approved unanimously. Commissioners need to be notified in the next Human Services Board meeting on May 27th.

Dan - Membership needs to be bolstered in areas that have been identified: community leaders, particularly in healthcare field, housing, others.

Penny – please include timelines (length) for discussions on agenda.

IV. Debrief from Latino Task Force meeting

- Feedback from guests who attended? Dalia – I have heard they want to know where they can have some impact, to help DHHS. They would be willing to hold meetings directly with DHHS leadership on opportunities for collaboration.
- Penny – is there someone at the Latino Task Force to whom I can send job opening announcements? Send them to Dalia, who is webmaster and also helps them manage their Facebook page.
• Frank – the biggest thing for me was the opening of channels of communication, create a thoughtful iterative process to help reduce combativeness, feelings that leaders are resistant to change. We want to communicate that we want to get better and change, and we need suggestions and thoughtful suggestions on how this can happen.

• Dalia – Many organizations are talking about the importance of diversity and inclusiveness, and some feel that having diversity represented on an advisory board solves things. I know this is a huge effort and that it can be hard to know which way to go to improve this. Organizations have to really strive to get something out of the process of including diverse perspectives. Promotores has twelve different organizations, and the level of commitment is supposed to be the same, but some organizations do much better than others. Sometimes we have to fight for our credibility as a Promotores program.

V. Health Care Expansion Update

a. Summary of medical caseload growth in Boulder County 2008-2014
b. Connect for Health Colorado enrollment information
c. Analysis of enrollment process moving forward and implications for Boulder County

• Frank - How do we, as a community, capitalize on this work? Net positive financial implications, but it requires more technical effort and discipline.

• Chart of caseload growth indicates everyone in Boulder County needing nursing home care, Simon’s services, Salud’s services, non-profit and for-profit Medicaid services, number of people has increased from 15,000 to 41,000. Steady rise prior to this year was due to economic downturn and departmental effort, then the spike this year is due to the Affordable Care Act. Also we have about 10,250 people in Boulder County who signed up for health insurance through Connect for Health Colorado exchange between October 1 and April 14. We still have a long way to go: estimates for # of uninsured (35k before health reform eligible but uninsured); since enrollment process we’ve enrolled about 25k in both Medicaid and C4HCO. So about 10k – 15k remain? Begs the question: how do we complete the enrollment process so we have 0 eligible but unenrolled? The remaining would be documentation status limitations. Alleviate to a large degree every provider that’s providing those unpaid services to that population by having the rest of the population receive at least some modest covered service. Also allows us to begin to consider how do we collectively use the dollars remaining on the enhanced funding to improve the system to get to better community health and well-being? It’s a difficult conversation. A community-based wellness profit-sharing model.

• We see our work ahead as: 1) Finish enrollment collectively, 2) Figure out how to move into the Social Determinants of Health wellness/prevention model with those newly enrolled, and 3) use the excess/additional funding collectively with our partners to help do that. Use money to invest in models of care that include integrated service teams (mental health workers, clinical workers). Question is: what becomes the gap now that we’ve gotten so many of the uninsured covered? How do we have this conversation in a way that’s not threatening to people who are still dealing with their day-to-day operations. Suggestions?

• Penny – finish enrollment part: good to know demographics of those who are left. Younger, healthy group? Frank – nationally, not necessarily younger people. Penny – campaign right when people are feeling the tax penalties.

• Ernie – I spoke with someone uptight about going through Connect for Health Colorado because he didn’t want to go through the embarrassment of being rejected for Medicaid. Had pre-existing health conditions, liked the coverage that he had before ACA, didn’t want to do the Medicaid rejection in order to start fresh and find the providers that he wanted. I suggested he speak with someone at BCDHHS. People’s financial positions and their perceived place in society are often two separate things. Challenge for him to come down to your offices and be here in person. Frank – have him call us and do it all on the web from his living room.
• Simon – at our front desk if we see people have the Indigent Care Program we get them into the Medicaid screening process immediately. My guess is that some of the eligible but hard to reach is the homeless population. Resistance to providing information.

• DHHS and Clinica had enrollment assistance at the shelter/Bridge House. Simon – we’re tracking from enrollments we did how it has affected the “payer mix”. Our reimbursement rates are $100–something for Medicaid, and about $18 for uninsured. Data trending in the right direction, but there’s a lag. Did folks on the insurance exchange select the catastrophic / high deductible plans and are now reluctant to come in for care? For those on Medicaid we fully expect them to come in ($2 co-pays, etc.). Where are the newly-enrolled going for care? We can expand access if we see the demand, but we don’t do it until that happens. Medicaid enrollment is “rolling eligibility”, which has been news to us. We have 41,000 patients across our three counties, and we think on paper that it went to about 58% Medicaid mix from the low-40s%. We’re hoping to see this hit in actual visits, translate into revenue, and then we can make additional investments to meet the demand. Clinica is strictly fee-for-service; someone comes in and gets care, we bill for that service; as a community health center we have one rate we’ve developed with the state. So everytime they come in, it’s the same amount, which theoretically equates to our cost of care. A capitated system would be reimbursement per number of patients to provide services for them. Mental Health Partners (behavioral health Medicaid in Colorado) is capitated. Gives them a bit more flexibility in how they use the dollars. For the ACO program (Accountable Care), we do get per-member, per-month additive for care coordination. I doubt that many of the newly eligible have been attributed to that program. ACO Program – Medicaid has set up regional collaboratives between health systems and payers to try to improve quality and reduce total costs in care through better care coordination. Includes financial incentives for reducing unnecessary medical costs (including unnecessary imaging). If clients are using the emergency room a lot, we try to provide them more intensive services to reduce this. State assumes certain costs based on disease/need and compare this to actual costs. Through ACO, the state adds some money (per-member, per month) that we then reinvest into care coordination. They look at claims data to determine how to attribute patients to a practice. Over time if you prove you’re saving money, you can participate in the shared savings. We have about 5,500 patients enrolled within ACO in Boulder County; we’re saving between $15–$30 per month per patient. This means we’re saving about $1.5 million per year; it would be good to get some of that back so we could reinvest it in systems to save even more money. Challenge for us is that we have this huge group of new people who transitioned from uninsured to Medicaid. They have been our patients but have no claims history. We have the list of names but we can’t share them. So we’ll see when the attribution happens (after they start coming to us and making Medicaid claims). Our focus on preventive services helps improve the quality of service overall.

• There are many rules around accepting Medicaid patients, which can discourage private practices. We work with the county and school systems to streamline referral processes and encourage private practices to send new Medicaid patients to us.

• Ernie - In Colorado, Medicaid is paying well on preventive care for dentistry. Dental hygienists are now pushing for Medicaid. Simon – we provide dental care and we do education for our clients around availability and need for this service. There is enhanced competition now, and that’s worrisome for Clinica; we get a preferential rate because we take care of such a sizable uninsured population. We still lose money on Medicaid patients, but it is significant revenue for us.

• It’s interesting to see what’s happening with the Medicaid market and are people going to different places that they haven’t accessed before, are practices interested in Medicaid where they haven’t been before, or are they not? I think it’s a mixed bag. How many people haven’t gone to the doctor yet, or don’t even know where to go? Always been challenging to access specialty services for Medicaid patients. ACA didn’t impact this, people still have to “beg” for specialists.

• Laura - At Longmont United Hospital, we’re also looking closely at patients as they come in to determine if they might be Medicaid-eligible, and we can help them enroll. Similar to what Simon was saying, we need to capture data about our patients. Our payer mix differs month by month. Some months, the hospital is full and our payer
mix is mostly Medicaid, uninsured, charity care and we have a loss. As a nonprofit healthcare facility, we don’t turn anyone away no matter their situation. So hopefully if someone needs medical care they will come.

- Frank – it can be difficult to get some of the demographic information in terms of who signed up, but we have all the demographic data on everyone in Medicaid to see where the expansions have happened (age breakdowns, etc.) and can produce a report on it.

- What’s next? Counties are in negotiation with the state around taking over the private vendor Medicaid enrollment work. About 70% of work being done by Maximus is “auto-enrollment” through PEAK.

- Outreach, enrollment, and education and well-being are the places where we need to focus. How we use our health coverage guides in this. Gentle transition to Social Determinants of Health model. Want to be helpful to community providers: what should we be doing? Nationally, 65% of kids who get enrolled in CHP+ don’t see a doctor in the first year. So we get excited about enrollment, but if they’re not going to the doctor, what can be done about this?

- Are we building in referral processes into the enrollment process? Sharing data back and forth? Surveys – what is the access available in the community? How many providers accepting Medicaid? Providers might only take 100 Medicaid patients and we might not know that. Clinica helps do some of this surveying. Barriers and stigma to accessing Medicaid.

- Hard to message because of confidential information; stigma of going to home care centers (don’t want people to see me there).

- County is convener of the next step – community conversation. DHHS and Public Health. We’ve been working to align our strategic priorities so these conversations aren’t segregated. PH moving out of direct services as much as possible – transitioning ARC out of PH, moved Community Infant Program out. We can now align on a macro scale around the uninsured population with an EPSDT access model (help people get enrolled, then really follow up with them to get info to them about services they can take advantage of).

- Medical Home as a chance to get people to go see the doctor: relationship with the doctor. Your primary care provider is the home base for your healthcare and will actively work with you to manage your help. When you transition services there’s a linkage back. Helps avoid redundant services/costs. Linkages to health information. Clinica has invested in this.

- Ernie - Early adopters went toward enrollment, will begin to see benefit. The remaining folks will by association begin to do the same? Timeframe to plug the gap? Frank – we’re at statistical significance now. Medicaid expansion is forever. Tools we’ve put in place allow us to be staffed up to handle additional load in perpetuity. Healthcare exchange grant has been extended until March 2015. We can do one more funded exchange enrollment process. Because exchange work is a Medicaid denial, we’re trying to get that classified as eligible Medicaid activities in our shop so we can continue it. You’ll see a drop off after the next enrollment period ends. Next 12 months is huge.

- The first time people don’t pay their premium, they get booted. Are people maintaining their payments and not getting booted off the new C4HCO coverage? Data will be available from C4HCO. Enrollment and retention.

- City of Boulder Wellness plan – incentives for people if they know their numbers, it works.

- Simon - 50% of new C4HCO clients went to Kaiser insurance...? Very low premium options. About 50k new patients since January.
• Is the Medicaid coverage increase translating to visits for Clinica et al? can we depend on the increase in demand to help grow our investments in preventive services/additional enrollment?

• Let’s keep these questions open and continue to revisit them.

• Simon - Clinica shared a lot of data with DHHS; we enrolled more people (1,000) more in Adams County than Boulder County. There’s a gap there. We need to align our data points. Of the names we shared with you guys, how many were Medicaid enrolled/not enrolled? We can go back and try to get them again. We plan to talk with Jason about this.

• Penny - Have a health coverage checkoff box for recertification for Section 8 voucher.

VI. **Flood related housing updates**: housing developments, other updates (case management, housing supports, and other assistance).
   a. Case management/supports update
   b. Update on development projects including: Aspinwall, Alkonis, and Lyons
   c. Status on Jamestown project
   d. Housing/mortgage counseling update
   e. Weatherization/rehab update

• Complexity around Long Term Flood Recovery Group, resignations of two board members and ED; a little bit of disarray.

• From a case management support side, we’re carrying the bulk of many high need cases. Catholic Charities expected to sign a contract in a couple of weeks. But the first time CC has done work like this here in Boulder County.

• Creating a siloed system that’s difficult for people to penetrate, hope new LTFRG leadership will help streamline the services

• State has been awarded $62M plus $199M CDBG-DR money, has action plan into HUD: new development, home rehab, rental assistance, down payment assistance, some program services, infrastructure costs. County will administer these funds for all county-based activity likely including all smaller towns. Longmont will do its own process. It will be difficult to spend this.

• Do we rebuild in flood plain? In flood way? How much money do we give? Each house is a development project that requires a high degree of sophistication and coordination. Every case is a new case.

• Many renters displaced by flood, communities struggling to maintain their diverse populations. About 200 people left Lyons, and half of them make less than $35k per year.

• What we’re working on: Josephine Commons 74 units done, 72 more units almost complete Phase II. Interest list for the new units is 400, of which 10-15% are flood folks. 24 Family Self-Sufficiency units (dedicated).

• **Aspinwall – let’s host an upcoming meeting there.** June/early July move in on some of the Aspinwall property.

• Community building 5k s.f. building – case management, classes, on-site services in there.

• Yellow lots on far left are single family lots that we can sell.

• Alkonis – 13 acres South Boulder Road and Hwy 42. Met with city council, LHA board members, begun planning.

• Just put out RFP for community partners who want to be part of this development – commercial and residential work. RFPs for architect, land planners. Looking locally included in this.

• 5,400 s.f. day care at early childhood learning center.

• Flood recovery – about 35 community meetings since the flood about housing. A typical community process (Alkonis), 12 community meetings would be a lot.

• Floodway – longterm not suitable for redevelopment.
• Site specific pro formas for the town on each piece of land that was available for redevelopment. Lot of red numbers, building in Lyons will be expensive no matter what you do. Town Board just turned over in April, a politically difficult situation for the town.
• Assessment of need is about 130 units in Lyons. Significant equity would need to be brought to any plan to build on these lots at this number.
• Some of this work will be funded by the CDBG-DR money. A developer will still need to put in more money.
• Jamestown – some of the hardest decisions to make since majority of town in is Flood Plain or Flood Way. Flood Way – in a serious storm event, it will be washed out. Many people aren’t sure they’re going to go back.
• Window of construction is now open in Jamestown, work needs to begin now before the window closes this fall.
• 404 buyout- you’ll be paid for 75% of the pre-flood value of your house. Can take a long time to get these payouts.
• We’re still experiencing mold in new units at Aspinwall because the soil remained so wet following the floods.
• Questions for the committee members?

VII. Community contracts update—Frank (did not get to this topic)

VIII. Next meeting

a. **Tuesday, May 27, 2014, 3:30 p.m. Kaiser Large Conference Room, 2525 13th Street, Boulder.

Access to current and past packets for the Boulder County Housing Authority Board, the Boulder County Human Services Board, and the Housing & Human Services Advisory Committee can be found by clicking on the links below:

Boulder County Housing Authority Board Packets
Boulder County Human Services Board Packets
Housing & Human Services Advisory Committee Packets

**Note that full DHHS financials are in the associated links to the board packets above.
Boulder County Human Services


The accompanying financials reflects actuals through March for all contained reports except for the BCHS Consolidated Contracts report, which is Appendix E of the report packet and reflects payments as of May 22nd. The other reports include data that is finalized after the State's monthly close process which completes near the end of the following month.

This narrative has four areas of focus:

1. Upcoming State Allocation Committee Meetings
2. Projections and strategies for the upcoming SFY14 close
3. Update and Discussion on Consolidated Contract Spending
4. Report on Medicaid Expenditures within Boulder

1. State Allocation Committee Meetings:

The Colorado Department of Human Services administers several standing committees that review Colorado human services policies, procedures, and the related Federal and regulatory environments, and they make recommendations in these areas going forward. Most major programs have a dedicated allocation committee:

- the Colorado Works Allocation Committee (WAC) for TANF funding oversight,
- the Child Welfare Allocation Committee (CWAC) which considers both Child Welfare and Core Services funding and
- the CO Child Care Allocation task group (CCCAP).

These committees are comprised of both State and county representatives, with representation covering all sizes and regions of the state. Additionally, there is the Financial SubPAC, which is the fiscal sub-team of the highly influential Policy Advisory Committee. The Financial SubPAC considers recommendations from the allocation committees in formulating their own recommendations, and they also deliberate on areas not covered by an allocation committee, including County Administration, systems and other fiscal-related areas.

Boulder's participation on these committees enhances our understanding of the current critical issues and environment, and it enables more direct and thoughtful representation of our stakeholder's interests. BCDHHS Director Frank Alexander is one of eight county representatives on the PAC. Additionally, Boulder has members in the allocation committees and makes an effort have a balanced Boulder representation (committee and non-committee members) to maximize our presence - getting important information directly and to the right messengers/spokespersons without sending too many people.
We are currently looking at the remaining 2014 allocation committee schedules, both identifying and studying the most critical issues, formulating our own position and recommendations and determining who will attend upcoming sessions:

Works Allocation Committee, Monday, June 2\textsuperscript{nd} from 1:00 to 4:00, CCI Conference Keystone CO Finance SubPAC, Thursday, June 5\textsuperscript{th} from 10:45 to 12:45, Arapahoe County CO Child Care Allocation Committee, Wednesday, June 11\textsuperscript{th} from 1:00 to 3:00, Arapahoe County Child Welfare Allocation Committee, Monday, August 25\textsuperscript{th} from 12:45 to 3:05 Arapahoe County
2. **Projections and Strategies: Upcoming SFY14 Close:**

The below table reflects allocations, expenditures, remaining allocations and projected year-end spending as of March actuals (75% through the SFY14):

<table>
<thead>
<tr>
<th>Major State Program/Allocation</th>
<th>Allocation</th>
<th>YTD thru Mar14 (75% of SFY)</th>
<th>Remaining</th>
<th>% Expended</th>
<th>Projected (Over)/Under</th>
<th>Projected % of Overage Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Adm/Food Asst Fraud</td>
<td>3,417,215</td>
<td>5,166,444</td>
<td>(1,749,229)</td>
<td>151.2%</td>
<td>(3,471,000)</td>
<td>see note</td>
</tr>
<tr>
<td>Adult Protective Services (APS)</td>
<td>563,473</td>
<td>586,005</td>
<td>(22,532)</td>
<td>104.0%</td>
<td>(218,000)</td>
<td>see note</td>
</tr>
<tr>
<td>Total County Admin &amp; APS</td>
<td>3,980,688</td>
<td>5,752,450</td>
<td>(1,771,762)</td>
<td>255.2%</td>
<td>(3,689,000)</td>
<td></td>
</tr>
<tr>
<td>Child Care Assistance Program</td>
<td>3,087,117</td>
<td>2,949,955</td>
<td>137,162</td>
<td>95.6%</td>
<td>(846,000)</td>
<td>100%</td>
</tr>
<tr>
<td>Child Welfare</td>
<td>14,640,310</td>
<td>11,152,737</td>
<td>3,487,573</td>
<td>76.2%</td>
<td>(135,000)</td>
<td>100%</td>
</tr>
<tr>
<td>Core Services</td>
<td>2,555,467</td>
<td>1,838,719</td>
<td>716,748</td>
<td>72.0%</td>
<td>9,000</td>
<td>n/a</td>
</tr>
<tr>
<td>Colorado Works / TANF</td>
<td>5,379,362</td>
<td>4,460,108</td>
<td>919,254</td>
<td>82.9%</td>
<td>(727,000)</td>
<td>100%</td>
</tr>
</tbody>
</table>

Note on County Admin and APS projected overages: Approximately $1.10M of the projected $3.47M overage in County Admin is enhanced Medicaid spending. This calculated overage is based on CDHS reports that reflect our regular County Admin allocation, but not enhanced Medicaid funding that will cover 90% of the $372k of the projected overage. The balance of the Medicaid portion of the overage, $728k, will be covered at a minimum of 75%. There may be county pass-thru funds to cover a portion of the remaining $2.3M overage. In recent past State year-end closeouts, this has ranged between 50% and 54%, but we expect lesser coverage in SFY14 due to enhanced spending preference. A reasonable estimate pass-thru percentage is 30%. APS will closeout to County Admin in SFY14 and likely SFY15, and so will be treated the same as non-enhanced Medicaid spending.

As we have the final quarter of the SFY14, HHS staff is looking closely at year-end projections and strategies for optimizing the 2014 close-out. The following notes, which tie to Appendix F, give additional insight on current year-end projections and some possible implications on reserves and future funding:

- **County Administration:**
  - Three-quarters of the way through the SFY14, expenditures exceed Boulder's regular full-year County Administration allocation by 151.2%.
  - Annualizing nine months expenditures yields projected State fiscal year-end expenditures of $6.9M, which is approximates our 2014 budgeted County Admin expenditures.
  - These actuals include $733k of enhanced Medicaid spending which is reimbursed through separate funding that is not reflected in the general allocation. At least $321k of these expenditures will be reimbursed at no less than 75%.

- **Adult Protective Services (APS):**
  - At 107.0% spent, the administrative portion of the APS program is projected to overspend its allocation of $509.7k by about $217k.
  - State-wide spending is at 68.3% of total Administrative allocation. The current direction is that APS administration will closeout first to each county's own County Admin allocation, so counties overspending in one allocation can use the underspend - if any - in the other allocation to cover.
  - The closeout process will be applied in SFY14 and probably SFY15, and it reduces the likelihood of surplus distribution than if APS administration were closed as a separate program.
  - APS emergency client services are covered under a separate allocation that does not close out with administration.
  - Boulder, at 75.7% allocation spent, is trending slightly over prorated pace.
  - At 27.9% spent, collective State spending is significantly under prorated pace. It is fairly likely that any year-end over expenditure in Boulder's emergency services will be covered by surplus distribution.
➢ **Child Care:**
  - At 95.6% spent, Boulder is trending to overspend Child Care by about $846.2k, which is about $386k under the budgeted 2014 amount.
  - Overall State spending, at 68.2%, is trending considerably under prorated pace.
  - The state-wide underspending results in an estimated $6.86M State-wide surplus at year-end – a very positive indicator of Boulder County receiving 100% reimbursement via surplus distribution at closeout.

➢ **Child Welfare and Core:**
  - At 76.2% Child Welfare allocation spent, Boulder is trending slightly over, with a straight-line projected overspend of $230k.
  - While the State is collectively underspending Child Welfare at 70.8%, a significant portion of this underspend is attributable to Collaborative Management Program counties who have elected to retain a portion of any of their unspent allocation at year-end.
  - Accordingly, the amount of funds that may be available, if any, at closeout for overspent counties, is significantly reduced.
  - Core Services, at 72.0% spent, is trending under prorated pace.
  - At this rate, Boulder's projected underspend is $104k.
  - To ensure full draw down, the Department is reclassifying Core-eligible services out of Child Welfare, thus reducing both the Child Welfare overspend to approximately $135k and also the possibility of surrendering Core funds at closeout.

➢ **TANF:**
  - At 82.9% spent, the straight-line projected overspend is $567k.
  - However, adjusting for unpaid January and February invoices increases the projected overspend to $727k over allocation.
  - Assuming this projected overage reduces Boulder County’s current TANF reserve balance from $1.937M to $1.210M.
  - TANF reserves could be further reduced should the Department elect to have some or all of any Child Welfare overspend covered by reserves.
  - Assuming 100% of the projected Child Welfare overspend $135k is covered by TANF, the reserve balance would be further reduced to $1.075M.
  - Benefits of reducing TANF reserves include reducing the risk of exceeding the cap, moving closer to eligibility to receive distribution of reserves from those counties exceeding their caps and potential favorable effects on future allocation calculations.
3. **Update & Discussion on Consolidated Contract Spending**

Appendix E outlines the actual current year spending on the consolidated contracts. All contracts have been executed with the exception of the Mental Health Partners.

4. **Report on Medicaid Expenditures within Boulder County**

With Boulder County has seen a marked increase in Medicaid payments since January 2012, with average monthly payments of $11.349M in 2012, $11.987M in 2013 and a four month monthly average of $14.256M so far in 2014. The increase in total payments from April 2012 to April 2013 and April 2014 was 29% and 61%, respectively.

While these Medicaid payments are paid by Federal funds, there is a direct correlation to payments and clients served, and accordingly workload on the Boulder County personnel who provide administrative support and outreach for Medicaid programming. Additionally, Boulder County does pay a portion of the administrative costs of the Medicaid programs, where there is also a direct relationship with cost of Medicaid payments.
Appendix

A  Pie Charts: Sources and Uses of Funds
B  Comparison of County Budget to Actuals
C  Supplemental Analyses on Fund 012 Balance and TANF Reserves
D  TSN Comparison of Budget to Actuals
E  Consolidated Contracts Comparison of Budget to Actuals
F  Comparison of Major State Allocations and County Expenditures
G  Non-major Allocated and Non-allocated State Program Expenditures
Appendix A

**Human Services: Sources of Funds**
For Three Months Ending March 2014
Total YTD 2014 Sources = $6,417,581

- Intergovernmental Revenue $5,579,120 87%
- TSN Funding (20101A ballot initiative) $998,497 9%
- Private Grant Funds $153,077 2%
- Property Tax $91,486 2%
- Interest Income Investments $(4,599) 0%

**Human Services: Uses of Funds**
For Three Months Ending March 2014
Total YTD 2014 Uses = $8,198,731

- Child Welfare $3,013,091 37%
- County Admin $2,019,679 25%
- TANF/CO Works $1,116,577 14%
- Child Support IV-D $465,967 6%
- Other Programs $130,185 1%
- Child Care $247,548 3%
- County Only $1,027,420 12%
- Core Services $178,264 2%
## Appendix B

### Boulder County Human Services

**Comparison of County Budget to Actuals**

**For Three Months Ending March 2014**

<table>
<thead>
<tr>
<th>I. FUND 012 BALANCE AT 1-1-2014 (prelim at 05-12-14)</th>
<th>$ 10,743,335</th>
<th>$ (0)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current</strong></td>
<td><strong>(A)</strong></td>
<td><strong>% Reported</strong></td>
</tr>
<tr>
<td><strong>Budget</strong></td>
<td><strong>YTD Actuals</strong></td>
<td><strong>25%</strong></td>
</tr>
<tr>
<td>-------------</td>
<td>--------------</td>
<td>--------</td>
</tr>
<tr>
<td><strong>Intergovernmental Revenue</strong></td>
<td>$ 23,066,908</td>
<td>$ 5,579,120</td>
</tr>
<tr>
<td><strong>Property Tax</strong></td>
<td>$ 6,203,705</td>
<td>$ 914,868</td>
</tr>
<tr>
<td><strong>Private Grant Funds</strong></td>
<td>$ 1,408,679</td>
<td>$ 153,077</td>
</tr>
<tr>
<td><strong>Consolidated contract 01/1401 transfer</strong></td>
<td>$ 3,106,952</td>
<td>$ -</td>
</tr>
<tr>
<td><strong>Consolidated contract 01/1405 transfer</strong></td>
<td>$ 2,519,347</td>
<td>$ -</td>
</tr>
<tr>
<td><strong>Consolidated contract HHS 20/5951 (MHP)</strong></td>
<td>$ 1,899,629</td>
<td>$ -</td>
</tr>
<tr>
<td><strong>HHS Funding (2005 1A ballot initiative)</strong></td>
<td>$ 1,412,286</td>
<td>$ -</td>
</tr>
<tr>
<td><strong>TSN Funding (2010 1A ballot initiative)</strong></td>
<td>$ 5,151,651</td>
<td>$ 598,497</td>
</tr>
<tr>
<td><strong>Other Sources : Use of 012 Fund Balance</strong></td>
<td>$ 856,622</td>
<td>$ -</td>
</tr>
<tr>
<td><strong>Interest Income Investments</strong></td>
<td>$ (4,599)</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Total Sources of Funds</strong></td>
<td>$45,625,779</td>
<td>$6,417,581</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. SOURCES OF FUNDS (Source: IFAS GL5438)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intergovernmental Revenue</strong></td>
</tr>
<tr>
<td><strong>Property Tax</strong></td>
</tr>
<tr>
<td><strong>Private Grant Funds</strong></td>
</tr>
<tr>
<td><strong>Consolidated contract 01/1401 transfer</strong></td>
</tr>
<tr>
<td><strong>Consolidated contract 01/1405 transfer</strong></td>
</tr>
<tr>
<td><strong>Consolidated contract HHS 20/5951 (MHP)</strong></td>
</tr>
<tr>
<td><strong>HHS Funding (2005 1A ballot initiative)</strong></td>
</tr>
<tr>
<td><strong>TSN Funding (2010 1A ballot initiative)</strong></td>
</tr>
<tr>
<td><strong>Other Sources : Use of 012 Fund Balance</strong></td>
</tr>
<tr>
<td><strong>Interest Income Investments</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>III. USES OF FUNDS (Source: IFAS JL9107)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>County Admin</strong></td>
</tr>
<tr>
<td><strong>TANF /CO Works</strong></td>
</tr>
<tr>
<td><strong>Child Support IV-D</strong></td>
</tr>
<tr>
<td><strong>Child Care</strong></td>
</tr>
<tr>
<td><strong>LEAP</strong></td>
</tr>
<tr>
<td><strong>Child Welfare</strong></td>
</tr>
<tr>
<td><strong>Old Age Pension Admin</strong></td>
</tr>
<tr>
<td><strong>Core Services</strong></td>
</tr>
<tr>
<td><strong>ILA/Chafee</strong></td>
</tr>
<tr>
<td><strong>PSSF (actuals include match; budget does not)</strong></td>
</tr>
<tr>
<td><strong>IMPACT</strong></td>
</tr>
<tr>
<td><strong>Grant Funding</strong></td>
</tr>
<tr>
<td><strong>County Only</strong></td>
</tr>
<tr>
<td><strong>Total Uses of Funds by Program</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(Budget and actuals include RMS redistributions)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>County Admin</strong></td>
</tr>
<tr>
<td><strong>TANF /CO Works</strong></td>
</tr>
<tr>
<td><strong>Child Support IV-D</strong></td>
</tr>
<tr>
<td><strong>Child Care</strong></td>
</tr>
<tr>
<td><strong>LEAP</strong></td>
</tr>
<tr>
<td><strong>Child Welfare</strong></td>
</tr>
<tr>
<td><strong>Old Age Pension Admin</strong></td>
</tr>
<tr>
<td><strong>Core Services</strong></td>
</tr>
<tr>
<td><strong>ILA/Chafee</strong></td>
</tr>
<tr>
<td><strong>PSSF (actuals include match; budget does not)</strong></td>
</tr>
<tr>
<td><strong>IMPACT</strong></td>
</tr>
<tr>
<td><strong>Grant Funding</strong></td>
</tr>
<tr>
<td><strong>County Only</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Sources of Funds</th>
<th>$45,625,779</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Uses of Funds by Program</td>
<td>$ 45,625,779</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IV. NET INCREASE/(DECREASE) TO FUND 012 BALANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ (1,781,150)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>V. FUND 012 BALANCE ADJUSTED TO YTD ACTUALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 8,962,186</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VI. NON-COUNTY PORTION OF EBT/EFT PAYMENTS: Reflects Federal and State portion of electronic benefit/fund transfers not included in the expenditures in section III.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year-to-date as of</td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td><strong>Colorado Works Block</strong></td>
</tr>
<tr>
<td><strong>Child Care Block</strong></td>
</tr>
<tr>
<td><strong>Child Welfare Block</strong></td>
</tr>
<tr>
<td><strong>Core Services Block</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Fed/State Portion of EBT/EFT</th>
<th>$ 50,634,064</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total authorized expenditures</td>
<td>$ 58,832,795</td>
</tr>
</tbody>
</table>
Boulder County Human Services  
Supplemental Analyses on Fund 012 Balance and TANF Reserves  
As of March 2014

I. Fund Balance: HU1 Human Services Fund 012 (preliminary)

**CY2014: For Three Months Ending March 2014**

| Unreserved Fund Balance at January 1, 2014 (preliminary as of 4/17/14) | $ (10,743,335) |
| Expenditures in excess of revenues, 1/1/14 to 3/31/14 | 1,781,150 |
| **Adjustments (timing in reporting revenues)** | |
| Property tax receipts under annualized pace, three months | (1,459,440) |
| Consolidated contract paid, not reimbursed: January through March | (861,037) |
| TSN revenue invoiced not recorded: March | (259,394) |
| HHS Fund 020 2005 1A earned not recorded, three months | (353,072) |
| **Preliminary Adjusted Unreserved Fund Balance through March 31, 2014** | $ (11,895,129) |
| **Preliminary Adjusted (Incr)/Decr in Unreserved Fund Balance, 2014** | $ (1,151,793) |

II. TANF Expenditures and Reserves

**SFY13-14: For Nine Months Ending March 2014**

<table>
<thead>
<tr>
<th>TANF allocation and expenditures</th>
<th>TANF Reserves</th>
<th>Projected Reserve Post Close</th>
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<tbody>
<tr>
<td><strong>SFY13-14</strong></td>
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</tr>
<tr>
<td>Allocation</td>
<td>Expend thru MAR (75%)</td>
<td>% Alloc</td>
</tr>
<tr>
<td>5,379,362</td>
<td>4,460,108</td>
<td>82.9%</td>
</tr>
<tr>
<td><strong>SFY12-13</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5,662,486</td>
<td>3,721,385</td>
<td>65.7%</td>
</tr>
<tr>
<td><strong>SFY11-12</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5,960,514</td>
<td>3,404,738</td>
<td>57.1%</td>
</tr>
<tr>
<td><strong>SFY10-11</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6,199,501</td>
<td>3,490,131</td>
<td>56.3%</td>
</tr>
</tbody>
</table>
### Boulder County Human Services Temporary Safety Net (TSN)

**Comparison of Budget to Actuals**

**For Three Months Ended March 2014**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TSN Administration</td>
<td>100,000</td>
<td>1,093</td>
<td>2,792</td>
<td>2,996</td>
<td>6,881</td>
</tr>
<tr>
<td>Omni Consulting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-Profit Contracts &amp; Other Programs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TBD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-Profit Contracts</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boulder Shelter for the Homeless - BAC</td>
<td>65,000</td>
<td>-</td>
<td>6,500</td>
<td>-</td>
<td>6,500</td>
</tr>
<tr>
<td>City of Boulder - child care resource &amp; referral</td>
<td>35,000</td>
<td>-</td>
<td>3,000</td>
<td>-</td>
<td>3,000</td>
</tr>
<tr>
<td>City of Boulder - FRC</td>
<td>170,000</td>
<td>-</td>
<td>17,000</td>
<td>-</td>
<td>17,000</td>
</tr>
<tr>
<td>City of Longmont - parent education</td>
<td>70,203</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Early Childhood Council</td>
<td>60,000</td>
<td>-</td>
<td>6,000</td>
<td>-</td>
<td>6,000</td>
</tr>
<tr>
<td>Mental Health Partners - community based</td>
<td>320,000</td>
<td>-</td>
<td>32,000</td>
<td>-</td>
<td>32,000</td>
</tr>
<tr>
<td>Mental Health Partners - prevention and intervention</td>
<td>169,211</td>
<td>-</td>
<td>16,921</td>
<td>-</td>
<td>16,921</td>
</tr>
<tr>
<td>Mental Health Partners - senior reach</td>
<td>80,000</td>
<td>-</td>
<td>8,000</td>
<td>-</td>
<td>8,000</td>
</tr>
<tr>
<td>Sister Carmen Community Center, Inc.</td>
<td>200,327</td>
<td>-</td>
<td>20,000</td>
<td>-</td>
<td>20,000</td>
</tr>
<tr>
<td><strong>Emergency Services 2014</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boulder Outreach for Homeless Overflow</td>
<td>20,000</td>
<td>-</td>
<td>2,000</td>
<td>-</td>
<td>2,000</td>
</tr>
<tr>
<td>Boulder Shelter for the Homeless</td>
<td>75,000</td>
<td>-</td>
<td>7,500</td>
<td>-</td>
<td>7,500</td>
</tr>
<tr>
<td>Bridge House</td>
<td>20,000</td>
<td>-</td>
<td>2,000</td>
<td>3,008</td>
<td>5,008</td>
</tr>
<tr>
<td>Emergency Family Assistance Association</td>
<td>75,000</td>
<td>-</td>
<td>7,500</td>
<td>-</td>
<td>7,500</td>
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<tr>
<td>Outreach United Resource Center, Inc.</td>
<td>75,000</td>
<td>-</td>
<td>7,500</td>
<td>-</td>
<td>7,500</td>
</tr>
<tr>
<td>Safehouse Progressive Alliance for Nonviolence</td>
<td>75,000</td>
<td>-</td>
<td>7,500</td>
<td>-</td>
<td>7,500</td>
</tr>
<tr>
<td>Sister Carmen Community Center, Inc.</td>
<td>75,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Other Programs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Hotel Vouchers</td>
<td>25,000</td>
<td>-</td>
<td>5,846</td>
<td>2,229</td>
<td>8,075</td>
</tr>
<tr>
<td>Heating Plus</td>
<td>115,225</td>
<td>15,367</td>
<td>18,516</td>
<td>20,800</td>
<td>54,682</td>
</tr>
<tr>
<td>Housing Choice Vouchers</td>
<td>110,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Housing Stabilization Program</td>
<td>220,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Parents as Teachers</td>
<td>114,186</td>
<td>7,049</td>
<td>9,735</td>
<td>12,148</td>
<td>28,932</td>
</tr>
<tr>
<td>The Work Number (Talx Corp.)</td>
<td>85,470</td>
<td>-</td>
<td>-</td>
<td>6,380</td>
<td>6,380</td>
</tr>
<tr>
<td><strong>SubTotal: Non-Profit Contracts &amp; Other Programs</strong></td>
<td>2,440,459</td>
<td>22,416</td>
<td>177,518</td>
<td>44,565</td>
<td>244,498</td>
</tr>
</tbody>
</table>

| Administrative Benefits Access |                         |                  |                  |                  |             |
| Personnel (Salary & Benefits) | 2,111,192               | 164,153          | 163,725          | 158,049          | 485,927     |
| **Child Care** |                         |                  |                  |                  |             |
| 500,000 | 36,496 | 30,305 | 53,785 | 120,586 |
| **Total** | 5,151,651 | 224,157 | 374,340 | 259,394 | 857,891 |
# Boulder County Human Services Consolidated Contracts

## Comparison of Budget to Actuals

**January 1 - May 22, 2014**

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Transfer from Fund 001, Cost Center 1401 (P99999001X)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acorn School</td>
<td>25,000</td>
<td>-</td>
<td>2,500</td>
<td>-</td>
<td>8,256</td>
<td>-</td>
<td>10,756</td>
<td></td>
</tr>
<tr>
<td>Attention, Inc</td>
<td>45,320</td>
<td>-</td>
<td>4,532</td>
<td>-</td>
<td>10,615</td>
<td>3,528</td>
<td>18,675</td>
<td></td>
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<tr>
<td>Blue Sky Bridge</td>
<td>32,960</td>
<td>-</td>
<td>3,296</td>
<td>-</td>
<td>7,910</td>
<td>3,955</td>
<td>15,162</td>
<td></td>
</tr>
<tr>
<td>Boulder County Aids Project</td>
<td>61,800</td>
<td>-</td>
<td>6,180</td>
<td>-</td>
<td>9,360</td>
<td>-</td>
<td>15,540</td>
<td></td>
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<tr>
<td>Boulder Day Nursery Association</td>
<td>37,080</td>
<td>-</td>
<td>3,708</td>
<td>-</td>
<td>5,562</td>
<td>-</td>
<td>9,270</td>
<td></td>
</tr>
<tr>
<td>Boulder Institute for Psychotherapy and Research</td>
<td>15,000</td>
<td>-</td>
<td>1,500</td>
<td>-</td>
<td>3,201</td>
<td>-</td>
<td>4,701</td>
<td></td>
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<tr>
<td>Boulder Outreach for Homeless Overflow</td>
<td>10,000</td>
<td>-</td>
<td>1,000</td>
<td>-</td>
<td>2,250</td>
<td>-</td>
<td>3,250</td>
<td></td>
</tr>
<tr>
<td>Boulder Shelter for the Homeless</td>
<td>200,000</td>
<td>-</td>
<td>20,000</td>
<td>-</td>
<td>45,000</td>
<td>15,000</td>
<td>80,000</td>
<td></td>
</tr>
<tr>
<td>Boulder Valley Women's Health</td>
<td>207,000</td>
<td>-</td>
<td>20,700</td>
<td>73,600</td>
<td>24,000</td>
<td>21,200</td>
<td>139,500</td>
<td></td>
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<tr>
<td>Bridge House</td>
<td>20,000</td>
<td>-</td>
<td>2,000</td>
<td>3,014</td>
<td>1,507</td>
<td>1,507</td>
<td>8,028</td>
<td></td>
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<tr>
<td>Center For People With Disabilities</td>
<td>181,023</td>
<td>-</td>
<td>18,102</td>
<td>-</td>
<td>54,833</td>
<td>13,073</td>
<td>86,007</td>
<td></td>
</tr>
<tr>
<td>Children First of the Rockies (formerly St. Vrain Family Center)</td>
<td>70,994</td>
<td>-</td>
<td>7,099</td>
<td>-</td>
<td>15,318</td>
<td>-</td>
<td>22,417</td>
<td></td>
</tr>
<tr>
<td>Children's House Preschool</td>
<td>12,500</td>
<td>-</td>
<td>1,250</td>
<td>2,500</td>
<td>1,250</td>
<td>1,250</td>
<td>6,250</td>
<td></td>
</tr>
<tr>
<td>Clinica Campesina</td>
<td>587,860</td>
<td>-</td>
<td>58,786</td>
<td>-</td>
<td>176,167</td>
<td>-</td>
<td>234,963</td>
<td></td>
</tr>
<tr>
<td>Community Food Share</td>
<td>74,160</td>
<td>-</td>
<td>7,416</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>7,416</td>
<td></td>
</tr>
<tr>
<td>Dental Aid</td>
<td>186,574</td>
<td>-</td>
<td>32,641</td>
<td>27,968</td>
<td>13,984</td>
<td>13,984</td>
<td>88,577</td>
<td></td>
</tr>
<tr>
<td>Early Childhood Council of Boulder County (ECCBC)</td>
<td>80,000</td>
<td>-</td>
<td>8,000</td>
<td>-</td>
<td>19,671</td>
<td>-</td>
<td>27,671</td>
<td></td>
</tr>
<tr>
<td>Emergency Family Assistance Association</td>
<td>125,000</td>
<td>-</td>
<td>12,500</td>
<td>-</td>
<td>28,125</td>
<td>-</td>
<td>40,625</td>
<td></td>
</tr>
<tr>
<td>HHS - Parents as Teachers (an HHS internal program)</td>
<td>20,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Inn Between of Longmont</td>
<td>75,000</td>
<td>-</td>
<td>7,500</td>
<td>-</td>
<td>22,500</td>
<td>-</td>
<td>30,000</td>
<td></td>
</tr>
<tr>
<td>Mother House</td>
<td>10,000</td>
<td>-</td>
<td>1,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1,000</td>
<td></td>
</tr>
<tr>
<td>OUR Center</td>
<td>160,000</td>
<td>-</td>
<td>16,000</td>
<td>-</td>
<td>51,275</td>
<td>11,534</td>
<td>78,809</td>
<td></td>
</tr>
<tr>
<td>Safe Shelter of St. Vrain Valley</td>
<td>100,940</td>
<td>-</td>
<td>10,094</td>
<td>-</td>
<td>22,568</td>
<td>-</td>
<td>32,662</td>
<td></td>
</tr>
<tr>
<td>Safehouse Progressive Alliance for Nonviolence</td>
<td>154,500</td>
<td>-</td>
<td>15,450</td>
<td>-</td>
<td>-</td>
<td>40,572</td>
<td>56,022</td>
<td></td>
</tr>
<tr>
<td>Salud Family Health Center</td>
<td>244,625</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>61,160</td>
<td>-</td>
<td>61,160</td>
<td></td>
</tr>
<tr>
<td>Sister Carmen Community Center</td>
<td>65,000</td>
<td>-</td>
<td>14,031</td>
<td>-</td>
<td>9,575</td>
<td>2,884</td>
<td>26,492</td>
<td></td>
</tr>
<tr>
<td>TLC Learning Center</td>
<td>50,000</td>
<td>-</td>
<td>5,000</td>
<td>-</td>
<td>11,250</td>
<td>3,750</td>
<td>20,000</td>
<td></td>
</tr>
<tr>
<td>Voices for Children</td>
<td>31,930</td>
<td>-</td>
<td>3,193</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3,193</td>
<td></td>
</tr>
<tr>
<td>Wild Plum Center</td>
<td>63,036</td>
<td>-</td>
<td>12,612</td>
<td>6,304</td>
<td>6,304</td>
<td>-</td>
<td>25,219</td>
<td></td>
</tr>
<tr>
<td>YWCA of Boulder County</td>
<td>159,650</td>
<td>-</td>
<td>15,965</td>
<td>-</td>
<td>36,072</td>
<td>-</td>
<td>52,037</td>
<td></td>
</tr>
<tr>
<td><strong>Transfer from Fund 001, Cost Center 1405 (P99999001Y)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Partners</td>
<td>2,519,347</td>
<td>-</td>
<td>251,935</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>251,935</td>
<td></td>
</tr>
<tr>
<td><strong>Transfer from Fund 020, Cost Center 5951 (P99999001Z)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Partners</td>
<td>1,899,629</td>
<td>-</td>
<td>189,963</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>189,963</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>7,525,928</td>
<td>-</td>
<td>741,343</td>
<td>119,694</td>
<td>359,762</td>
<td>426,493</td>
<td>1,647,292</td>
<td></td>
</tr>
</tbody>
</table>

This funding will be repurposed for other uses.

Q1 invoice submitted, but did not meet invoicing requirements $2,500. Following up with contractor/partner.

Contractor/partner elected no admin payment.

Contractor/partner elected no admin payment.
Notes on spending and projected overages through March actuals: Child Welfare is trending a little over allocation, with 76.2% spent three quarters into the State fiscal year. The projected overage is based on straight-line of actuals to date is $230k over allocation. Reclassifications of Core Services-eligible costs (FITC and payroll) from Child Welfare are expected to reduce Child Welfare spending by about 35%, decreasing the projected overspend from $230k to $130k. The overspend does not reflect potential year-end surplus distributions or coverage by TANF reserves.

Notes on spending and projected overages as of March actuals: Colorado Works / TANF spending and projected overspending to date yields a year-end overspend of $846k. Based on current collective spending by all counties of the State's total CCAP allocation, it seems very likely that all of our overspend will be covered in the State's year-end closeout.

Notes on spending and projected overspending as of March actuals: Child Welfare is trending a little over allocation, with 76.2% spent three quarters into the State fiscal year. The projected overage is based on straight-line of actuals to date is $230k over allocation. Reclassifications of Core Services-eligible costs (FITC and payroll) from Child Welfare are expected to reduce Child Welfare spending by about 35%, decreasing the projected overspend from $230k to $130k. The overspend does not reflect potential year-end surplus distributions or coverage by TANF reserves.

Notes on spending and projected overspending as of March actuals: With 82.9% of allocation spent through nine months of reported actuals, TANF's straight-line projected overspend is $567k. However, factoring in February and March invoices that have not been reported increases our projected year-end expenditures to $727k over allocation. This projected SFY14 TANF overage can be covered by our current TANF reserve balance of $1,937k.

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## Boulder County Human Services
### Non-major Allocated and Non-allocated State Program Expenditures
#### SFY13-14: For Nine Months Ending March 2014

<table>
<thead>
<tr>
<th>NON-MAJOR ALLOCATED AND NON-ALLOCATED STATE PROGRAMS</th>
<th>YTD Expenditures including EBTs/EFTs</th>
<th>Federal and State Portion</th>
<th>County Portion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Assistance Benefits (net of collections)</td>
<td>$18,602,786</td>
<td>$18,602,786</td>
<td>-</td>
</tr>
<tr>
<td>Old Age Pension</td>
<td>$3,996,611</td>
<td>$3,996,611</td>
<td>-</td>
</tr>
<tr>
<td>IV-D Child Support Enforcement Admin</td>
<td>$1,522,667</td>
<td>$959,072</td>
<td>563,594</td>
</tr>
<tr>
<td>Low-income Energy Assistance Program</td>
<td>$1,218,179</td>
<td>$1,218,179</td>
<td>-</td>
</tr>
<tr>
<td>Other Programs (non-major or non-allocated)</td>
<td>$263,910</td>
<td>$232,253</td>
<td>31,658</td>
</tr>
<tr>
<td>Non-reimbursables in Cnty Adm, Ch Wlf &amp; Ch Care</td>
<td>$14,252</td>
<td>-</td>
<td>14,252</td>
</tr>
<tr>
<td>Aid to Needy Disabled</td>
<td>$423,802</td>
<td>$339,042</td>
<td>84,760</td>
</tr>
<tr>
<td>SSI-Home Care Allowance</td>
<td>$107,228</td>
<td>$101,866</td>
<td>5,361</td>
</tr>
<tr>
<td>Home Care Allowance</td>
<td>$122,756</td>
<td>$116,618</td>
<td>6,138</td>
</tr>
<tr>
<td>IV-B Promoting Safe and Stable Families</td>
<td>$91,408</td>
<td>$71,098</td>
<td>20,310</td>
</tr>
<tr>
<td>IV-E Independent Living</td>
<td>$78,661</td>
<td>$78,661</td>
<td>-</td>
</tr>
<tr>
<td>Foster Care/Adoption Recruitment</td>
<td>$2,700</td>
<td>$2,700</td>
<td>-</td>
</tr>
<tr>
<td>Automated Data Processing Pass-Through</td>
<td>$1,040,911</td>
<td>$343,501</td>
<td>697,411</td>
</tr>
<tr>
<td>Colorado Works / TANF Collections</td>
<td>$(33,052)</td>
<td>$(26,442)</td>
<td>$(6,610)</td>
</tr>
<tr>
<td>Total State Incentives</td>
<td>-</td>
<td>$104,510</td>
<td>$(104,510)</td>
</tr>
<tr>
<td>Total Federal Incentives</td>
<td>-</td>
<td>$44,026</td>
<td>$(44,026)</td>
</tr>
<tr>
<td>Excess Parental Fees SB-94</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>IV-D Child Support - TANF Collections</td>
<td>$(329,010)</td>
<td>$(263,208)</td>
<td>$(65,802)</td>
</tr>
<tr>
<td>Medicaid Collections</td>
<td>$(10,136)</td>
<td>$(10,136)</td>
<td>-</td>
</tr>
<tr>
<td>Other Local Sources/Expenditures</td>
<td>$6,067,703</td>
<td>-</td>
<td>6,067,703</td>
</tr>
<tr>
<td>Integrated Care Management Incentive</td>
<td>$176,275</td>
<td>$176,275</td>
<td>-</td>
</tr>
<tr>
<td>County-only Pass-thru (at year-end closeout only)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total Non-major/Non-allocated State Programs</td>
<td>$33,357,649</td>
<td>$26,087,409</td>
<td>$7,270,239</td>
</tr>
<tr>
<td>Cost Allocation Plan (see note)</td>
<td>$2,078,520</td>
<td>$685,912</td>
<td>$1,392,608</td>
</tr>
</tbody>
</table>

Summary: As of SFY14 through March 2014, Boulder County spent $33.4M on non-major and non-allocated programs and received revenue of $26.1M from Federal and State sources.

Note: The Cost Allocation Plan provides quarterly federal reimbursements to Boulder County to offset the allocated indirect costs the county incurs in its support of the operations of the Department of Human Services. The estimated SFY14 revenue is $251,512/quarter.
Human Services Board/DHHS Advisory Committee
MONTHLY BOARD MEETING (joint meeting):
Thursday, June 26, 2014, 1:00 p.m.
Josephine Commons Senior Center
455 N. Burlington Ave., Lafayette, Colorado

Agenda:

1) Call to order

2) Tour of Josephine Commons Senior Building and Tour of Aspinwall at Josephine Commons Family Housing

3) Financial report
   a) Financials through April 2014

4) TSN Ballot Initiative
   a) June 09, 2014 meeting with community-based partners
   b) TSN report

5) Matters from members of the Board

6) Matters from members of the Public**

7) Next Meeting is Tuesday, July 29, 2014 at 2 p.m.
   a) Agenda items to include: Child Welfare Initiatives: Prevention activities, Early childhood plan/continuum.

8) Adjourn

Access to current and past packets for the Boulder County Housing Authority Board, the Boulder County Human Services Board, and the Housing & Human Services Advisory Committee can be found by clicking on the links below:

Boulder County Housing Authority Board Packets
Boulder County Human Services Board Packets
Housing & Human Services Advisory Committee Packets

**Any member of the Public may speak on any subject not related to the agenda. Anyone wishing to speak will have the opportunity to address the board. Please keep comments to a maximum of 5 minutes.

It is the policy of BCDHHS to make programs, meetings, activities and services accessible to individuals with disabilities. In order to provide special services such as interpreters or provide special materials in special formats such as large print, Braille, or computer disks the county
needs to be informed of the individual’s special needs. If you need special assistance contact Julia Yager, ADA Coordinator, or the Human Resources Division at 303-441-3508 at least 48 hours before the scheduled event.

La política de BCDHHS es hacer que los programas, juntas, actividades y servicios sean accesibles para gente discapacitada. Para poder ofrecer servicios especiales como interpretos o material en algún formato especial, como impresiones mas grandes, Braille, o disco de computadora, él condado requiere que le informen de las necesidades especiales de cada individuo. Si Ud. requiere atención especial, por favor comuníquese con Julia Yager, coordinadora del ADA o a la oficina de Recursos Humanos al 303-441-3508 cuando menos 48 horas antes del evento.
Boulder County Human Services


The accompanying financials reflect actuals through April except for the BCHS Consolidated Contracts report, which is Appendix E of the report packet and reports contract payments as of June 13th. The other reports include data that is finalized after the State’s monthly close process which completes near the end of the following month.

This month’s report focuses on the following:

1. Preview of SFY2014-15 Major Program Allocations
2. Update & Discussion on Consolidated Contract Spending
3. Update & Discussion on Temporary Safety Net Spending

1. Preview of SFY2014-15 Major Program Allocations:

As the current SFY14 nears its June 30th end, the State has started to disseminate information on SFY15 allocations for the major program areas, giving useful insight for budgeting, strategizing and planning changes for the upcoming year’s programming. Factors that affect our annual allocations include:

- federal funding levels,
- changes to the allocation formulas, if any, and
- changes to Boulder’s data that are variables included in the formulas from year to year.

As of mid-June, we have received preliminary amounts for Child Care, Colorado Works/TANF, Adult Protective Services and County Administration. Historical and expected funding given information provided at this point is as follows:

<table>
<thead>
<tr>
<th>Four Year Comparison of Major Allocations SFY12 to SFY15</th>
<th>as of 6/16/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2011-12</td>
<td>FY 2012-13</td>
</tr>
<tr>
<td>Child Welfare</td>
<td>$14,502,500</td>
</tr>
<tr>
<td>Core</td>
<td>$2,394,947</td>
</tr>
<tr>
<td>Child Care</td>
<td>$3,399,191</td>
</tr>
<tr>
<td>TANF</td>
<td>$5,960,512</td>
</tr>
<tr>
<td>APS (note 1)</td>
<td>n/a</td>
</tr>
<tr>
<td>County Admin</td>
<td>$3,369,990</td>
</tr>
<tr>
<td></td>
<td>$29,627,140</td>
</tr>
</tbody>
</table>

Note 1: Adult Protective Svcs, included in SFY13 County Admin, was segregated into a separate allocation beginning SFY14.
Of the four programs with preliminary allocations, TANF will lose funding, County Administration and Adult Protective Services will gain allocation and Child Care funding will remain relatively unchanged. Our TANF decrease is capped at the 5% reduction from the prior year’s allocation. This will be the third year in a row that our TANF allocation decreased by the 5% maximum, and in the three years from SFY12 to SFY15, our allocation will have decreased by 14.25%, or $850,118. At the State level, TANF funding was unchanged from SFY14 to SFY15. In an effort that could bring an inflow of new TANF funds to Boulder, we will likely apply for a portion of a $2M competitive award to available counties in or entering into employment-focused programming MOU’s with the State. We anticipate that the funds will be divided among three or four applicant counties. The State expects to announce the award recipients in late August.

The other significant swing in allocation is in County Administration. As reflected in the below chart, our 32% increase in combined County Administration (non-additional HCPF) is primarily due to a 70% increase in HCPF funding over SFY14:

<table>
<thead>
<tr>
<th>County Admin</th>
<th>2011-12</th>
<th>2012-13</th>
<th>2013-14</th>
<th>2014-15</th>
<th>Incr '14 to '15</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDHS alloc</td>
<td>2,087,654</td>
<td>2,219,183</td>
<td>2,075,864</td>
<td>2,297,142</td>
<td>11%</td>
</tr>
<tr>
<td>HCPF alloc</td>
<td>1,119,723</td>
<td>1,200,955</td>
<td>1,178,678</td>
<td>2,002,191</td>
<td>70%</td>
</tr>
<tr>
<td>Total</td>
<td>3,207,376</td>
<td>3,420,138</td>
<td>3,254,542</td>
<td>4,299,334</td>
<td>32%</td>
</tr>
<tr>
<td>Adtl HCPF</td>
<td>162,614</td>
<td>172,859</td>
<td>162,673</td>
<td>-</td>
<td>n/a</td>
</tr>
<tr>
<td>Total Cnty Adm</td>
<td>3,369,990</td>
<td>3,592,997</td>
<td>3,417,215</td>
<td>4,299,334</td>
<td>26%</td>
</tr>
</tbody>
</table>

(1) Adult Protective Svcs, included in County Admin through SFY13, became a separate allocation beginning SFY14.

The increase in HCPF funding may lead to a lower pass-through rate at year-end closeouts, but we expect that the overall effect is favorable to our funding. At the State level, the combined CDHS and HCPF funding increased 38%.

2. **Update & Discussion on Consolidated Contract Spending**

Appendix E outlines payments made on the 2014 consolidated contracts through June 13th. We are currently working with Mental Health Partners on finalizing their contract, which is the largest in dollar and complexity of all of our agency contracts. Focusing on the executed (non-MHP) contracts, we have been invoiced and paid $1,336,341, which is about 43% of total executed contract amount and is on good pace as we are about 47% through the contracts’ calendar year as of June 13th.

As we approach the half-way mark on the first-year of our consolidated contract initiative, we are evaluating how the goals behind this ambitious initiative – which included consolidating multiple contracts between the County and many single agencies, moving toward well-defined outcomes and standardizing contracting processes – are playing out. And at the same time, we are deciding how the 2015 application (or renewal) process will look like and what enhancements we can make to the administration and implementation of the contracts. These include identifying leveraging opportunities and specific outcomes and measurements as we move toward a more generative model that provides seamless proactive opportunities to our
clients through collaborative efforts between our agency, community partners and the clients themselves.

3. **Update & Discussion on Temporary Safety Net Spending**

Four months through the year, we have invoiced 25% of the 2014 appropriation. This lag in paying is expected as there is a one month delay inherent in the contract invoicing process (there were no contract payments reported in January). Contract spending is generally on pace and expected to be fully expended by year-end. Payroll is trending under pace – at about 29% spent 33% into the year, whereas Child Care support is trending over annual pace, at 38% spent through April. Appendix D details TSN spending through April.

Similar to the consolidated contract initiative, the mid-year mark is prime time for intensifying our monitoring and evaluation of TSN spending, outcomes and alignment for our future goals. Budgeted programs that are not spending or otherwise operating as initially planned may be replaced by programming that is of high priority and aligns with our TSN funding goals. We are currently identifying and prioritizing possible areas of redirection. Along with this funding/programming-focused effort, we are also evaluating staffing through 2015 – the final year of this five year ballot initiative – and how the contracted services will look in 2015 and beyond in coordination with the consolidated contract funding.
Appendix

A  Pie Charts: Sources and Uses of Funds
B  Comparison of County Budget to Actuals
C  Supplemental Analyses on Fund 012 Balance and TANF Reserves
D  TSN Comparison of Budget to Actuals
E  Consolidated Contracts Comparison of Budget to Actuals
F  Comparison of Major State Allocations and County Expenditures
G  Non-major Allocated and Non-allocated State Program Expenditures
### I. FUND 012 BALANCE AT 1-1-2014 (prelim at 06-12-14)
<table>
<thead>
<tr>
<th>Current 2014 Budget</th>
<th>YTD Actuals 4/30/2014</th>
<th>% Reported</th>
<th>YTD Actuals 4/30/2014</th>
<th>% Encumbered</th>
<th>YTD Actuals + Encumb 4/30/2014</th>
<th>% Rptd + Encmb</th>
<th>Remaining Unenc budg @ YTD Budget 4/30/2014</th>
<th>YTD Budget at 4/30/2014</th>
<th>YTD Actuals (+/-) 4/30/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intergovernmental Revenue</td>
<td>$23,066,908</td>
<td>$7,803,475</td>
<td>33.8%</td>
<td>n/a</td>
<td>$7,803,475</td>
<td>33.8%</td>
<td>$15,263,433</td>
<td>$7,688,969</td>
<td>($114,506)</td>
</tr>
<tr>
<td>Property Tax</td>
<td>$6,203,705</td>
<td>$1,698,919</td>
<td>27.2%</td>
<td>n/a</td>
<td>$1,698,919</td>
<td>27.2%</td>
<td>$4,516,786</td>
<td>$2,067,902</td>
<td>380,982</td>
</tr>
<tr>
<td>Private Grant Funds</td>
<td>$1,408,679</td>
<td>$277,534</td>
<td>n/a</td>
<td>n/a</td>
<td>$277,534</td>
<td>n/a</td>
<td>$1,131,146</td>
<td>$469,560</td>
<td>192,027</td>
</tr>
<tr>
<td>Consolidated contract 01/1401 transfer</td>
<td>$3,106,952</td>
<td>$3,106,952</td>
<td>33.3%</td>
<td>n/a</td>
<td>$3,106,952</td>
<td>33.3%</td>
<td>$941,524</td>
<td>$470,762</td>
<td>-</td>
</tr>
<tr>
<td>Consolidated contract 01/1405 transfer</td>
<td>$2,519,347</td>
<td>$2,519,347</td>
<td>n/a</td>
<td>n/a</td>
<td>$2,519,347</td>
<td>n/a</td>
<td>-</td>
<td>$839,782</td>
<td>($1,679,565)</td>
</tr>
<tr>
<td>Consolidated contract HHS 20/5951 (MHP)</td>
<td>$1,899,629</td>
<td>$633,210</td>
<td>n/a</td>
<td>n/a</td>
<td>$633,210</td>
<td>n/a</td>
<td>$1,266,419</td>
<td>$633,210</td>
<td>-</td>
</tr>
<tr>
<td>HHS Funding (2005 1A ballot initiative)</td>
<td>$1,412,286</td>
<td>$470,762</td>
<td>33.3%</td>
<td>n/a</td>
<td>$470,762</td>
<td>33.3%</td>
<td>$941,524</td>
<td>$470,762</td>
<td>-</td>
</tr>
<tr>
<td>TSN Funding (2010 1A ballot initiative)</td>
<td>$5,151,651</td>
<td>$598,497</td>
<td>11.6%</td>
<td>n/a</td>
<td>$598,497</td>
<td>11.6%</td>
<td>$4,533,154</td>
<td>$1,717,217</td>
<td>1,118,720</td>
</tr>
<tr>
<td>Other Sources : Use of 012 Fund Balance</td>
<td>$856,622</td>
<td>-</td>
<td>0.0%</td>
<td>n/a</td>
<td>-</td>
<td>0.0%</td>
<td>$856,622</td>
<td>285,541</td>
<td>285,541</td>
</tr>
<tr>
<td>Interest Income Investments</td>
<td>-</td>
<td>($4,599)</td>
<td>n/a</td>
<td>n/a</td>
<td>($4,599)</td>
<td>n/a</td>
<td>-</td>
<td>-</td>
<td>4,599</td>
</tr>
<tr>
<td><strong>Total Sources of Funds</strong></td>
<td><strong>$45,625,779</strong></td>
<td><strong>$17,092,096</strong></td>
<td>37.5%</td>
<td>n/a</td>
<td><strong>$17,092,096</strong></td>
<td>37.5%</td>
<td><strong>$28,533,683</strong></td>
<td><strong>$15,208,593</strong></td>
<td><strong>($1,883,503)</strong></td>
</tr>
</tbody>
</table>

### III. USES OF FUNDS
(Source: IFAS JL9107)

| County Admin | $8,859,887 | $2,771,119 | 31.3% | $133,423 | $2,904,542 | 32.8% | $5,955,345 | $2,953,296 | 182,176 |
| TANF /CO Works | $5,628,592 | $1,622,481 | 27.2% | $1,270,267 | $2,892,748 | 51.4% | $2,735,844 | $1,876,197 | 253,717 |
| Child Support IV-D | $1,815,864 | $625,380 | 34.4% | $55,014 | $600,394 | 37.5% | $1,131,470 | $605,288 | (20,092) |
| Child Care | $2,200,619 | $349,273 | 15.9% | $17,134 | $366,407 | 16.7% | $1,834,212 | $733,540 | 384,267 |
| LEAP | $168,241 | $60,449 | 35.9% | $60,449 | $60,449 | 35.9% | $107,792 | $56,080 | (4,369) |
| Child Welfare | $14,373,830 | $4,066,083 | 28.3% | $383,991 | $4,450,073 | 31.0% | $9,923,757 | $4,791,277 | 725,194 |
| Old Age Pension Admin | $217,683 | $36,181 | 16.6% | - | $36,181 | 16.6% | $181,502 | $72,561 | 36,380 |
| Core Services | $658,826 | $241,801 | 36.7% | - | $241,801 | 36.7% | $417,025 | $219,609 | (22,192) |
| ILA/Chafee | $118,673 | $35,542 | 29.9% | - | $35,542 | 29.9% | $83,131 | $40,174 | 0,015 |
| PSSF (actuals include match; budget does not) | $128,938 | $38,322 | 29.7% | $39,522 | $39,522 | 30.7% | $89,416 | $42,979 | 46,000 |
| IMPACT | $138,636 | - | 0.0% | - | - | 0.0% | $138,636 | $46,212 | 46,212 |
| Grant Funding | $80,103 | $34 | 0.3% | - | $34 | 0.3% | $80,103 | $26,712 | 26,678 |
| County Only | $11,235,853 | $2,057,990 | 18.3% | $3,818,209 | $5,876,199 | 52.3% | $5,359,654 | $3,745,284 | 1,687,295 |
| **Total Uses of Funds by Program** | **$45,625,779** | **$11,904,656** | 26.1% | **$5,679,238** | **$17,583,693** | 38.5% | **$28,041,886** | **$15,208,593** | **$3,303,937** |

(Budget and actuals include RMS redistributions)

### IV. NET INCREASE/DECREASE TO FUND 012 BALANCE
$5,187,441

### V. FUND 012 BALANCE ADJUSTED TO YTD ACTUALS
$15,930,776

### VI. NON-COUNTY PORTION OF EBT/EFT PAYMENTS: Reflects Federal and State portion of electronic benefit/fund transfers not included in the expenditures in section III.

<table>
<thead>
<tr>
<th>Year-to-date as of</th>
<th>Year-to-date as of</th>
<th>Year-to-date as of</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/30/2014</td>
<td>4/30/2014</td>
<td>4/30/2014</td>
</tr>
<tr>
<td>Colorado Works Block</td>
<td>$445,246</td>
<td>Low Energy Assistance Program</td>
</tr>
<tr>
<td>Child Care Block</td>
<td>$913,680</td>
<td>Aid To Needy Disabled</td>
</tr>
<tr>
<td>Child Welfare Block</td>
<td>$1,060,724</td>
<td>Home Care Allowance</td>
</tr>
<tr>
<td>Core Services Block</td>
<td>$586,007</td>
<td>Old Age Pension</td>
</tr>
</tbody>
</table>

Total Fed/State Portion of EBT/EFT (e) $70,590,087
Total authorized expenditures (D) + (E) $82,494,742
# Supplemental Analyses on Fund 012 Balance and TANF Reserves
## As of April 2014

## I. Fund Balance: HU1 Human Services Fund 012 (preliminary)

### CY2014: For Four Months Ending April 2014

<table>
<thead>
<tr>
<th>Fund 012</th>
<th>Unreserved Fund Balance at January 1, 2014 (preliminary as of 6/12/14)</th>
<th>$ (10,743,335)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Revenues in excess of expenditures, 1/1/14 to 4/30/14</td>
<td>(5,187,441)</td>
</tr>
<tr>
<td></td>
<td>Adjustments (timing in reporting revenues)</td>
<td>(15,930,776)</td>
</tr>
<tr>
<td></td>
<td>Property tax receipts under annualized pace, four months</td>
<td>(380,982)</td>
</tr>
<tr>
<td></td>
<td>Consolidated contract revenues in excess of expenditures: January through April</td>
<td>5,038,710</td>
</tr>
<tr>
<td></td>
<td>TSN revenue invoiced not recorded: March and April</td>
<td>(705,394)</td>
</tr>
<tr>
<td></td>
<td>HHS Fund 020 2005 1A earned not recorded as of April</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Preliminary Adjusted Unreserved Fund Balance through April, 2014</td>
<td>$ (11,978,443)</td>
</tr>
<tr>
<td></td>
<td>Preliminary Adjusted (Incr)/Decr in Unreserved Fund Balance, 2014</td>
<td>$ (1,235,107)</td>
</tr>
</tbody>
</table>

## II. TANF Expenditures and Reserves

### SFY13-14: For Ten Months Ending April 2014

<table>
<thead>
<tr>
<th>TANF allocation and expenditures</th>
<th>TANF Reserves</th>
<th>Projected Reserve Post Close</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allocation</td>
<td>Expend thru APR (83%)</td>
<td>% Alloc</td>
</tr>
<tr>
<td>SFY13-14</td>
<td>5,379,362</td>
<td>4,942,785</td>
</tr>
<tr>
<td>SFY12-13</td>
<td>5,662,486</td>
<td>4,254,042</td>
</tr>
<tr>
<td>SFY11-12</td>
<td>5,960,514</td>
<td>3,914,760</td>
</tr>
<tr>
<td>SFY10-11</td>
<td>6,199,501</td>
<td>3,882,506</td>
</tr>
</tbody>
</table>
## Boulder County Human Services Temporary Safety Net (TSN)
### Comparison of Budget to Actuals
#### For Four Months Ended April 2014

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TSN Administration</strong></td>
<td>100,000</td>
<td>1,093</td>
<td>2,792</td>
<td>2,996</td>
<td>1,966</td>
<td>8,847</td>
</tr>
<tr>
<td>Omni Consulting</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Non-Profit Contracts &amp; Other Programs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TBD</td>
<td>185,837</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Non-Profit Contracts</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boulder Shelter for the Homeless - BAC</td>
<td>65,000</td>
<td>-</td>
<td>6,500</td>
<td>-</td>
<td>18,835</td>
<td>25,335</td>
</tr>
<tr>
<td>City of Boulder - child care resource &amp; referral</td>
<td>35,000</td>
<td>-</td>
<td>3,000</td>
<td>-</td>
<td>3,358</td>
<td>6,358</td>
</tr>
<tr>
<td>City of Boulder - FRC</td>
<td>170,000</td>
<td>-</td>
<td>17,000</td>
<td>-</td>
<td>23,452</td>
<td>40,452</td>
</tr>
<tr>
<td>City of Longmont - parent education</td>
<td>70,203</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>7,787</td>
<td>7,787</td>
</tr>
<tr>
<td>Early Childhood Council</td>
<td>60,000</td>
<td>-</td>
<td>6,000</td>
<td>-</td>
<td>32,742</td>
<td>38,742</td>
</tr>
<tr>
<td>Mental Health Partners - community based</td>
<td>320,000</td>
<td>-</td>
<td>32,000</td>
<td>-</td>
<td>-</td>
<td>32,000</td>
</tr>
<tr>
<td>Mental Health Partners - prevention and intervention</td>
<td>169,211</td>
<td>-</td>
<td>16,921</td>
<td>-</td>
<td>-</td>
<td>16,921</td>
</tr>
<tr>
<td>Mental Health Partners - senior reach</td>
<td>80,000</td>
<td>-</td>
<td>8,000</td>
<td>-</td>
<td>-</td>
<td>8,000</td>
</tr>
<tr>
<td>Sister Carmen Community Center, Inc.</td>
<td>200,327</td>
<td>-</td>
<td>20,000</td>
<td>-</td>
<td>43,045</td>
<td>63,045</td>
</tr>
<tr>
<td><strong>Emergency Services 2014</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boulder Outreach for Homeless Overflow</td>
<td>20,000</td>
<td>-</td>
<td>2,000</td>
<td>-</td>
<td>4,500</td>
<td>6,500</td>
</tr>
<tr>
<td>Boulder Shelter for the Homeless</td>
<td>75,000</td>
<td>-</td>
<td>7,500</td>
<td>-</td>
<td>16,737</td>
<td>24,237</td>
</tr>
<tr>
<td>Bridge House</td>
<td>20,000</td>
<td>-</td>
<td>2,000</td>
<td>3,008</td>
<td>1,504</td>
<td>6,512</td>
</tr>
<tr>
<td>Emergency Family Assistance Association</td>
<td>75,000</td>
<td>-</td>
<td>7,500</td>
<td>-</td>
<td>7,800</td>
<td>15,300</td>
</tr>
<tr>
<td>Outreach United Resource Center, Inc.</td>
<td>75,000</td>
<td>-</td>
<td>7,500</td>
<td>-</td>
<td>16,557</td>
<td>24,057</td>
</tr>
<tr>
<td>Safehouse Progressive Alliance for Nonviolence</td>
<td>75,000</td>
<td>-</td>
<td>7,500</td>
<td>-</td>
<td>-</td>
<td>7,500</td>
</tr>
<tr>
<td>Sister Carmen Community Center, Inc.</td>
<td>75,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>20,319</td>
<td>20,319</td>
</tr>
<tr>
<td><strong>Other Programs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Hotel Vouchers</td>
<td>25,000</td>
<td>-</td>
<td>5,846</td>
<td>2,229</td>
<td>3,127</td>
<td>11,201</td>
</tr>
<tr>
<td>Heating Plus</td>
<td>115,225</td>
<td>15,367</td>
<td>18,516</td>
<td>20,800</td>
<td>11,471</td>
<td>66,153</td>
</tr>
<tr>
<td>Housing Choice Vouchers</td>
<td>110,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Housing Stabilization Program</td>
<td>220,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Parents as Teachers</td>
<td>114,186</td>
<td>7,049</td>
<td>9,735</td>
<td>12,148</td>
<td>13,116</td>
<td>42,048</td>
</tr>
<tr>
<td>The Work Number (Talx Corp.)</td>
<td>85,470</td>
<td>-</td>
<td>-</td>
<td>6,380</td>
<td>12,760</td>
<td>19,140</td>
</tr>
<tr>
<td><strong>SubTotal: Non-Profit Contracts &amp; Other Programs</strong></td>
<td>2,440,459</td>
<td>22,416</td>
<td>177,518</td>
<td>44,565</td>
<td>237,110</td>
<td>481,608</td>
</tr>
<tr>
<td><strong>Administrative Benefits Access</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel (Salary &amp; Benefits)</td>
<td>2,111,192</td>
<td>164,153</td>
<td>163,725</td>
<td>158,049</td>
<td>135,402</td>
<td>621,329</td>
</tr>
<tr>
<td>Child Care</td>
<td>500,000</td>
<td>36,496</td>
<td>30,305</td>
<td>53,785</td>
<td>71,522</td>
<td>192,108</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5,151,651</td>
<td>224,157</td>
<td>374,340</td>
<td>259,394</td>
<td>446,000</td>
<td>1,303,891</td>
</tr>
</tbody>
</table>
## Notes on spending and projected overages as of April actuals:

### Child Welfare

- Child Welfare is trending slightly under allocation, with 90.1% spent through ten months of reported actuals. A projected overspend of $340k is due to our higher than anticipated Workforce service spending through March.

### Child Care Assistance Program

- The County Admin and APS projections are trending under allocation at 80.7% spent. Straight-line projection yields year-end spending at $81,000 under allocation, with only a projected $367k overspend.

### TANF

- TANF spending is projected to be overspent by $321k, which does not reflect potential year-end surplus distributions to county agencies. The 85.4% spent through ten months is projected to yield a year-end overspend of $367k.

### Comparison of Major State Allocations and County Expenditures

- The projection for County Admin/Adult Protective Services shows an overspend of $477k, which includes enhanced Medicaid activities.

### Summary

- Ten months through SFY14, four of the five major programs are overspending prorated allocations, and in adjusting for known timing issues, planned reclassifications, and expected changes in spending patterns, we project all programs will be overspent at year-end.

Note 1: APS was segregated from County Admin funding beginning SFY14. The programs are presented together because an underspend in APS Admin can cover overspend in Cnty Admin and vice versa (SFY14 and SFY15 only).

Note 2: Reflects combined CDHS and HCDF allocations. We anticipate a portion of unspent HCDF (State level) will be available at closeout for a portion of overexpended County Admin.

---

**Comparison of Major State Allocations and County Expenditures**

**SFY13-14: For Ten Months Ending April 2014**

### Major State Program Area

<table>
<thead>
<tr>
<th>Full Year State Allocation</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>YTD Expenditures as of Apr 2014</th>
<th>Remaining Allocation as of Apr 2014</th>
<th>% Expended as of Apr 2014</th>
<th>Projected (Over)/Under (State Year-end)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Welfare</td>
<td>14,640,310</td>
<td>1,195,087</td>
<td>1,291,309</td>
<td>1,184,510</td>
<td>1,244,871</td>
<td>1,196,138</td>
<td>1,307,597</td>
<td>1,190,782</td>
<td>1,416,490</td>
<td>1,125,054</td>
<td>1,353,607</td>
<td>12,506,344</td>
<td>2,133,966</td>
<td>85.4%</td>
</tr>
<tr>
<td>Colorado Works / TANF</td>
<td>5,379,362</td>
<td>457,764</td>
<td>484,591</td>
<td>504,906</td>
<td>417,122</td>
<td>468,161</td>
<td>748,207</td>
<td>271,485</td>
<td>601,270</td>
<td>506,602</td>
<td>482,677</td>
<td>4,942,785</td>
<td>436,577</td>
<td>91.9%</td>
</tr>
<tr>
<td>County Admin and APS</td>
<td>3,980,688</td>
<td>564,689</td>
<td>652,488</td>
<td>531,504</td>
<td>384,327</td>
<td>333,841</td>
<td>280,804</td>
<td>296,962</td>
<td>293,394</td>
<td>315,618</td>
<td>337,512</td>
<td>3,287,467</td>
<td>(200,350)</td>
<td>106.5%</td>
</tr>
</tbody>
</table>

### Notes on spending and projected overages as of April actuals:

#### Child Welfare

- Child Welfare is trending slightly under allocation, with 90.1% spent through ten months of reported actuals. A projected overspend of $340k is due to our higher than anticipated Workforce service spending through March.

### General Observations

- The projections are based on actuals to date and expected reported expenditures for the remaining ten months, which includes five months of Workforce services still to be reported. The projected SFY14 TANF overspend can be covered by current TANF reserve balance of $1,937k.

- The projection for County Admin/Adult Protective Services shows an overspend of $477k, which includes enhanced Medicaid activities.

- The 85.4% spent through ten months is projected to yield a year-end overspend of $367k.

- The overspend does not reflect potential year-end surplus distributions or coverage by TANF reserves.

- Ten months through SFY14, four of the five major programs are overspending prorated allocations, and in adjusting for known timing issues, planned reclassifications, and expected changes in spending patterns, we project all programs will be overspent at year-end.

- These projected overages do not reflect year-end county pass-through (County Admin), possible surplus distributions (for all programs but TANF) and/or use of TANF reserves (available to Child Care, Title XX and TANF), which may be alternatives to county funding. The TANF reserve balance as of the SFY13 close is $1,937k, which is $328k under the $2.265M cap.

### Summary

- Ten months through SFY14, four of the five major programs are overspending prorated allocations, and in adjusting for known timing issues, planned reclassifications, and expected changes in spending patterns, we project all programs will be overspent at year-end.

- These projected overages do not reflect year-end county pass-through (County Admin), possible surplus distributions (for all programs but TANF) and/or use of TANF reserves (available to Child Care, Title XX and TANF), which may be alternatives to county funding. The TANF reserve balance as of the SFY13 close is $1,937k, which is $328k under the $2.265M cap.
Boulder County Safety Net and the Social Determinants of Health

Healthy Thriving Communities

- Health Coverage
- Prevention
- Employment
- Housing
- Transport
- Addiction
- Stress
- Social Support
- Early Childhood
- Nutrition

Hope for the future, help when you need it.
Our 2014-2015 DHHS Strategic Priorities

Nurturing Community Integration

- Strengthening the Community Safety Net
- Integrating Case Management
- Early Childhood Plan for Boulder County

Building the Pillars to Self-Sufficiency

- Access to Health Coverage
- Educational and Employment Development/Empowerment
- Expanded Housing Continuum

Revolutionizing the DHHS Workforce/Infrastructure

- Data Infrastructure/Data-Informed Practice
- Comprehensive & Sustainable Economic Engine
- Comprehensive, Agile DHHS Staffing & a Modern DHHS Workforce

Hope for the future, help when you need it.
Human Services Vision

“To create a safety net that provides evidence-based, front-end, early intervention and prevention services and supports to ensure that families can stabilize and thrive in our community.”

Human Services Safety Net: Goals & Implementation Strategies

- Family Safety & Preservation
- Front End Prevention / Intervention
- Housing Stabilization
- Any Door Service Linkage
- Work Readiness & Placement
- Health Coverage Linkage & Enrollment

- Evidenced Based Practices
- Maximizing Resources
- Data Driven Decision Making
- Transparency
- Shared Data
- Measurable Outcomes
- System-wide Commitments
- Integrated Case Management
- Communitywide Strategic Planning

Page 15 of 55
Significant state and federal **budget cuts** for human services

**The Great Recession**

Boulder County Commissioners worked with the community to **ask residents to help backfill cuts** so services could be restored and we could address the rising need for help.

Ballot Initiative 1A was passed by voters in November 2010.
- A 5-year 0.9 mill property tax increase
- Generates about $5 million per year
- Costs about $21 a year for a person with a $300,000 home in Boulder County
TSN Approach

Invest in families early, before they hit crisis

Strengthen early intervention and prevention

Invest in community-based safety net services

Promote individual and family stabilization

• Expand on our ability to provide **food and financial assistance**
• Extend our ability to help with **housing and rent**
• Increase access to **health care**
• Provide more help for families to access **quality child care**
• Boost **job training** and **employment supports**
• Create and support community-based **Family Resource Centers**
• Increase access to **mental health** and **substance abuse services**
Ballot Language Excerpts:

- BOCC finds that it is appropriate to seek voter approval for a temporary mill levy increase to provide alternative funding to human services to ensure that the state's underfunding of such services does not harm families and children in Boulder County.

- Boulder County seeks to implement many of its human services objectives through a public/private partnership with non-profit agencies through contracts for services with those agencies, and will use certain of the proceeds hereof to preserve current levels of basic human services during the economic downturn for emergency food, shelter, and other safety net services through contracts with such agencies.
## TSN Approach
### Funded Community Partner Programs 2011 - 2014

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<thead>
<tr>
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</table>

Hope for the future, help when you need it.
Disaster in Boulder County

2010 Four Mile Fire & 2013 Floods

Hope for the future, help when you need it.
Skyrocketing Need for Help

Boulder County Medicaid Enrollment

162% increase

Boulder County Food Assistance Enrollment

124% increase

8.9k

20k

16k

2008 2009 2010 2011 2012 2013 2014

Hope for the future, help when you need it.
Investments in Community

All Food Assistance and Medicaid Expenditures in Boulder County

- **Food Assistance**
- **Medicaid**

<table>
<thead>
<tr>
<th>Year</th>
<th>Food Assistance</th>
<th>Medicaid</th>
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<tbody>
<tr>
<td>2008</td>
<td>$11.2 M</td>
<td>$111 M</td>
</tr>
<tr>
<td>2009</td>
<td>$11.2 M</td>
<td>$20.7 M</td>
</tr>
<tr>
<td>2010</td>
<td>$25.1 M</td>
<td>$121 M</td>
</tr>
<tr>
<td>2011</td>
<td>$26.8 M</td>
<td>$122.6 M</td>
</tr>
<tr>
<td>2012</td>
<td>$26.7 M</td>
<td>$127.5 M</td>
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<tr>
<td>2013</td>
<td>$24.6 M</td>
<td>$136.2 M</td>
</tr>
<tr>
<td>2014 (projected)</td>
<td>$23.2 M</td>
<td>$143.8 M</td>
</tr>
</tbody>
</table>

Total Expenditures:
- 2008: $11.2 M
- 2009: $11.2 M
- 2010: $25.1 M
- 2011: $26.8 M
- 2012: $26.7 M
- 2013: $24.6 M
- 2014 (projected): $23.2 M

Total Expenditures (projected): $171.1 M

Hope for the future, help when you need it.
Investments in Community

Boulder County Medicaid Enrollment

Boulder County Medicaid Payments
January 2012 to April 2014

Equivalent of $48 million per year increase
Housing Stabilization Program

- **HSP Investments** = $7 million through 2014
- **1,900 households** avoid dislocation

### HSP Investments Over Time

<table>
<thead>
<tr>
<th>Year</th>
<th>HSP Investments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>$200,000</td>
</tr>
<tr>
<td>2009</td>
<td>$400,000</td>
</tr>
<tr>
<td>2010</td>
<td>$600,000</td>
</tr>
<tr>
<td>2011</td>
<td>$800,000</td>
</tr>
<tr>
<td>2012</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>2013</td>
<td>$1,200,000</td>
</tr>
<tr>
<td>2014 (projected)</td>
<td>$1,400,000</td>
</tr>
</tbody>
</table>

### HSP Referrals from Community Partners 2008 to Present

<table>
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<tr>
<th>Partner</th>
<th>Referrals</th>
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<tr>
<td>Veterans Affairs</td>
<td>29</td>
</tr>
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</table>
Child Care Assistance Program (CCAP)

# Children in CCAP in Boulder County

Funding Cuts
TSN Funding Begins

CCAP Funding from TSN Through 2014: $2 million
Estimated Return on Investment: $26 million

*MIT study, Early Childhood Education for All

Hope for the future, help when you need it.
Child Care Assistance Program (CCAP)

Total CCAP Subsidies Paid to Boulder County Childcare Providers

- Pre-TSN Funding
- TSN Funding

- 2009: $3,500,000
- 2010: $2,500,000
- 2011: $2,000,000
- 2012: $2,000,000
- 2013: $3,500,000
- 2014: $3,500,000

Hope for the future, help when you need it.
Hope for the future, help when you need it.

TSN Approach
Funded Community Partners 2011 - 2014

- Boulder County AIDS Project
- Boulder Outreach for Homeless Overflow
- Boulder Shelter for the Homeless
- Boulder Valley Women's Health Center
- Bridge House
- City of Boulder
- City of Longmont
- Clinica
- Community Food Share
- Dental Aid
- Early Childhood Council
- EFAA
- Mental Health Partners
- OUR Center
- Parenting Place
- SPAN
- Sister Carmen
- Inn Between of Longmont

$1,347,725
$117,879
$135,000
$299,897
$296,470
$167,515
$948,497
$510,860
$89,800
$621,769
$185,000
$88,000
$30,000
$30,000
$20,000
$60,000

Hope for the future, help when you need it.
Total TSN Investments 2011 – 2014
$20 million

- Basic Needs & Family Stability (31%)
  - $6,186,252
- Housing (24%)
  - $4,781,037
- Health Coverage (20%)
  - $3,951,074
- Mental Health Services (7%)
  - $1,451,872
- Child Care (11%)
  - $2,294,851
- TSN Support (7%)
  - $1,347,725

Basic Needs & Family Stability:
- Food Assistance
- Financial Assistance for Families & Elders
- In-kind Services for Families & Elders
- Case Management

Hope for the future, help when you need it.
Keeping Boulder County’s Safety Net Strong

Hope for the future, help when you need it.
Boulder County’s Temporary

Human Services Safety Net

2014 Report

Hope for the future, help when you need it.
Significant state and federal budget cuts for human services had eaten away at funding for critical programs at the county level and amongst our community partners.

The U.S. had entered the Great Recession, and our economy was hitting Boulder County residents hard. The need for help with food, housing, and healthcare was skyrocketing.

Boulder County Commissioners worked with the community (including many of our non-profit and governmental partners) to ask the residents of Boulder County to help backfill cuts so services could be restored and we could address the rising need for help.

Ballot Initiative 1A, the Temporary Human Services Safety Net (TSN), was passed by voters in November 2010.

- A 5-year 0.9 mill property tax increase
- Generates about $5 million per year
- Cost: about $21 a year for a person with a $300,000 home in Boulder County
TSN funding was prioritized by our community for several key areas:

- Strengthening early intervention and prevention services
- Investing in community-based safety net services
- Promoting individual and family stabilization

Specifically, TSN funding was used to:

- Expand our ability to provide stabilizing services like food and financial assistance for families, children, and individuals
- Extend our ability to help with housing and rent
- Increase access to health care
- Provide more help for families to access quality childcare
- Boost job training and employment supports
- Create and support community-based Family Resource Centers
- Increase access to mental health and substance abuse services

The TSN was coupled with a philosophy of investing in families early, before they hit a crisis. By stabilizing families, not only can we help them get back on their feet, but we also keep them from needing high-cost assistance later.

Ballot Language Excerpts:

- BOCC finds that it is appropriate to seek voter approval for a temporary mill levy increase to provide alternative funding to human services to ensure that the state’s underfunding of such services does not harm families and children in Boulder County

- Boulder County seeks to implement many of its human services objectives through a public/private partnership with non-profit agencies through contracts for services with those agencies, and will use certain of the proceeds hereof to preserve current levels of basic human services during the economic downturn for emergency food, shelter, and other safety net services through contracts with such agencies
in Boulder County has fallen slowly from its 2010 peak, but remains higher than pre-recession data.

Cost of living in Boulder County continues to rise faster than many people’s ability to keep up. Single parents, in particular, face a difficult challenge.

<table>
<thead>
<tr>
<th>Monthly Expenses</th>
<th>1 Adult, 2 Children</th>
<th>1 Adult, 3 children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>$536</td>
<td>$749</td>
</tr>
<tr>
<td>Child Care</td>
<td>$996</td>
<td>$1,346</td>
</tr>
<tr>
<td>Medical</td>
<td>$427</td>
<td>$410</td>
</tr>
<tr>
<td>Housing</td>
<td>$1,059</td>
<td>$1,544</td>
</tr>
<tr>
<td>Transportation</td>
<td>$639</td>
<td>$686</td>
</tr>
<tr>
<td>Other</td>
<td>$258</td>
<td>$351</td>
</tr>
<tr>
<td>Required annual income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>before taxes</td>
<td>$55,524</td>
<td>$72,131</td>
</tr>
</tbody>
</table>

Poverty rates in Boulder County are 1 in 4 for single female heads-of-household with kids, and 13% of Colorado families with kids under 5 live in poverty.
Almost exactly three years after the worst fire in recorded county history, unprecedented flooding hit Boulder County hard in September 2013, devastating many communities and displacing thousands of residents. The impacts continue to this day.

The Fourmile Fire in 2010 destroyed 169 homes and resulted in $217 million in insurance claims, the most expensive wildfire in Colorado history at the time.

Boulder County, in partnership with our community partners, responds quickly during disasters like these to ensure residents have the help they need when they need it. Our work in the aftermath of the 2013 flooding garnered tremendous praise from the Federal Emergency Management Agency (FEMA).

The human services safety net is always very important, especially during and following disasters. Boulder County’s focus on proactively preparing for disasters and working collaboratively with partners during response and recovery helps make our safety net one of the strongest in the country, ready to help support residents in need. This collaborative and proactive approach has also created a safety net that turns investments into significant returns, both in terms of dollars and community health.
Since 2008, Medicaid enrollment in Boulder County has risen 162%, from 16,000 to 41,000 people.

**Help with healthcare**  
Since 2008, Medicaid enrollment in Boulder County has risen **162%**, from **16,000 to 41,000** people.

---

**Help with food**  
Since 2008, enrollment in Food Assistance (the SNAP program) in Boulder County has increased **124%**, from **8,900 to 19,000** people.
Quality child care is an extremely important support for Boulder County residents who are trying to stabilize themselves and their families. Without this support, it can be very difficult to maintain adequate employment to make enough money to cover the costs of many other necessities like food, housing, health care, and transportation.

The Boulder County Child Care Assistance Program (CCAP) provides financial support for individuals and families to help cover the costs of child care. In order to qualify, parents or caretakers must be working, looking for a job, or pursuing an education.

Due to state and federal funding cuts, the CCAP program had to be closed to new clients and the numbers of families served had to be reduced between 2009 and 2010. The TSN has invested important funding back into this program to re-open the program and once again increase the numbers of families receiving this crucial assistance.

The economic downturn and ongoing cost-of-living pressures have led many of our neighbors to ask for help over the past few years.

Due to state and federal funding cuts, the CCAP program had to be closed to new clients and the numbers of families served had to be reduced between 2009 and 2010. The TSN has invested important funding back into this program to re-open the program and once again increase the numbers of families receiving this crucial assistance.

# Children in CCAP in Boulder County

Client photos by Geneva Bailey
The economic downturn and ongoing cost-of-living pressures have led many of our neighbors to ask for help over the past few years.

Safe and stable housing is one of the most important supports a person can receive. The Housing Stabilization Program (HSP) provides financial assistance for Boulder County residents to pay their rent. By the end of 2014, the HSP will have invested over $7 million into our communities and will have helped nearly 1,900 households stabilize and avoid dislocation.
Help with housing
As part of our other efforts, in fall 2012 we opened Josephine Commons, 74 units of affordable housing in Lafayette. It was fully leased in four days. Phase II of the development, another 72 affordable units, will begin move-in this summer.

In 2013, we purchased 13 acres of land in Louisville for more affordable housing for our community.

Help for families
Our focus on early intervention and prevention has helped keep families together and children safe at home. Children are being removed from their homes much less frequently as we increase our focus on getting services to families sooner.
Key to helping families navigate crisis, stabilize, and achieve long-term stability is a seamless coordinated continuum of services, supported by knowledgeable staff. Through TSN investments, formalized partnerships between DHHS and our TSN-supported partner agencies have led to more coordinated practices, improved tools for service delivery, and universal training to support case management and related services.

BCDHHS recently launched a revised universal case management assessment tool and new standardized framework for services delivery which are now being used across key safety net partners, resulting in more timely and appropriate services for families and less duplication of effort.
As the name implies, Boulder County’s Housing Stabilization Program (HSP) helps stabilize families by preventing housing dislocation and homelessness, and getting other assistance to families as soon as possible to help them avoid other crises. HSP clients are identified through referrals from partner organizations.

HSP financial help comes primarily in the form of rental assistance. Since 2008, we have helped 1,734 individuals and families with a total of 6,472 months of assistance, averaging 4 months of help and $3,459 of assistance per household.

56% of the households served have had incomes at or below $20,000 per year.

<table>
<thead>
<tr>
<th>Number of Months</th>
<th>Number of Households</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>333</td>
<td>19%</td>
</tr>
<tr>
<td>2-4</td>
<td>970</td>
<td>56%</td>
</tr>
<tr>
<td>5-8</td>
<td>246</td>
<td>14%</td>
</tr>
<tr>
<td>9-12</td>
<td>161</td>
<td>9%</td>
</tr>
<tr>
<td>13+</td>
<td>26</td>
<td>1%</td>
</tr>
</tbody>
</table>

HSP—Referrals from Community Partners 2008 to Present

<table>
<thead>
<tr>
<th>Organization</th>
<th>Referrals</th>
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Of the 1,734 households in the Housing Stabilization Program, 777 were directly case managed by our partners in their own communities, utilizing the universal case management assessment tool and new standardized framework for services delivery.

This has ensured clients get the help they need where they live and when they need it.
When Emily came to our Housing Stabilization Program (HSP) she was homeless, fleeing her abusive partner, and caring for her son who has special needs. Scared, confused, and depressed, Emily began working with staff from HSP and Safehouse Progressive Alliance for Nonviolence (SPAN) to create a safety plan and secure her basic needs for herself and her son.

Soon after obtaining her apartment through HSP funds, she went from having a large deficit in her budget to a surplus of almost $400 a month. Emily advocated for herself at work and earned a promotion to manager. Her son, who had been to more schools than she could count, had significant improvement in his classroom behavior. At the time she transitioned out of HSP, Emily had already paid her next month’s rent and still had almost a full month of rent in her savings account.

Compared to the financial costs of crisis that homelessness and dislocation sometimes brings, Housing Stabilization Program assistance saves the community tremendous amounts of money.
A Client’s Story

Michael’s contracting job was giving him just enough income to pay his bills, but not enough to cover child care for his young son. A friend was helping watch his son while Michael worked, but Michael frequently had to leave his job when his friend needed to tend to other business. While he was grateful for his friend’s help, he was concerned his inconsistent schedule was jeopardizing his employment. He found out about the CCAP program through the City of Boulder Family Resource Center and immediately applied. Less than two months later, his son was in a quality child care setting with other children his age, and was thriving. Michael also found he had more energy and time for his work, and within six months he’d been promoted to supervisor. He then had enough income to cover the child care expenses and exit CCAP. He also had money left over for other things, including an annual membership to the zoo for him and his son.

In part due to financial support from the TSN, in July 2012 Boulder County expanded our CCAP program income eligibility by 25% to help additional parents and caregivers in the community. As a result, many Boulder County residents who were facing the possibility of becoming ineligible due to modest pay increases were able to remain in the program.

Overall, we have increased participation in CCAP by 200 families and 400 children since 2011.

Since 2009, the Child Care Assistance Program has injected $17.8 million into the Boulder County child care system.
Affordable child care helps families stabilize.

On average, qualifying parents and guardians pay just 9% of the costs of quality childcare through CCAP.
Financial support for lower-income residents to access quality child care and early learning programs is a very efficient and effective investment. A recent study by the Massachusetts Institute of Technology found that for every dollar invested in these supports, the public gains $12.90 in return.

The study looked at a sample of 123 low-income children who were assessed to be at high risk of school failure. 58 of the children were randomly selected to attend a quality two-year preschool program for 2- and 3-year-olds; the others attended no preschool program. Researchers have followed the two groups for 40 years.

Evaluating return-on-investment, the study concluded that, 40 years after the preschool experience, the public gained $12.90 for every dollar spent on the program. From the study: “Much of the savings came from dollars not spent on incarceration; there were also savings to the public in lower special education costs, taxes paid to public coffers because of higher earnings [14% more], and savings in public assistance costs.”

While the overall CCAP return-on-investment is significantly higher, based on these findings the $2 million TSN investment in the program can be estimated to generate nearly a $26 million benefit to our community.
# TSN-Funded Community Partner Programs 2011-2014

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![Pie chart showing funding distribution](image-url)
"Temporary Human Services Safety Net (TSN) funding has been a tremendous benefit to Sister Carmen Community Center and participants in our programs. During the economic downturn, the funding has allowed us to provide financial assistance to additional families we would not have been able to serve otherwise. We’ve been able to bolster our staffing levels in order to meet the increased demand for our services. The additional staff also allowed us to help our participants with enrollment in public benefits programs like Child Health Plan Plus (CHP+). Beyond that, we’ve been able to provide additional services, like parenting classes, that give families the tools and support they need to avoid spiraling further into crisis."

Suzanne Crawford, Sister Carmen CEO

Elena (not pictured) entered the HSP program through Sister Carmen after just having had a baby, being out of work for a year and supporting her mixed-generational family. Within three months, she and the other adult members of her household became employed. They now make enough money to move into their own homes. Elena’s younger brother will be starting college in the fall. HSP gave them the support to get out of the never-ending cycle of late payments that late fees can fuel.
Between 2008, when the Great Recession started, and 2012, when the economy finally began to strengthen again, Clinica Family Health Services saw an astounding 20% increase in its patient census (from 34,257 to 40,962 individuals) and a 28% increase in the number of appointments provided to patients. Day after day, patients told us about being laid off and burning through their savings. We had engineers and paralegals coming to us because, after losing their jobs, they had to settle for positions at box stores that offered no health benefits. We had middle-aged couples in business attire sitting with our financial screeners, looking for health care they could afford on unemployment benefits. None of them ever thought they would be turning to a community health center for help.

During this same period, Congress cut $600 million from the community health center program. Then the Colorado State Legislature declared a two-year fiscal emergency and implemented steep budget cuts that adversely affected a number of Clinica’s funding streams, specifically the state Primary Care Fund, the Colorado Indigent Care Program and Medicaid payments. By 2010, our executive team was facing painful choices. We had already cut every possible expense out of our budget. What next? Should we turn patients away? Should we lay off staff or quit offering mental health services?

Boulder County’s Temporary Human Services Safety Net Initiative gave Clinica much needed breathing room. We quit worrying about lay-offs and created additional capacity by implementing more group visits and co-visits. We fine-tuned our behavioral health care to provide more of the brief therapy that was so beneficial to patients suffering depression or anxiety often due to financial stress. We even expanded our homeless health care services, adding weekly visits to Safehouse, Boulder Shelter for the Homeless and Bridge House.

Clinica’s financial footing is extremely solid now, but we are still tremendously grateful for the assistance that the TSN provided us at a time when we truly needed it.

Simon Smith, President and CEO, Clinica Family Health Services
Years ago, an exasperated woman staying at the SPAN Shelter told me “I feel like a human hot potato, getting tossed from one agency to another. I go one place for affordable housing only to find there is none. I go another place to get my kids signed up for childcare, but we don’t qualify. I thought living with my abuser was crazy-making, but this is almost as bad.”

Her frustration was a challenge to us to do better. The Boulder County Temporary Human Services Safety Net (TSN) has allowed SPAN and other community-based human services to do just that: a better job streamlining meaningful resources that support individuals and families from crisis to safety and stability.

The SPAN Community Resource Advocate, a position funded through the TSN, provides comprehensive resource support to survivor of domestic violence who walk through the SPAN Shelter doors. That’s nearly 1,200 adults and children since TSN funding was available in 2011. With domestic violence being a primary cause of homelessness for women and children, providing access to child care assistance, housing and rental assistance, and post-crisis support are essential to the long-term safety and stability of domestic violence survivors. We know what works: Interrupt violence early; reduce barriers; enhance the strength and resiliency of survivors; and, provide integrated services that meet the complex needs of adults and children impacted by domestic violence. The TSN has been an investment in solutions that work. We have a long way to go, but the TSN has certainly put us on the right track.

Anne Tapp, Director,
Safehouse Progressive Alliance for Nonviolence (SPAN)
### TSN-Funded Stabilization Supports 2011-2014

<table>
<thead>
<tr>
<th>Basic Needs &amp; Family Stability</th>
<th>Housing</th>
<th>Child Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Support Services</td>
<td>Emergency Hotel Vouchers</td>
<td>Child Care Assistance Program (CCAP)</td>
</tr>
<tr>
<td>Child Welfare</td>
<td>Housing Choice Vouchers (Formerly Section 8)</td>
<td></td>
</tr>
<tr>
<td>Heating Plus</td>
<td>Housing Stabilization Program (HSP)</td>
<td></td>
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<tr>
<td>Parents as Teachers</td>
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<tr>
<td>Senior Heat</td>
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</tbody>
</table>

- **Total**: $3,939,797
- **Child Support Services**: $1,998,136
- **Child Welfare**: $59,565
- **Emergency Hotel Vouchers**: $114,186
- **Heating Plus**: $49,702
- **Housing Choice Vouchers**: $232,123
- **Housing Stabilization Program (HSP)**: $67,206
- **Parents as Teachers**: $40,580
- **Senior Heat**: $110,000

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*The Temporary Human Services Safety Net*

**partnership, investment**
Our collaboration with community partners on early intervention and prevention has led to a marked increase in dollars coming into Boulder County for Medicaid and Food Assistance. During 2013 alone, the two major assistance programs injected $168.4 million into the local economy.

And our collective efforts to enroll those who newly qualify for health coverage under the Affordable Care Act have contributed to a significant increase in Medicaid payments to Boulder County providers in the first several months of 2014. At the current rate, the net result will be at least a $28 million increase in Medicaid payments for 2014 (this is a very conservative estimate). We have leveraged TSN support to help make this possible.
TSN funding provides support for basic needs emergency services and various case management programs across the county. This pivotal network of safety net programs serves some of the county's most at-risk families in need. These programs assist with access to food resources, emergency and transitional housing supports, training for employment, clothing, and other services. Basic needs programs have provided assistance to nearly 12,000 families since the TSN initiative was approved.

TSN Basic Needs Programs: 11,904 families served
TSN Case Management Programs: 3,564 families served

Case Managers working with families evaluate areas of need according to the Boulder County Self Sufficiency Matrix. This assessment tool helps case managers look across 21 domains related to self sufficiency including Housing, Income, Food, and Employment. The matrix helps to identify high risk areas of need as well as areas where the family is stable or thriving. Case Managers frequently update the matrix to evaluate progress towards this stable or thriving state.

The chart below shows 4 domains of the 21 in the self sufficiency matrix and how many individuals and families assessed for change had an improvement in their matrix score.

Data: out of 2,680 clients with two matrix evaluations
Turning the safety net into a trampoline.

TSN Total Investments 2011 - 2014
$20,012,811

Child Care (11%)

Health Coverage (20%)

Mental Health Services (7%)

Housing (24%)

Basic Needs & Family Stability (31%)

TSN Support (7%)

$2,294,851

$3,951,074

$1,451,872

$6,186,252

$4,781,037

This funding has helped turn the safety net into a trampoline that no longer simply catches and holds people. Because of the early intervention and prevention focus and partnerships boosted by the TSN, our neighbors in need are better able to bounce back out to sustainable self-sufficiency.

* Basic Needs & Family Stability:
- Food Assistance
- Financial Assistance for Families and Seniors
- In-kind Services for Families and Seniors
- Case Management
DHHS Advisory Committee
MONTHLY MEETING
Tuesday, July 29, 2014, 3:30 p.m.
DHHS Kaiser Building,
Large Conference Room, 2525 13th Street

Agenda:

1) Approval of today’s agenda

2) Approval of minutes from June 26, 2014 joint HS Board and DHHS Advisory Committee meeting

3) Matters from the committee members for consideration

4) Financial report
   a) Review of Financials through May 2014
   b) Update CDBG-DR funding streams

5) Update on Child Welfare Initiatives
   a) Prevention activities—Frank Alexander
      i. Connection to continuum of services in early intervention and prevention
      ii. Differential response initiatives
      iii. Community response initiatives
      iv. IV-E waiver implementation
      v. Child welfare hotline implications—potential increase in referrals
      vi. TSN impact

6) TSN Ballot initiative update

7) Next Meeting is Tuesday, August 26, 2014, 3:30 p.m. Kaiser Large Conference Room, 2525 13th Street, Boulder

8) Adjourn

Access to current and past packets for the Boulder County Housing Authority Board, the Boulder County Human Services Board, and the Housing & Human Services Advisory Committee can be found by clicking on the links below:
Boulder County Housing Authority Board Packets
Boulder County Human Services Board Packets
Housing & Human Services Advisory Committee Packets

**Note that full DHHS financials are in the associated links to the board packets above.
Minutes:

Present: Laura Kinder, Penny Hannegan, Jeff Zayach, Bobbie Watson, Suzanne Crawford, Dalia Dorta

DHHS Staff: Frank Alexander, Chris Campbell, Jim Williams, Will Kugel, Willa Williford

1) Tour of Josephine Commons Senior Building and Tour of Aspinwall at Josephine Commons Family Housing

- Commissioner Domenico commented on the incredible site that we have at Josephine Commons and how much of an asset it is to the County. She thanked all of the staff and community partners that have made the to come to fruition.
- Frank Alexander commented in the integrated programming that is a large part of the vision for the community, including senior service activities, the onsite meal program, access to benefits through onsite eligibility technicians, access to other services through a resource specialist. With the addition of the 2nd phase (Aspinwall), the Family Self Sufficiency Program will have many clients living in the community. Additionally, Mental Health partners will have staff on site to provide mental health supports. This project shifted the paradigm for BCHA from a smaller housing authority to a significant developer providing a continuum of services for folks. It is a bell weather project for the agency in term so project quality, sustainability, and social impact.
- The community buildings are open to all clients from across the county—supportive services will be available for all. For example, the City of Lafayette’s meal program has more than doubled since moving to JC and those served are from all over the county.
- Commissioner Domenico mentioned that the county has committed to land banking parcels for future developments to meet some of the affordable housing needs of the county (23 acres currently, would could equal approximately 420 units). There is a 20,000 unit shortfall in Boulder County currently.
- Commissioners Jones would like to see that community members visit JC and see what affordable housing truly is and can be now and in the future.
- Commissioner Gardner recognized the important role of the DHHS Advisory Committee members and asked that they bring forward any issues that they are hearing in the community.
- Flood need was discuss as well. There are around 5000 needy families (CDBG-DR eligible people) still and many resources are not available to them. A limited number of homes will be assisted by these funds. DHHS did apply for CDBG-DR funds for replacement housing to support the Alkonis project in Louisville.
2) **Financial report**
   a) Financials through April 2014:

   Will Kugel, DHHS Finance Director provided a financial update:
   - He covered Josephine Common’s financial statements. The occupancy rate has been extremely high. Revenues are running ahead of schedule and operating costs are very low (the energy efficiencies have, in part, kept the operating costs very low). From a cash flow and income statement aspect on the facility, the numbers are exceedingly positive.
   - Audit update: for the tax credit entities (JC LLC. and JCII, LLC.) and BCHA, the audits have been completed and were all positive.

   **Additionally, new DHHS Advisory Committee members, Bobbie Watson, Suzanne Crawford, and Jeff Zayach were welcomed to the committee.**

3) **Adjourn**

   Access to current and past packets for the Boulder County Housing Authority Board, the Boulder County Human Services Board, and the Housing & Human Services Advisory Committee can be found by clicking on the links below:

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BOULDER COUNTY
HOUSING & HUMAN SERVICES

Hope for the future, help when you need it.

Family & Children Services
Housing
Food Assistance
Financial Assistance
Elder Services
Health Coverage
Education & Skill Building
BOULDER COUNTY HOUSING & HUMAN SERVICES

Hope for the future, help when you need it.

Review of the Colorado Differential Response (DR) Model

Kit Thompson, Family & Children Services (FCS) Division Director
Terrie Ryan-Thomas, FCS Intake Division Manager
Wendy Ingham, FCS Ongoing Division Manager
Hope for the future, help when you need it.

DR is a **Dual Track System** in which screened-in referrals go to either:

**Track 1: Family Assessment Response (FAR)**
- Service decision made with family
- **No** finding made

**Track 2: High Risk Assessment (HRA)**
- Service decision made with family and/or in conjunction with a court order
- Finding made
**DR is designed to:**

- Be more **flexible** in responding to child abuse and neglect reports
- Recognize that a traditional investigative response is **not needed** in all cases
- Help child welfare professionals better understand the **family issues** beneath maltreatment reports
- Engage parents **effectively** to use services that address their specific needs

*from the Colorado Consortium on Differential Response*
Differential Response

Core elements of DR in Colorado:

- Two or more responses to screened-in reports, outlined in law/statute/rule
- Eligibility for response type is related to multiple factors at the time of screening
- Original response assignment can be changed
- In FAR, no determination of whether or not maltreatment occurred
- After assessment, services are voluntary for families who receive FAR (as long as safety isn’t compromised)

*from the Colorado Consortium on Differential Response

Hope for the future, help when you need it.
Hope for the future, help when you need it.

Differential Response

Hotline Screening

Report received through hotline, researched, and entered into state database

Immediate High Risk Assessment Response

Screened in and Assigned

RED Team

Screen out

Early Intervention

Colorado Community Response
Differential Response

Immediate or RED Team

Reports that don’t require immediate response are reviewed by RED Teams daily.

Supervisors and Caseworkers Review, Evaluate, and Direct

What is the alleged maltreatment?

Does the allegation meet the statutory threshold for abuse or neglect?

What kind of response time does it require?

Does it need to be HRA or can it be FAR?
Hope for the future, help when you need it.
Hope for the future, help when you need it.

Differential Response

High Risk Assessment
- Disposition
- Higher Risk
- Unannounced home visit
- Interview children alone

Common Ground
- Safety and risk
- Well being
- Permanency
- Safety-focused
- Strength-based
- Child-centered
- Family-focused
- Engagement
- Solution-oriented Partnership
- Linkage to services
- Family meetings

Family Assessment Response
- No disposition
- Low to moderate risk
- Interview family together
- Announced home visit

Hope for the future, help when you need it.
Introducing a Safety-Organized Practice

Partnering for Safety:

• Is a set of practice skills, assessment tools, and engagement techniques
• Uses a spirit of curiosity, practices of family engagement, and shared language for important child welfare concepts
• Helps create good working relationships among all key stakeholders, including the family.

Safety is actions of protection taken by the caregiver that mitigate the risk, demonstrated over time.

Hope for the future, help when you need it.
Partnering For Safety:

Built on the legacy of others-
* Insoo Kim Berg & Steve de Shazer
* Rob Sawyer
* Andrew Turnell
* Susie Essex
* The Colorado Consortium on Differential Response
* National Council on Crime & Delinquency (NCCD) Children’s Research Center
* Sue Lohrbach
* Sonja Parker
* Steve Edwards
* Nicki Weld
Values and Principles

Working with Families

- Every family deserves our respect
- Cooperate with the person, not the abuse
- Cooperation is possible even when coercion is required
- All families have a history of protection
- Families deserve a process and assessments that are reliable, valid, and equitable
- Traumatic experiences affect families and should inform how we work with them to build safety
- Families are the experts on their own families

Assessments

- Safety is the focus
- Know where you are in key decision points
- Focus on information needed for that decision
- Search for detail and clarity rather than using jargon
- Inquiry is an intervention.
- Be aware of how our interviews may inadvertently trigger traumatic symptoms.
- Integrate rigorous, collaborative human judgment with research-built tools to create balanced assessments.
- Create detailed, collaborative plans for enhancing daily safety of children.
Assessments

- Safety is the focus
- Know where you are in key decision points
- Focus on information needed for that decision
- Search for detail and clarity *rather than using jargon*
- Inquiry is an **intervention**. (*Inquiry is Interviewing for Safety as well as for worries*).
- Be aware of how our interviews may inadvertently trigger traumatic symptoms.
- Integrate rigorous, collaborative human judgment with research-built tools to create balanced assessments
- Create detailed, collaborative plans for enhancing daily safety of children
Partnering For Safety

Assessments

- Every family deserves our respect
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- Families are the experts on their own families

Working With and Across **Differences**

- Everyone has personal values, assumptions, and lenses when it comes to working with others who are different from ourselves.
- The process of how we try (or not) to work with others different from ourselves can take over the content of what we are trying to do if we do not pay attention to the these differences.
- Naming differences; it’s critical that we are aware of power imbalances present in our work and of the history and current oppression that can take place in the work; and increase our own self awareness and humility about what we know about others.
Decisions

- Decision-making is shared with the family whenever possible.
- Key decision points should be informed by standardized assessment recommendations.
- Overrides are appropriate when needed, and reasons should be clearly articulated.
- Sometimes the decisions will add to the child and family’s trauma. We have a responsibility to reduce trauma we cause as much as possible and to help heal what cannot be prevented.

"People support what they had a hand in creating." – Margaret Wheatley
### Decisions
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### Planning
- The goal is behavioral change, not plan compliance.
- Learn what all members of the family want to see happen.
- Focus on creating small change.
- The means is **action**, not services.
- Plan to respond to any identified trauma.
- “People support what they had a hand in creating.” – Margaret Wheatley
Partnering For Safety  Values and Principles

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- Decision making is shared with the family whenever possible.
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Planning
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- Focus on creating small change.
- The means is action, not services.
- Plan to respond to any identified trauma.
- “People support what they had a hand in creating.” – Margaret Wheatley

Worker Discipline
- Rigorous search for relevant details.
- Using words everyone can understand;
- Describe in terms of behaviors, not judgments or jargon.
- Skillful use of authority.
- Responsive, not reactive, to trauma symptoms.
FCS Mission Statement

“In partnership with our community, we empower families to achieve safety, permanency and well-being for themselves and their children”
Organizational Structure

Improvements & Efficiency

- Focus on Early Intervention and Prevention
- Self-Sufficiency and Access to Benefits
- Service Integration
- Community and Family Engagement
- Excellent Customer Service
- Efficient Operations
Practice Model

• The top priority of DHHS is to keep families and children safe and together when that is possible.

• If a family has the capacity and resources to address the issues themselves, they should. We use family meetings to identify resources and build safety.

• Children are protected by strengthening families.

• The removal of children from their homes is the intervention of last resort and only occurs when specific safety & risk issues present serious imminent concern.
• The risk and safety instruments help guide decision-making.
• Cases are not opened or kept open just to monitor the family. There must be a service in place that mitigates the identified risk.
• When it is necessary to place, children are placed in the least restrictive placement and the non-custodial parent, extended family and kin are considered first.
• Placements are made that insure legal and emotional permanency.
2013 Statistics: Assessment to Case

1518 Total Assessments

1360 were PA5 - 257 founded (19%)
121 were PA 4
37 Institutional - 4 founded (11%)

9.7% of all assessments were transferred to Ongoing (147 total cases / 66 of which were new D&Ns)

Reunification or Permanency

Hope for the future, help when you need it.
Our **most visible** (Court) cases are often the **most difficult**.

**Most** of our cases are **lower- to moderate-risk**, and we are working closely with these families to stabilize them.

In the first four months of Family Assessment Response Dec ’13 – Mar ‘14:

- 547 PA 5 Assessments
- 360 Family Assessment Response
- 187 High Risk Assessments (21% founded)
- 40 total cases transferred to Ongoing
  - 27 New D&N Filings
  - 42 PA 4 Assessments
- 16 FAR cases changed to High Risk Assessment

Hope for the future, help when you need it.
Open/Ongoing Dependency and Neglect Cases
Boulder County

Hope for the future, help when you need it.
Dependency and Neglect Case Filings by Month
Boulder County

Hope for the future, help when you need it.
Absence of Abuse/Neglect Recurrence
Within 6 months of confirmed A/N

%
Presence of Abuse/Neglect Recurrence
Within 6 months of confirmed A/N
Absence of Abuse after Services
Within 6 months of case closure
Presence of Abuse after Services
Within 6 months of case closure

% of 39
See our Differential Response videos at www.YouTube.com/BCDHHS

Questions? Comments?
Volume 7: Facilitated Family Meetings

This week we resume our updates on a major new initiative for our department, Differential Response (DR). Each volume of FAR Ahead focuses on different aspects of DR, how we're implementing this child welfare practice change, and what it means for our clients.

Background

Boulder County has joined other Colorado counties that are using the "dual-track" Family Assessment Response (FAR) to Child Welfare. As part of an initiative known as Differential Response, this approach keeps as an option the high-risk assessment response for serious child abuse and neglect, and offers an additional option of partnering more closely with families in low- and moderate-risk cases. At the heart of DR is the strong family engagement that focuses on identifying each family's strengths and helping create plans to boost them. Through this process, families are better able to identify what they need to keep their children safe and are able to get assistance more quickly.
Implementation and Communication

In November, Boulder County began its official implementation of Differential Response and the dual-track process. In the time since, we have continued to evolve our agency around the six practice principles of DR and the Partnering for Safety framework, including ongoing and intensive training for staff.

In April we gave a Differential Response presentation to two dozen community stakeholders, including magistrates and judges, county attorneys, guardians ad litem, and others. In this presentation, we worked to ensure stakeholders understand three key points: 1) Differential Response is composed of best practices in child welfare that keep children safe and help strengthen families by involving them more deeply in the process, 2) our FCS staff have been and continue to be immersed in rigorous training around the Partnering for Safety elements, and 3) the slight reduction in Dependency and Neglect petition filings they’ve noticed is a result of our overall process change, not specifically Differential Response.

The response to the presentation was deeply moving: many of the stakeholders thanked us for sharing so much detailed information about DR and clarifying our approach to working with families, and some indicated they’re grateful to us for the great work we’re doing. We will continue to reach out to our community partners and stakeholders to ensure the message is clear and consistent: we are creatively using the breadth and depth of resources we have to help keep kids with their immediate families or other kin, including partnering with and getting resources to parents and families to help them stabilize and keep their children safe.

DR Principle 4: Facilitated Family Meetings (please watch the video!)

The six practice principles of Differential Response define a model that focuses on finding opportunities to surround families with the help they need to keep children safe and avoid deeper crisis. In the previous volumes of FAR Ahead, we looked at Enhanced Screening, RED Teams, and Group Supervision, the first elements in the DR
process. Enhanced Screening helps uncover crucial information about families (particularly their strengths) that can then be used to make better decisions about how we respond to the calls we receive. RED Teams map out information brought in by the screeners and add to that other knowledge our staff can acquire. In RED Teams, staff members from around our FCS Division come together to analyze these maps and make decisions about how best to respond to the report. Group Supervision builds on the RED Team approach to provide collaborative peer consultation for caseworkers to help them identify vulnerabilities (and especially strengths) of their client families.

The fourth DR step is **Facilitated Family Meetings**. This part of the process is similar in many ways to earlier parts of the DR process, with a major difference: this time, the families are central in the conversation, which takes place in a supportive, non-judgmental environment.

The Facilitated Family Meeting process begins when the facilitator collaborates with the caseworker and the family to decide who needs to be at the meeting. "Typically that is reflected with the reality of what the family is working with," says Family Meeting Facilitator Rebecca Green. "So if you have a large family, there are a lot of adults that are helping to care for kids, there's a lot of co-habitation happening, and you typically have a lot of those people at the table." At the same time, we also work a good bit with single parents who may not have much of a support network, and this is where the Facilitated Family Meeting process can also be very helpful. "We work with family in that circumstance to figure out 'who do you feel that you'd like to reach out to and create community with?' We research all the areas in a person's life [to determine natural supports they may have to locate] people who can really help support them in this process of working with the department" toward their parenting goals. In essence, we encourage them to create a community that will support them during a time of vulnerability and opportunity.

The meeting lengths average about an hour and a half and are held in a variety of locations, including in our offices and at non-profit partners and other community-based organizations. Rebecca says in these meetings a big goal for us is to ensure balance "so that people don't have the feeling of walking in as a single parent with a whole panel of professionals in front of [them]." For more isolated clients, facilitators
work with parents to help them practice asking for this assistance, and sometimes the facilitator offers to connect with people on their behalf. All of this gives us a chance to help the parents understand our hopes for involving community members in supporting the families we’re working with.

In the meetings, facilitators tend to use a three-column approach:

- what's working well?
- what are our worries? and
- what are our next steps?

Rebecca says they also tailor the process according to what the families and caseworkers need in the moment. "A lot of times some of the first meetings that we’re doing with families, we are helping workers to really be clear on their risk statements with them," she says. The idea is to model an ease and level of comfort in talking about risk statements so the parents will embrace the idea.

In these early stages, we have to be clear and transparent: "here’s what the department's concerns are, here’s where we’re starting and where we'd like to go, and here’s what it will look like when our work together is done." Once that's in place, the facilitator, the caseworker, and the family and their community can work to fill in the middle and see what we need to do to get there.

One of the strengths of D.R. and Partnering for Safety is how they spread common practices across an entire process with a family. Facilitated Family Meetings use many of the same elements that are so successful in RED Teams and Group Supervision, including scaling questions and safety plans. This means that often caseworkers have already had some good experience with the methods in earlier meetings with supervisors and peers, working out risk statements and their thoughts about what they’d like to present to the family to move forward.
Often in these meetings, a family member or a parent will experience a profound moment of opening up and being vulnerable in response to feeling understood by our caseworkers and facilitators. Rebecca says some of this stems from Differential Response's rigorous assessment process. "It's a different experience now," she says. "I think that in the past there was much more viewing people through the incident that occurred, and now I see workers in Intake and Ongoing as well as facilitators really looking at the whole picture of a family," including the good things they've been doing. Over time, as trust builds, families and parents become more and more open and willing to work with us.

Soon, Facilitated Family Meetings will be incorporated into each Family Assessment Response (FAR) process, which should help in the development of service plans during the families' short-term work with us. Intake workers are busy, and doing a great job at a fast pace with their families. Having a facilitator helping with the service planning should make it a little easier for Intake workers to focus on the details with the families. "I hope that the family's experience will be the same, too, that's it's just a little bit more of a structured experience around creating that service plan and then everyone would have written copies that are signed leaving that meeting," Rebecca says. "There are some nice pieces to that, too, for organization and clarity on everybody's part."

And did we mention there's a video? Please do watch it. It's a good synopsis of the Facilitated Family Meeting process and its benefits for our clients and caseworkers.
Facilitated Family Meetings are just one part of a comprehensive approach to empowering families to use the many supports we have (and many of their own) to wrap them in the help they need at crucial times. We'll continue to take a look at the other important practice elements of Differential Response in upcoming volumes of FAR Ahead.

In the meantime, please let us know if you have any questions at any time.

The BCDHHS Differential Response Implementation Team
DHHS Advisory Committee
MONTHLY MEETING
Tuesday, August 26, 2014, 3:30 p.m.
DHHS Kaiser Building,
Large Conference Room, 2525 13th Street, Boulder

**Agenda:**

1) Approval of today’s agenda

2) Approval of minutes from July 29, 2014 DHHS Advisory Committee meeting

3) Matters from the committee members for consideration

4) Financial report
   a) In depth look at the DHHS budget and allocations: Will Kugel, DHHS Finance Director
   b) Review of Financials through June 2014

5) 2014 Community of Hope Summit discussion
   a) Overview of the event, purpose, and goals
   b) Role of the Advisory Committee

6) Human Services Safety Net (HSSN) ballot initiative update
   a) Full Ballot Resolution (click link)
   b) Ballot Title (click link)

7) Next Meeting is Tuesday, September 30, 2014, 3:30 p.m. Kaiser Large Conference Room, 2525 13th Street, Boulder

8) Adjourn

Access to current and past packets for the Boulder County Housing Authority Board, the Boulder County Human Services Board, and the Housing & Human Services Advisory Committee can be found by clicking on the links below:

Boulder County Housing Authority Board Packets

Boulder County Human Services Board Packets

Housing & Human Services Advisory Committee Packets
DHHS Advisory Committee
MONTHLY MEETING
Tuesday, July 29, 2014, 3:30 p.m.
DHHS Kaiser Building,
Large Conference Room, 2525 13th Street

Minutes

Present: Laura Kinder, Penny Hannegan, Bobbie Watson, Suzanne Crawford, Dalia Dorta, Simon Smith, Aaron DeJong

DHHS Staff: Frank Alexander, Chris Campbell, Jim Williams, Kit Thompson, Wendy Ingham, Terrie Ryan-Thomas

1) Approval of today's agenda:
   • Approved as written

2) Approval of minutes from June 26, 2014 joint HS Board and DHHS Advisory Committee meeting
   • Approved as written

3) Matter from the committee members for consideration

   Laura - Boulder County doing anything for immigrant children (sheltering)?

4) Financial report
   • Review of Financials through May 2014 – referencing financial materials from commissioners’ packet.
   • Included this month is 5 year perspective on funding streams including potential of TSN extension.
   • Now finishing out closeout for state fiscal year. We’re pre-funded by the state in first month then settle out at the end of each month. Closeout happens around the end of June. Amount of money we get in final settlement is based on where the rest of the counties end their spending.
   • We feel good about how well we’re maximizing our revenues
   • New board members – we want you to be able to fully dive into financials
   • Two year extension of Tenant Based Rental Assistance funding for that program
   • Subdivision paving LID impacts? This combined with flood impact are significant for the county, and there’s a significant impact on us because of it. Don’t know yet how it will play out. We’ll see where LID lands. Our funding is segregated generally, but staff positions/merit increases can be impacted.
   • Update CDBG-DR funding streams
• We’ve been awarded $6.2 million in CDBG-DR funding, broken into two major buckets ($4 million in rehab, $1 million in flood assistance, the rest in demolition, etc.); applications for this funding are slow at this point
• We’ve received $750k for our Aspinwall project
5) We’ve received $750k for our Aspinwall project
6) Two year extension of Tenant Based Rental Assistance funding for that program
7) Subdivision paving LID impacts? This combined with flood impact are significant for the county, and there’s a significant impact on us because of it. Don’t know yet how it will play out. We’ll see where LID lands. Our funding is segregated generally, but staff positions/merit increases can be impacted.
8) Update on Child Welfare Initiatives
   • Prevention activities—Kit Thompson, FCS Division Director, Terrie Ryan-Thomas, FCS Division Manager and Wendy Ingham, FCS Division Manager
      i. Connection to continuum of services in early intervention and prevention – Terrie Ryan-Thomas: Intake division has six teams, one is Early Intervention and Prevention team. Division marries front end child welfare assessments with opportunities for families to move directly into early intervention and prevention. Now have three case managers (one is community response specific). Families without child welfare issues but basic needs issues are the focus. Some might have immigration issues and need some assistance. Some need help accessing insurance. 45-90 days in the early intervention phase, going through their needs and goals, connecting them with the right resources. We receive about 4200 referrals a year into child welfare, and screen out about half of them. EIP can only serve about 150 families a year. We have short term housing options as well for these families while we figure out longer-term options for them. Just added Colorado Community Response to the team – evidence based program new to Colorado, we’re gathering information for the state. In Boulder County, we focus prevention work on families who present to child welfare and get screened out but have a child between the age of 0 and 5 (about 900 families a year). We reach out to these families to engage them in other kinds of supports they might be interested in. Also Safe Sleep work we’re doing – Colorado Dept of Health working on this – where your child sleeps (and how they sleep) makes a difference. Bobbi – my advisory council has a PhD Infant Sleep person – maybe have a brown bag workshop with staff with her – we know here (Lane) through IMPACT. Sister Carmen – part of our Nurturing Parent program is happening there.
      ii. Differential response initiatives – we’re into the DR initiative fully now. What DR / FAR does is allow us a dual track response so we can be more proportional in our response: meet with children with parents present if caseworker determines through assessment this is appropriate (also depends on type of allegation). Allows us to skip the finding of child maltreatment and get services to the family (you can have a conversation with the family that helps you get to their needs). This has opened doors. This is not a lesser response, we still do same assessments thoroughly. Now we meet families more where they are and engage them earlier in the process. Can’t assign serious injury or death or sex abuse (and a couple of others) to FAR. We’ve been working with partner counties on this and we get federal data to help give us perspective: this last quarter, we’re assigning about 72% of our assessments as Family Assessment Response. Great majority of our workload has always been issues that we can help address. Community has been super-receptive of this. 5 pilot counties started in CO and ran for four years, and then we joined Nov 2013. It’s been a big workload shift and change; we’re learning a lot and now feel very confident.
Board members can help us with this – when we started moving into the de-institutionalization effort, we had to grapple with how much risk we could take. If you move to more prevention, you’re taking ownership of institutional negative outcomes that normally wouldn’t be ours to handle. The public wants in-home services that are more prevention focused even if the risk is a little higher. Managing more uncertainty and worry at home. Have to have relationships to be able to be comfortable and trust a family. TRAILS database links up all child welfare reports/involvements/services so we can track families from one place to another. Knit together information web. Bobbi – statute of limitations? No, info is in there forever. Helpful to us. Protected database, law enforcement doesn’t have access to it and has to get it through us. FAR families are more intensive in terms of the kinds of work we do. Cases move to Ongoing from Intake based on decisions made in assessment. I have five teams of caseworkers, we continue family engagement. We do a lot of family meetings, most of our kids are at home, not many in out of home placement any longer.

Ann Sullivan - Transition Aged Youth Community Coordinator (funded through TSN) – been in the job 16 weeks. Intention is to look at kids aging out of foster system in the gap areas. These are hard years especially with lack of stability. We run into barriers when we ask what happens to transition aged youth doesn’t have access to Medicaid or doesn’t have workers he/she likes? Ann is pulling responses together to help us put together plans for this.

Youth Advisory Board – two of our Chafee (independent living program) workers, plus 8 kids who’ve been involved with us – meet each month and work on projects to help other kids be successful: Survival Guide is their current project, a youth-driven manual. They’ve been advising statewide Pathways to Success program. Ty is a link for helping other youth with housing supports. Ann also supervising two Chafee staff. We have youth FUP vouchers (now 6 youth are housed); housing for kids aging out of the system – looking to secure 4 units for them. Now working on readiness assessments for the kids and what their needs might be if they were to secure housing. Looking at services that exist that we could blend into supportive case management program – Chafee workers, System of Care grant (IMPACT, MHP) for wrap around services to get family members together with youth to figure out the supports they need), case management, peer support. TAY – 14 to 26, but we’re looking at 16 to 21 year old group.

Family Engagement Division – foster care, adoption, life skills (workers that go into the family’s home to help stabilize, and visitation workers. This unit supports both other divisions. We got IV-E waiver for funding- usually linked to out of home placements, but now that we’re working more with families in their homes, we need to shift this funding to do that intensive in-home work. We were granted these dollars and this year we’ve hired two new family meeting facilitiators to help guide this intensive work. We also got a new kinship support specialist (extended family member, neighbor, someone who has a relationship with that family/child). We also got $160k in flexible funding to support kin (taking in siblings is expensive and we can help them with beds, transportation). This past year we served 100 families, 35 were open cases, and we’ve been able to outreach to other members in the community to support them. Now working on Intensive Family Finding to get more family or friends to support the children. We’ve found fathers that were never involved who are now interested in being a resource for the child. Bobbi - do you have longitudinal success data? Not specifically, but research through IV-E waiver will give us some of this. We do have some TAY data about kids who’ve been in foster care and where they end up. Frank – data driven evidence-based practices are helping us get a better picture of these things. Kit – research on kin providers is that children have much more
stability in kinship home than foster home. Frank – we can get you copies of all the ARCH studies – 4 of the largest counties involved in this – that show the #1 predictor of child welfare success is the presence of a secondary caregiver (just some additional person who can help). CSU also doing IV-E and CCR research.
Simon – the work you’re doing is impressive and brave.

9) TSN Ballot initiative update
   i. TSN impact – board made a decision to put TSN on the ballot, hearing is August 12. They directed us to do work on re-drafting the ballot language with a 15 year extension. We’d looked at the gap risk that existed and then brought it to our partners to prioritize. The non-involved taxpayer who pushes us to perform at higher levels wants to see the return on investment. Small investments in TAY bring huge gains. TSN Report was latest attempt to make sure we were putting this out there for consideration. Bobbi – I keep hearing “in a year, X million dollars are raised, what % are pushed out to community nonprofits and what % remain with the county. On the front end in 2011, a significant portion were kept within the county and smaller percentages out in the community. Over time this has changed and now there’s more out in the community. Frank – we have these tables and charts, and it depends on what you define as “in the county” or out in the county. $5 million, $1 million was designed to go out into community, the rest was designed to backfill cuts we’d experienced within our agency. Suzanne – would be helpful if nonprofits could come together and come up with 10 really great talking points. Many agencies see that there are a few agencies getting funding and may not think they’d have a shot at the funding. Get talking points to community partners. Frank - TSN has seeded a huge complex body of work. It also depends on who you’re talking to. Shift the question to what’s the issue that’s being met by funding. There hasn’t been one criticism that couldn’t be addressed. Committee needs more education on how to address those concerns – 10 talking points. County leveraging dollars with the money we use. TSN extension: Looking at things going forward in a very holistic way. Accountability and return on investment. Laura – need to look at how nonprofits can leverage the TSN dollars. Suzanne- it’s been true for us (leverage). TSN committee can raise enough money to hold a campaign. Healthcare, family stabilization and rent, child care. Human stories.

10) Next Meeting is Tuesday, August 26, 2014, 3:30 p.m. Kaiser Large Conference Room, 2525 13th Street, Boulder

11) Adjourn

Access to current and past packets for the Boulder County Housing Authority Board, the Boulder County Human Services Board, and the Housing & Human Services Advisory Committee can be found by clicking on the links below:
Boulder County Housing Authority Board Packets
Boulder County Human Services Board Packets
Housing & Human Services Advisory Committee Packets

**Note that full DHHS financials are in the associated links to the board packets above.
The accompanying financials reflect actuals through June 2014 except for Appendix E “Consolidated Contracts”, which reports contract payments as of August 18th. The other reports reflect data that is finalized after the State’s monthly close process which completes near the end of the following month.

This month’s report includes updates & discussion on the following:

1. State Fiscal Year 2013-14 Closeout
2. Looking ahead: State Fiscal Year 2014-15
3. Temporary Safety Net Spending
4. Consolidated Contract Spending

**1. State Fiscal Year 2013-14 Closeout**

Boulder County overspent all five of its major allocations in SFY13-14.

- Expenditures over allocations in Adult Protective Services, Child Care, Child Welfare and Core Services were **100% covered in the surplus distribution**, a process which redistributes unused funds in underspent counties to those counties that are overspent.
- Boulder County’s County Administration over-expenditures were partially covered by surplus distribution and, additionally, received 63% in pass-through funds, a rate which surpasses recent rates, ranging 52% to 58% in the past four years.
- Colorado Works/TANF overspent its allocation, which was in step with the Department’s intentions for managing the reserve balance to a level that aligns with longer term objectives.

The additional funding over our allocations that we received at closeout for these programs are summarized as follows:

<table>
<thead>
<tr>
<th>SFY13-14 closeout: funding in excess of allocations</th>
<th>Spending over allocation</th>
<th>Surplus distribution</th>
<th>County Pass-thru</th>
<th>Total Funding &gt; Allocations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus distribution and county pass-thru</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Adult Protective Services - administration</td>
<td>231,183</td>
<td>231,183</td>
<td>-</td>
<td>231,183</td>
</tr>
<tr>
<td>Adult Protective Services - emergency services</td>
<td>12,618</td>
<td>12,618</td>
<td>-</td>
<td>12,618</td>
</tr>
<tr>
<td>Child Welfare</td>
<td>345,550</td>
<td>345,550</td>
<td>-</td>
<td>345,550</td>
</tr>
<tr>
<td>Child Care</td>
<td>973,466</td>
<td>973,466</td>
<td>-</td>
<td>973,466</td>
</tr>
<tr>
<td>County Administration*</td>
<td>2,450,859</td>
<td>319,305</td>
<td>1,342,964</td>
<td>1,662,269</td>
</tr>
<tr>
<td>Core Services</td>
<td>54,577</td>
<td>54,577</td>
<td>-</td>
<td>54,577</td>
</tr>
<tr>
<td>Totals</td>
<td>4,068,253</td>
<td>1,936,699</td>
<td>1,342,964</td>
<td>3,279,663</td>
</tr>
</tbody>
</table>
2. Looking ahead: State Fiscal Year 2014-15

With the new State fiscal year 2014-15 came new allocations for the major program areas. These are key drivers in our budgeting, strategizing and planning changes for the new SFY15 programming and for 2015 budgeting. Factors that affect the annual allocations include:

- federal funding levels,
- changes to the allocation formulas, if any, and
- changes to Boulder’s data that are variables included in the formulas from year to year.

The SFY14-15 allocations in the table reflect preliminary amounts for Child Care, Colorado Works/TANF, Adult Protective Services and County Administration. Historical and expected funding based on current information is as follows:

Of the six allocations, TANF and Core saw a reduction in funding from SFY13-14 to SFY14-15, whereas Adult Protective Services and County Administration have an increase in funding. Child Welfare and Child Care allocations remain relatively flat. Other observations include:

1. For the third year in a row, TANF has decreased by the maximum cap of 5% from the prior year’s allocation. And in the five years from SFY10 to SFY15, our allocation has decreased by 26%, or by ($1.78M).

2. At the State level, TANF funding was steady from SFY14 to SFY15, so the net gain/loss between counties is $0. In effort to offset some of our reduction and bring new TANF funding to Boulder, the Department has applied for a portion of a $2M competitive award available to counties in or entering into employment-focused programming MOU’s with the State. DHHS anticipates that the funds will be divided among three or four applicant counties. The State expects to announce the award recipients in late August.
3. The other significant swing in allocation is in County Administration. As reflected in the below chart, the 32% increase in combined County Administration is primarily due to a 70% increase in Medicaid funding for SFY15 over SFY14:

<table>
<thead>
<tr>
<th>County Admin</th>
<th>2011-12</th>
<th>2012-13</th>
<th>2013-14(1)</th>
<th>2014-15</th>
<th>Incr ’14 to ’15</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDHS alloc</td>
<td>2,087,654</td>
<td>2,219,183</td>
<td>2,075,864</td>
<td>2,297,142</td>
<td>11%</td>
</tr>
<tr>
<td>HCPF alloc</td>
<td>1,119,723</td>
<td>1,200,955</td>
<td>1,178,678</td>
<td>2,002,191</td>
<td>70%</td>
</tr>
<tr>
<td></td>
<td>3,207,376</td>
<td>3,420,138</td>
<td>3,254,542</td>
<td>4,299,334</td>
<td>32%</td>
</tr>
<tr>
<td>Adtl HCPF 100%</td>
<td>162,614</td>
<td>172,859</td>
<td>162,673</td>
<td>-</td>
<td>n/a</td>
</tr>
<tr>
<td>Total Cnty Adm</td>
<td>3,369,990</td>
<td>3,592,997</td>
<td>3,417,215</td>
<td>4,299,334</td>
<td>26%</td>
</tr>
</tbody>
</table>

(1) Adult Protective Svcs, included in County Admin through SFY13, became a separate allocation beginning SFY14.

The increased Medicaid funding is comprised of $1.44M in enhanced funding, which is reimbursed at 90%, and of $.56M regular funding.

4. Of the small 0.7% increase in Child Welfare funding ($105k), $61.5k is Boulder’s share of $1.38M in new funding to implement the Child Welfare Hotline. Outside of the Child Welfare allocation, Boulder’s IV-E Waiver funding increased by 27% over its first year of funding:

<table>
<thead>
<tr>
<th>4. Child Welfare IV-E Waiver</th>
<th>SFY14</th>
<th>SFY15</th>
<th>$ incr</th>
<th>% incr</th>
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<tbody>
<tr>
<td>Family Engagement</td>
<td>161,164</td>
<td>162,784</td>
<td>1,620</td>
<td>1.01%</td>
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<tr>
<td>Kinship</td>
<td>140,282</td>
<td>220,864</td>
<td>80,582</td>
<td>57.44%</td>
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<td></td>
<td>$301,446</td>
<td>$383,648</td>
<td>$82,202</td>
<td>27.27%</td>
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</table>

The additional $80,582 in the Kinship allocation will fund a new case worker position to support kinship programming.

5. The similar amount that Adult Protective Services received as an increase over SFY14 ($85,412) funding can be used to support a new program case worker.

3. **Temporary Safety Net Spending**

Six months through the calendar year, 41% of the 2014 TSN appropriation has been spent. This lag in payments is normal and expected as there is generally a one month delay inherent in the contract invoicing process (there were no contract payments reported in January). Contract spending is generally on pace and expected to be fully expended by year-end. Payroll, at 46% spent – is trending a little under pace, but maintaining the June spending rate will put us at budget by year-end.

Into the third quarter of 2014, the Department is identifying and prioritizing critical underfunded programming areas that we may redirect a portion of TSN dollars in order to optimize our use of these critical available funds.
4. **Consolidated Contract Spending**

Appendix E outlines payments made on the 2014 consolidated contracts through August 18th.

- Invoiced and paid totals $2,802,637, which is about 37% of total executed contract amount.
- Spending is slower than prorated pace 63% through the calendar year due to:
  - the intrinsic one month lag in payments and,
  - 59% of the contracted funds are with Mental Health Partners, whose contract execution is imminent. As of June, DHHS paid a second 10% payment to cover ongoing operations as the contract is finalized.

The 2015 application process is underway, and DHHS staff is reviewing areas that can enhance the administration and implementation of the contracts as the scopes are crafted and are looking at what mix of community partners and services will best meet the most critical areas of need in our county. This path is critical to moving toward a more generative model, providing seamless proactive opportunities to clients through collaborative efforts between DHHS, community partners and the clients themselves.
Appendix

A  Pie Charts: Sources and Uses of Funds
B  Comparison of County Budget to Actuals
C  Supplemental Analyses on Fund 012 Balance and TANF Reserves
D  TSN Comparison of Budget to Actuals
E  Consolidated Contracts Comparison of Budget to Actuals
F  Comparison of Major State Allocations and County Expenditures
G  Non-major Allocated and Non-allocated State Program Expenditures
Human Services: Sources of Funds
For Six Months Ending June 2014
Total YTD 2014 Sources = $23,611,266

- Intergovernmental Revenue $10,449,973 (44%)
- Property Tax $3,725,381 (16%)
- Consolidated contract 01/1401 transfer $3,106,952 (13%)
- Consolidated contract 01/1405 transfer $2,519,347 (11%)
- Consolidated contract HHS 20/5951 (MHP) $791,512 (3%)
- HHS Funding (2005 Initiative) $588,453 (3%)
- TSN Funding $1,739,174 (7%)
- Interest Income Investments $(4,599) (0%)
- Private Grant Funds $695,074 (3%)

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Human Services: Uses of Funds
For Six Months Ending June 2014
Total YTD 2014 Uses = $18,662,420

- Child Welfare $6,103,338 (33%)
- County Only $3,769,519 (20%)
- County Admin $4,101,763 (22%)
- TANF /CO Works $2,465,124 (13%)
- Other Programs $552,605 (3%)
- Child Support IV-D $941,580 (5%)
- Child Care $296,003 (2%)
- Core Services $432,487 (2%)
## I. FUND 012 BALANCE AT 1-1-2014

<table>
<thead>
<tr>
<th>Program</th>
<th>Current 2014 Budget</th>
<th>YTD Actuals 6/30/2014</th>
<th>% Reported 50%</th>
<th>Thru Year Encumbered 6/30/2014</th>
<th>% Reported 50%</th>
<th>Actuals+Encum 50%</th>
<th>Encumbered 6/30/2014</th>
<th>Actuals+Encum 50%</th>
<th>Thru Year</th>
<th>Remaining / Unenc budg @ YTD Budget</th>
<th>YTD Budget 6/30/2014</th>
<th>YTD Actuals (+) / YTD Budget</th>
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<td>Core Services Block</td>
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<td>Old Age Pension Admin</td>
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<td>ILA/Chafee</td>
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<td>PSSF (actuals include match; budget does not)</td>
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<td>IMPACT</td>
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<td>Grant Funding</td>
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<tr>
<td>Total Uses of Funds by Program</td>
<td>$ 45,625,779</td>
<td>$ 23,611,266</td>
<td>51.7%</td>
<td>$ 23,611,266</td>
<td>51.7%</td>
<td>$ 22,014,513</td>
<td>$ 22,812,890</td>
<td>(798,377)</td>
<td></td>
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</tr>
</tbody>
</table>

## II. SOURCES OF FUNDS (Source: IFAS GLS438)

<table>
<thead>
<tr>
<th>Program</th>
<th>Current 2014 Budget</th>
<th>YTD Actuals 6/30/2014</th>
<th>% Reported 50%</th>
<th>Thru Year Encumbered 6/30/2014</th>
<th>% Reported 50%</th>
<th>Actuals+Encum 50%</th>
<th>Encumbered 6/30/2014</th>
<th>Actuals+Encum 50%</th>
<th>Thru Year</th>
<th>Remaining / Unenc budg @ YTD Budget</th>
<th>YTD Budget 6/30/2014</th>
<th>YTD Actuals (+) / YTD Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intergovernmental Revenue</td>
<td>$ 23,066,908</td>
<td>$ 10,449,973</td>
<td>45.3%</td>
<td>n/a</td>
<td>n/a</td>
<td>$ 10,449,973</td>
<td>45.3%</td>
<td></td>
<td></td>
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<tr>
<td>Property Tax</td>
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<tr>
<td>Private Grant Funds</td>
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<td></td>
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<tr>
<td>Consolidated contract 01/1401 transfer</td>
<td>3,106,952</td>
<td>3,106,952</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>$ 3,106,952</td>
<td>n/a</td>
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<td>1,553,476</td>
<td>(1,553,476)</td>
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</tr>
<tr>
<td>Consolidated contract 01/1405 transfer</td>
<td>2,519,347</td>
<td>2,519,347</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>$ 2,519,347</td>
<td>n/a</td>
<td>-</td>
<td>1,259,674</td>
<td>(1,259,674)</td>
<td></td>
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</tr>
<tr>
<td>Consolidated contract HHS 20/5951 (MHP)</td>
<td>1,899,629</td>
<td>791,512</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>$ 791,512</td>
<td>n/a</td>
<td>-</td>
<td>949,815</td>
<td>156,302</td>
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<tr>
<td>HHS Funding (2005 1A ballot initiative)</td>
<td>1,412,286</td>
<td>588,453</td>
<td>41.7%</td>
<td>n/a</td>
<td>n/a</td>
<td>$ 588,453</td>
<td>41.7%</td>
<td>-</td>
<td>823,834</td>
<td>117,691</td>
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</tr>
<tr>
<td>TSN Funding (2010 1A ballot initiative)</td>
<td>5,151,651</td>
<td>1,739,174</td>
<td>33.8%</td>
<td>n/a</td>
<td>n/a</td>
<td>$ 1,739,174</td>
<td>33.8%</td>
<td>-</td>
<td>3,417,477</td>
<td>836,651</td>
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<tr>
<td>Other Sources : Use of 012 Fund Balance</td>
<td>856,622</td>
<td>-</td>
<td>0.0%</td>
<td>n/a</td>
<td>n/a</td>
<td>-</td>
<td>0.0%</td>
<td>-</td>
<td>856,622</td>
<td>428,311</td>
<td>428,311</td>
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<tr>
<td>Interest Income Investments</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Total Sources of Funds</td>
<td>$ 45,625,779</td>
<td>$ 23,611,266</td>
<td>51.7%</td>
<td></td>
<td></td>
<td>$ 23,611,266</td>
<td>51.7%</td>
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</tbody>
</table>

## III. USES OF FUNDS (Source: IFAS JL9107)

<table>
<thead>
<tr>
<th>Program</th>
<th>Current 2014 Budget</th>
<th>YTD Actuals 6/30/2014</th>
<th>% Reported 50%</th>
<th>Thru Year Encumbered 6/30/2014</th>
<th>% Reported 50%</th>
<th>Actuals+Encum 50%</th>
<th>Encumbered 6/30/2014</th>
<th>Actuals+Encum 50%</th>
<th>Thru Year</th>
<th>Remaining / Unenc budg @ YTD Budget</th>
<th>YTD Budget 6/30/2014</th>
<th>YTD Actuals (+) / YTD Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Admin</td>
<td>$ 8,859,887</td>
<td>$ 4,101,763</td>
<td>46.3%</td>
<td>$ 126,231</td>
<td>47.7%</td>
<td>$ 4,227,994</td>
<td>47.7%</td>
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<tr>
<td>TANF /CO Works</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Child Support IV-D</td>
<td></td>
<td></td>
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<tr>
<td>Child Care</td>
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<tr>
<td>LEAP</td>
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<tr>
<td>Child Welfare</td>
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<tr>
<td>Old Age Pension Admin</td>
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</tr>
<tr>
<td>Core Services</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>ILA/Chafee</td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>PSSF (actuals include match; budget does not)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>IMPACT</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant Funding</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>County Only</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Uses of Funds by Program</td>
<td>$ 45,625,779</td>
<td>$ 18,662,420</td>
<td>40.9%</td>
<td>$ 4,394,269</td>
<td>50.5%</td>
<td>$ 23,056,689</td>
<td>50.5%</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

## IV. NET INCREASE/DECREASE TO FUND 012 BALANCE

<table>
<thead>
<tr>
<th>Program</th>
<th>Year-to-date as of 6/30/2014</th>
<th>Year-to-date as of 6/30/2014</th>
<th>Year-to-date as of 6/30/2014</th>
<th>Year-to-date as of 6/30/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Admin</td>
<td>$ 4,948,846</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## V. FUND 012 BALANCE ADJUSTED TO YTD ACTUALS

<table>
<thead>
<tr>
<th>Program</th>
<th>Year-to-date as of 6/30/2014</th>
<th>Year-to-date as of 6/30/2014</th>
<th>Year-to-date as of 6/30/2014</th>
<th>Year-to-date as of 6/30/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Authorized expenditures (D) + (E)</td>
<td>$125,599,638</td>
<td>$125,599,638</td>
<td>$125,599,638</td>
<td>$125,599,638</td>
</tr>
</tbody>
</table>

## VI. NON-COUNTY PORTION OF EBT/EFT PAYMENTS: Reflects Federal and State portion of electronic benefit/fund transfers not included in the expenditures in section III.

- Colorado Works Block
- Child Care Block
- Child Welfare Block
- Core Services Block
I. Fund Balance: HU1 Human Services Fund 012 - point-in-time adjusted balance

CY2014: For Six Months Ending June 2014

<table>
<thead>
<tr>
<th>Description</th>
<th>Fund 012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unreserved Fund Balance at January 1, 2014</td>
<td>$(10,743,335)</td>
</tr>
<tr>
<td>Revenues in excess of expenditures, 1/1/14 to 6/30/14</td>
<td>$(4,948,846)</td>
</tr>
<tr>
<td>Adjustments (timing in reporting revenues)</td>
<td>$(15,692,181)</td>
</tr>
<tr>
<td>Property tax receipts over annualized pace, six months</td>
<td>623,528</td>
</tr>
<tr>
<td>Consolidated contract revenues in excess of expenditures: January through June</td>
<td>4,022,561</td>
</tr>
<tr>
<td>TSN revenue invoiced not recorded: June invoice</td>
<td>$(387,647)</td>
</tr>
<tr>
<td>HHS Fund 020 2005 1A earned not recorded as of June</td>
<td>$(117,691)</td>
</tr>
<tr>
<td>Preliminary Adjusted Unreserved Fund Balance through June, 2014</td>
<td>$(11,551,429)</td>
</tr>
<tr>
<td>Preliminary Adjusted (Incr)/Decr in Unreserved Fund Balance, 2014</td>
<td>$(808,094)</td>
</tr>
</tbody>
</table>

II. TANF Expenditures and Reserves

SFY13-14: For Twelve Months Ending June 2014

<table>
<thead>
<tr>
<th>TANF allocation and expenditures</th>
<th>TANF Reserves</th>
<th>New TANF reserve balances effective SFY15 (preliminary)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allocation</td>
<td>Final Exp</td>
<td>% Alloc</td>
</tr>
<tr>
<td>SFY13-14</td>
<td>5,379,362</td>
<td>6,240,754</td>
</tr>
<tr>
<td>SFY12-13</td>
<td>5,662,486</td>
<td>5,868,715</td>
</tr>
<tr>
<td>SFY11-12</td>
<td>5,960,514</td>
<td>5,772,526</td>
</tr>
<tr>
<td>SFY10-11</td>
<td>6,199,501</td>
<td>4,747,280</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>-------------------</td>
<td>------------------</td>
</tr>
<tr>
<td><strong>TSN Administration</strong></td>
<td>100,000</td>
<td>1,093</td>
</tr>
<tr>
<td><strong>Omni Consulting</strong></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Non-Profit Contracts &amp; Other Programs</strong></td>
<td>TBD</td>
<td></td>
</tr>
<tr>
<td><strong>Non-Profit Contracts</strong></td>
<td>185,837</td>
<td></td>
</tr>
<tr>
<td>Boulder Shelter for the Homeless - BAC</td>
<td>65,000</td>
<td>-</td>
</tr>
<tr>
<td>City of Boulder - child care resource &amp; referral</td>
<td>35,000</td>
<td>-</td>
</tr>
<tr>
<td>City of Boulder - FRC</td>
<td>170,000</td>
<td>-</td>
</tr>
<tr>
<td>City of Longmont - parent education</td>
<td>70,023</td>
<td>-</td>
</tr>
<tr>
<td>Early Childhood Council</td>
<td>60,000</td>
<td>-</td>
</tr>
<tr>
<td>Mental Health Partners - community based</td>
<td>320,000</td>
<td>-</td>
</tr>
<tr>
<td>Mental Health Partners - prevention and intervention</td>
<td>169,211</td>
<td>-</td>
</tr>
<tr>
<td>Mental Health Partners - senior reach</td>
<td>80,000</td>
<td>-</td>
</tr>
<tr>
<td>Sister Carmen Community Center, Inc.</td>
<td>200,327</td>
<td>-</td>
</tr>
<tr>
<td><strong>Emergency Services 2014</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boulder Outreach for Homeless Overflow</td>
<td>20,000</td>
<td>-</td>
</tr>
<tr>
<td>Boulder Shelter for the Homeless</td>
<td>75,000</td>
<td>-</td>
</tr>
<tr>
<td>Bridge House</td>
<td>20,000</td>
<td>-</td>
</tr>
<tr>
<td>Emergency Family Assistance Association</td>
<td>75,000</td>
<td>-</td>
</tr>
<tr>
<td>Outreach United Resource Center, Inc.</td>
<td>75,000</td>
<td>-</td>
</tr>
<tr>
<td>Safehouse Progressive Alliance for Nonviolence</td>
<td>75,000</td>
<td>-</td>
</tr>
<tr>
<td>Sister Carmen Community Center, Inc.</td>
<td>75,000</td>
<td>-</td>
</tr>
<tr>
<td><strong>Other Programs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Hotel Vouchers</td>
<td>25,000</td>
<td>-</td>
</tr>
<tr>
<td>Heating Plus</td>
<td>115,225</td>
<td>15,367</td>
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<tr>
<td>Housing Choice Vouchers</td>
<td>110,000</td>
<td>-</td>
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<tr>
<td>Housing Stabilization Program</td>
<td>220,000</td>
<td>-</td>
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<tr>
<td>Parents as Teachers</td>
<td>114,186</td>
<td>7,049</td>
</tr>
<tr>
<td>The Work Number (Talx Corp.)</td>
<td>85,470</td>
<td>-</td>
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<tr>
<td><strong>SubTotal: Non-Profit Contracts &amp; Other Programs</strong></td>
<td>2,440,459</td>
<td>22,416</td>
</tr>
<tr>
<td><strong>Administrative Benefits Access</strong></td>
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</tr>
<tr>
<td>Personnel (Salary &amp; Benefits)</td>
<td>2,111,192</td>
<td>164,153</td>
</tr>
<tr>
<td>Child Care</td>
<td>500,000</td>
<td>36,496</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5,151,651</td>
<td>224,157</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>--------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Transfer from Fund 001, Cost Center 1401 (P99999001X)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acorn School</td>
<td>25,000</td>
<td>-</td>
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<tr>
<td>Attention, Inc</td>
<td>45,320</td>
<td>-</td>
</tr>
<tr>
<td>Blue Sky Bridge</td>
<td>32,960</td>
<td>-</td>
</tr>
<tr>
<td>Boulder County Aids Project</td>
<td>61,800</td>
<td>-</td>
</tr>
<tr>
<td>Boulder Day Nursery Association</td>
<td>37,080</td>
<td>-</td>
</tr>
<tr>
<td>Boulder Institute for Psychotherapy and Research</td>
<td>15,000</td>
<td>-</td>
</tr>
<tr>
<td>Boulder Outreach for Homeless Overflow</td>
<td>10,000</td>
<td>-</td>
</tr>
<tr>
<td>Boulder Shelter for the Homeless</td>
<td>200,000</td>
<td>-</td>
</tr>
<tr>
<td>Boulder Valley Women's Health</td>
<td>207,000</td>
<td>-</td>
</tr>
<tr>
<td>Bridge House</td>
<td>20,000</td>
<td>-</td>
</tr>
<tr>
<td>Center For People With Disabilities</td>
<td>181,023</td>
<td>-</td>
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<tr>
<td>Children First of the Rockies (formerly St. Vrain Family Center)</td>
<td>70,994</td>
<td>-</td>
</tr>
<tr>
<td>Children's House Preschool</td>
<td>12,500</td>
<td>-</td>
</tr>
<tr>
<td>Clinica Campesina</td>
<td>587,860</td>
<td>-</td>
</tr>
<tr>
<td>Community Food Share</td>
<td>74,160</td>
<td>-</td>
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<tr>
<td>Dental Aid</td>
<td>186,574</td>
<td>-</td>
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<tr>
<td>Early Childhood Council of Boulder County (ECCBC)</td>
<td>80,000</td>
<td>-</td>
</tr>
<tr>
<td>Emergency Family Assistance Association</td>
<td>125,000</td>
<td>-</td>
</tr>
<tr>
<td>HHS - Parents as Teachers (an HHS internal program)</td>
<td>20,000</td>
<td>-</td>
</tr>
<tr>
<td>Inn Between of Longmont</td>
<td>75,000</td>
<td>-</td>
</tr>
<tr>
<td>Mother House</td>
<td>10,000</td>
<td>-</td>
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<tr>
<td>OUR Center</td>
<td>155,160</td>
<td>-</td>
</tr>
<tr>
<td>Safe Shelter of St. Vrain Valley</td>
<td>100,940</td>
<td>-</td>
</tr>
<tr>
<td>Safehouse Progressive Alliance for Nonviolence</td>
<td>154,500</td>
<td>-</td>
</tr>
<tr>
<td>Salud Family Health Center</td>
<td>244,625</td>
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<tr>
<td>Sister Carmen Community Center</td>
<td>65,000</td>
<td>-</td>
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<tr>
<td>TLC Learning Center</td>
<td>50,000</td>
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<tr>
<td>Voices for Children</td>
<td>31,930</td>
<td>-</td>
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<tr>
<td>Wild Plum Center</td>
<td>63,036</td>
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<tr>
<td>YWCA of Boulder County</td>
<td>159,650</td>
<td>-</td>
</tr>
</tbody>
</table>

**Transfer from Fund 001, Cost Center 1405 (P99999001Y)**

<table>
<thead>
<tr>
<th>Mental Health Partners</th>
<th>2,519,347</th>
<th>-</th>
<th>251,935</th>
<th>-</th>
<th>-</th>
<th>251,935</th>
<th>-</th>
<th>-</th>
<th>-</th>
<th>503,870</th>
<th>Contract agreement pending.</th>
</tr>
</thead>
</table>

**Transfer from Fund 020, Cost Center 5951 (P99999001Z)**

| Mental Health Partners | 1,899,629 | - | 189,963 | - | - | 189,963 | - | - | - | 379,926 | Contract agreement pending. |

**Total**

| 7,525,928 | - | 741,343 | 119,694 | 359,762 | 468,205 | 706,246 | 302,363 | 105,024 | 2,802,637 |           |
### MAJOR STATE PROGRAM AREA

<table>
<thead>
<tr>
<th>Full Year State Allocation</th>
<th>YTD Expenditures as of Jun-14</th>
<th>Remaining Expenditure as of Jun-14</th>
<th>% Expended Thru Year</th>
<th>Final (Over) Under State Year-end</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child Welfare</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Child Welfare</td>
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<tr>
<td>14,640,310</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Colorado Works / TANF</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Administration and Contracts</td>
<td>288,271</td>
<td>301,598</td>
<td>320,459</td>
<td>220,203</td>
</tr>
<tr>
<td>Benefits and Support Services</td>
<td>169,493</td>
<td>182,933</td>
<td>184,466</td>
<td>190,082</td>
</tr>
<tr>
<td>Total Colorado Works / TANF</td>
<td>5,379,362</td>
<td>457,764</td>
<td>484,591</td>
<td>504,906</td>
</tr>
<tr>
<td><strong>County Admin and Adult Protective Services</strong></td>
<td>3,087,117</td>
<td>330,309</td>
<td>349,824</td>
<td>330,237</td>
</tr>
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<td>Administration</td>
<td>64,904</td>
<td>76,585</td>
<td>62,810</td>
<td>63,894</td>
</tr>
<tr>
<td>Programs</td>
<td>265,405</td>
<td>358,238</td>
<td>217,068</td>
<td>230,433</td>
</tr>
<tr>
<td>Total County Admin Program</td>
<td>3,075,224</td>
<td>359,994</td>
<td>349,824</td>
<td>330,237</td>
</tr>
<tr>
<td><strong>County Admin / Food Assistance Fraud (see Note 1)</strong></td>
<td>3,417,215</td>
<td>508,329</td>
<td>581,582</td>
<td>499,623</td>
</tr>
<tr>
<td>Adult Protective Services</td>
<td>563,473</td>
<td>53,605</td>
<td>70,906</td>
<td>31,881</td>
</tr>
<tr>
<td>Total County Admin &amp; APS</td>
<td>3,980,688</td>
<td>564,689</td>
<td>652,488</td>
<td>531,904</td>
</tr>
<tr>
<td><strong>Core Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80/20 &amp; 100% Funding</td>
<td>1,820,091</td>
<td>121,939</td>
<td>125,124</td>
<td>126,169</td>
</tr>
<tr>
<td>Mental Health</td>
<td>665,503</td>
<td>44,254</td>
<td>43,482</td>
<td>44,203</td>
</tr>
<tr>
<td>Alcohol &amp; Drug Abuse/Family Issues</td>
<td>244,143</td>
<td>14,515</td>
<td>14,515</td>
<td>14,515</td>
</tr>
<tr>
<td>Special Economic Assistance</td>
<td>25,229</td>
<td>710</td>
<td>775</td>
<td>785</td>
</tr>
<tr>
<td>Total Core Services</td>
<td>2,525,467</td>
<td>181,418</td>
<td>183,896</td>
<td>219,632</td>
</tr>
</tbody>
</table>

Notes on final SFY14 spending-to-allocation:
- Child Welfare overspent its allocation by $345k. The State, as a whole, underspent Child Welfare, and after paying counties participating in Managed Care Savings $6.6MM, was still able to cover all overexpended counties.
- We overspent our TANF allocation by $863k, as in line with our current objectives in managing our TANF reserve balance. This overage reduces the reserve balance from $1,937k to $1,076k (preliminary).
- Boulder’s entire overspent amount of $973k was 100% covered in the State’s year-end closeout. There was a net underspent at the State level after surplus distribution of $4.3M.
- APS administration overspent its allocation by $231k which was fully covered in surplus distribution. At the State level, after 100% surplus distribution coverage to overspent counties, APS had a $513k net underspent, of which the State portion ($415k) was transferred to the County Admin closeout. APS emergency services overspent allocation amount of $12,617 was completely covered in surplus distribution. At the State level, there was a net underspend of $400k.

Summary:
- With the SFY14 close, all of the five major programs overspent their allocations. Through programmatic surplus distributions and a high pass-thru rate of 63%, Boulder received an additional $3,279,633 in reimbursements in excess of allocations.
- As our Child Care and Welfare overspends were completely covered in surplus distribution, we did not need to consider the option of using TANF reserves to cover these amounts. The overspent TANF allocation was the only draw on our SFY14 reserve balance.

Note 1: APS was segregated from County Admin funding beginning SFY13. The programs are presented together because an underspend in APS Admin can cover overspend in Cnty Admin and vice versa (SFY14 and SFY15 only).

Note 2: Reflects combined CDHS and HCPIF allocations. An additional amount of unspent HCPIF (State level) was made available at closeout, effectively increasing the counties' HCPIF allocations.
<table>
<thead>
<tr>
<th>NON-MAJOR ALLOCATED AND NON-ALLOCATED STATE PROGRAMS</th>
<th>YTD Expenditures including EBTs/EFTs</th>
<th>Federal and State Portion</th>
<th>County Portion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Assistance Benefits (net of collections)</td>
<td>$24,597,287</td>
<td>$24,597,287</td>
<td>$-</td>
</tr>
<tr>
<td>Old Age Pension</td>
<td>$5,128,837</td>
<td>$5,128,837</td>
<td>$-</td>
</tr>
<tr>
<td>IV-D Child Support Enforcement Admin</td>
<td>$2,048,826</td>
<td>$1,287,664</td>
<td>$761,162</td>
</tr>
<tr>
<td>Low-income Energy Assistance Program</td>
<td>$1,382,325</td>
<td>$1,382,325</td>
<td>$-</td>
</tr>
<tr>
<td>Other Programs (non-major or non-allocated)</td>
<td>$459,474</td>
<td>$420,914</td>
<td>$38,560</td>
</tr>
<tr>
<td>Non-reimbursables in Cnty Adm, Ch Wlf &amp; Ch Care</td>
<td>$11,826</td>
<td>$-</td>
<td>$11,826</td>
</tr>
<tr>
<td>Aid to Needy Disabled</td>
<td>$614,543</td>
<td>$491,634</td>
<td>$122,909</td>
</tr>
<tr>
<td>SSI-Home Care Allowance</td>
<td>$139,330</td>
<td>$132,364</td>
<td>$6,967</td>
</tr>
<tr>
<td>Home Care Allowance</td>
<td>$161,507</td>
<td>$153,431</td>
<td>$8,075</td>
</tr>
<tr>
<td>IV-B Promoting Safe and Stable Families</td>
<td>$135,396</td>
<td>$95,000</td>
<td>$40,396</td>
</tr>
<tr>
<td>IV-E Independent Living</td>
<td>$107,973</td>
<td>$107,973</td>
<td>$-</td>
</tr>
<tr>
<td>Foster Care/Adoption Recruitment</td>
<td>$2,700</td>
<td>$2,700</td>
<td>$-</td>
</tr>
<tr>
<td>Automated Data Processing Pass-Through</td>
<td>$1,333,139</td>
<td>$439,936</td>
<td>$893,203</td>
</tr>
<tr>
<td>Colorado Works / TANF Collections</td>
<td>$(41,909)</td>
<td>$(33,527)</td>
<td>$(8,382)</td>
</tr>
<tr>
<td>Total State Incentives</td>
<td>-</td>
<td>$161,801</td>
<td>$(161,801)</td>
</tr>
<tr>
<td>Total Federal Incentives</td>
<td>-</td>
<td>$56,228</td>
<td>$(56,228)</td>
</tr>
<tr>
<td>Excess Parental Fees SB-94</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>IV-D Child Support - TANF Collections</td>
<td>$(472,282)</td>
<td>$(377,825)</td>
<td>$(94,456)</td>
</tr>
<tr>
<td>Medicaid Collections</td>
<td>$(12,306)</td>
<td>$(12,306)</td>
<td>$-</td>
</tr>
<tr>
<td>Other Local Sources/Expenditures</td>
<td>$8,814,498</td>
<td>-</td>
<td>$8,814,498</td>
</tr>
<tr>
<td>Integrated Care Management Incentive</td>
<td>$243,382</td>
<td>$243,382</td>
<td>$-</td>
</tr>
<tr>
<td>County-only Pass-thru (at year-end closeout only)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total Non-major/Non-allocated State Programs</td>
<td>$44,654,548</td>
<td>$34,277,817</td>
<td>$10,376,730</td>
</tr>
<tr>
<td>Cost Allocation Plan (see note)</td>
<td>$2,775,801</td>
<td>$916,014</td>
<td>$1,859,787</td>
</tr>
</tbody>
</table>

Summary: In SFY14 ending June 2014, Boulder County spent $44.7M on non-major and non-allocated programs and received revenue of $34.3M from Federal and State sources.

Note: The Cost Allocation Plan provides quarterly federal reimbursements to Boulder County to offset the allocated indirect costs the county incurs in its support of the operations of the Department of Human Services.
Financial Report – August 26, 2014

This packet contains updated financial reports through July 2014. The attachments to this report include the actual income statements for the month of June 2014.

- 2013 Audits
- Discussion of 2014 Financial Statements
- Occupancy Rates

Update on 2013 Audits

- Aspinwall audit has been completed and a final copy.
- The BCHA audit has been finalized and issued.

Discussion of 2014 Financial Statements

In the appendix to this packet are the June financial statements for Boulder County Housing Authority (BCHA), Multi-Family Public Housing (MFPH), Josephine Commons and Aspinwall.

Occupancy Rates (YTD)

MFPH – 94.4%
Josephine Commons – 99.6%
Aspinwall – 93.4%

![Occupancy Rates Graph]

Apr-2014 May-2014 Jun-2014 Jul-2014

- Multi Family Public Housing (MFPH)
- Josephine Commons
- Aspinwall
<table>
<thead>
<tr>
<th>Income</th>
<th>Actuals</th>
<th>Budget</th>
<th>% Variance</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rental Income</td>
<td>$ 1,860,210</td>
<td>$ 1,776,669</td>
<td>4.7%</td>
<td></td>
</tr>
<tr>
<td>Tenant Charges</td>
<td>$ 22,387</td>
<td>$ 208,853</td>
<td>-89.3%</td>
<td></td>
</tr>
<tr>
<td>Management Fee</td>
<td>$ 63,954</td>
<td>$ 72,132</td>
<td>-11.3%</td>
<td></td>
</tr>
<tr>
<td>Section 8 Fraud Recovery</td>
<td>$ 23,778</td>
<td>-</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Section 8 Income</td>
<td>$ 282,447</td>
<td>$ 266,196</td>
<td>6.1%</td>
<td></td>
</tr>
<tr>
<td>Grant Revenues</td>
<td>$ 1,917,976</td>
<td>$ 2,027,984</td>
<td>-5.4%</td>
<td></td>
</tr>
<tr>
<td>Program Revenue</td>
<td>$ 217,431</td>
<td>$ 224,642</td>
<td>-3.2%</td>
<td></td>
</tr>
<tr>
<td>Transfers</td>
<td>$ 222,771</td>
<td>$ 116,667</td>
<td>90.9%</td>
<td></td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>$ 4,610,953</strong></td>
<td><strong>$ 4,693,143</strong></td>
<td><strong>-1.8%</strong></td>
<td>On target.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Admin Salary</td>
<td>$ 612,206</td>
<td>$ 672,095</td>
<td>-8.9%</td>
<td></td>
</tr>
<tr>
<td>Admin Benefits</td>
<td>$ 295,454</td>
<td>$ 272,040</td>
<td>8.6%</td>
<td></td>
</tr>
<tr>
<td>Maintenance Salary &amp; Benefits</td>
<td>$ 215,017</td>
<td>$ 295,512</td>
<td>-27.2%</td>
<td></td>
</tr>
<tr>
<td>Administrative Operating Exp</td>
<td>$ 1,425,093</td>
<td>$ 1,728,249</td>
<td>-17.5%</td>
<td></td>
</tr>
<tr>
<td>Utility Exp</td>
<td>$ 159,175</td>
<td>$ 132,164</td>
<td>20.4%</td>
<td></td>
</tr>
<tr>
<td>Insurance Exp</td>
<td>$ 181,251</td>
<td>$ 215,992</td>
<td>-16.1%</td>
<td></td>
</tr>
<tr>
<td>Collection Loss</td>
<td>$ 4,840</td>
<td>-</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Rehab Expense</td>
<td>$ 60,424</td>
<td>$ 48,417</td>
<td>24.8%</td>
<td></td>
</tr>
<tr>
<td>Maintenance Exp</td>
<td>$ 469,704</td>
<td>$ 395,687</td>
<td>18.7%</td>
<td></td>
</tr>
<tr>
<td>Weatherization Expense</td>
<td>$ 1,379,587</td>
<td>$ 1,146,111</td>
<td>20.4%</td>
<td></td>
</tr>
<tr>
<td><strong>Total Operating Expense</strong></td>
<td><strong>$ 4,802,751</strong></td>
<td><strong>$ 4,906,266</strong></td>
<td><strong>-2.1%</strong></td>
<td>Expenses are also on track with budget.</td>
</tr>
</tbody>
</table>

| Net Operating Income        | $ (191,798) | $ (213,123) | -10.0%    |          |

| Non-operating Revenues / (Expenses) | $ (1,310,366) | $ (1,006,243) | 30.2%    |          |

<p>| Total Net Income            | $ (1,502,164) | $ (1,219,366) |          |          |</p>
<table>
<thead>
<tr>
<th>Income</th>
<th>Actuals</th>
<th>Budget</th>
<th>% Variance</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenant Rental Income</td>
<td>$72,355</td>
<td>$66,069</td>
<td>9.5%</td>
<td></td>
</tr>
<tr>
<td>Rental Subsidy</td>
<td>$66,153</td>
<td>$77,440</td>
<td>-14.6%</td>
<td></td>
</tr>
<tr>
<td>Other Income</td>
<td>$2,563</td>
<td>-</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>$141,071</td>
<td>$143,509</td>
<td>-1.7%</td>
<td>Revenue is on track.</td>
</tr>
</tbody>
</table>

Expenses

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Actuals</th>
<th>Budget</th>
<th>% Variance</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit Fees</td>
<td>$5,500</td>
<td>$6,143</td>
<td>-10.5%</td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
<td>$97</td>
<td>-</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Bank Fees</td>
<td>$133</td>
<td>$166</td>
<td>-19.6%</td>
<td></td>
</tr>
<tr>
<td>Management Fees</td>
<td>$21,700</td>
<td>$21,700</td>
<td>0.0%</td>
<td></td>
</tr>
<tr>
<td>Tenant Services</td>
<td>$15</td>
<td>-</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Utility Exp</td>
<td>$14,553</td>
<td>$14,279</td>
<td>1.9%</td>
<td>Manual adjustment made for maintenance allocations.</td>
</tr>
<tr>
<td>Maintenance Exp</td>
<td>$52,509</td>
<td>$25,130</td>
<td>109.0%</td>
<td>Expenses are higher than projected. This is being driven by the allocation of maintenance costs.</td>
</tr>
<tr>
<td>Maintenance Materials</td>
<td>$1,898</td>
<td>$2,275</td>
<td>-16.6%</td>
<td></td>
</tr>
<tr>
<td>Insurance and Bad Debt</td>
<td>$10,485</td>
<td>$20,530</td>
<td>-48.9%</td>
<td></td>
</tr>
<tr>
<td>Interest Exp</td>
<td>$22,674</td>
<td>$26,794</td>
<td>-15.4%</td>
<td></td>
</tr>
</tbody>
</table>

| Total Operating Expense        | $129,564| $117,017| 10.7%      |                                               |

Net Operating Income           | $11,507 | $26,492| -56.6%     |                                               |

Non-operating Revenues / (Expenses) | $ (32,101) | $(20,617)| 55.7%    |

Total Net Income               | $(20,594) | $5,875 |            |                                               |
## 2014 Financial Information (Thru July 2014)

### Income

<table>
<thead>
<tr>
<th>Description</th>
<th>Actuals</th>
<th>Budget</th>
<th>% Variance</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenant Rental Income</td>
<td>$344,868</td>
<td>$307,673</td>
<td>12.1%</td>
<td></td>
</tr>
<tr>
<td>Rental Subsidy</td>
<td>$59,679</td>
<td>$56,000</td>
<td>6.6%</td>
<td></td>
</tr>
<tr>
<td>Other Income</td>
<td>$7,096</td>
<td>$2,249</td>
<td>215.6%</td>
<td></td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>$411,643</strong></td>
<td><strong>$365,922</strong></td>
<td><strong>12.5%</strong></td>
<td>Income running ahead of budget.</td>
</tr>
</tbody>
</table>

### Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Actuals</th>
<th>Budget</th>
<th>% Variance</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Expenses</td>
<td>$55,005</td>
<td>$33,406</td>
<td>64.7%</td>
<td></td>
</tr>
<tr>
<td>Utility Exp</td>
<td>$52,873</td>
<td>$60,341</td>
<td>-12.4%</td>
<td></td>
</tr>
<tr>
<td>Maintenance Salary &amp; Contract</td>
<td>$87,952</td>
<td>$65,853</td>
<td>33.6%</td>
<td>Adjustment made to</td>
</tr>
<tr>
<td>Maintenance Materials</td>
<td>$5,479</td>
<td>$8,504</td>
<td>-35.6%</td>
<td></td>
</tr>
<tr>
<td>Non-Routine Exp</td>
<td>$274</td>
<td>$6,533</td>
<td>-95.8%</td>
<td></td>
</tr>
<tr>
<td>General Expense</td>
<td>$145,217</td>
<td>$150,487</td>
<td>-3.5%</td>
<td></td>
</tr>
<tr>
<td><strong>Total Operating Expense</strong></td>
<td><strong>$346,800</strong></td>
<td><strong>$325,125</strong></td>
<td><strong>6.7%</strong></td>
<td>Expenses slightly ahead of budget.</td>
</tr>
</tbody>
</table>

### Net Operating Income

<table>
<thead>
<tr>
<th>Description</th>
<th>Actuals</th>
<th>Budget</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Operating Income</td>
<td>$64,844</td>
<td>$40,797</td>
<td>58.9%</td>
</tr>
</tbody>
</table>

### Non-operating Revenues / (Expenses)

<table>
<thead>
<tr>
<th>Description</th>
<th>Actuals</th>
<th>Budget</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-operating Revenues / (Expenses)</td>
<td>$(279,571)</td>
<td>$(279,083)</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

### Total Net Income

<table>
<thead>
<tr>
<th>Description</th>
<th>Actuals</th>
<th>Budget</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Net Income</td>
<td>$(214,728)</td>
<td>$(238,286)</td>
<td></td>
</tr>
</tbody>
</table>

Overall, JC is right where it needs to be financially.
## Boulder County Housing Authority - Aspinwall
### 2014 Financial Information (Thru July 2014)

### Income

<table>
<thead>
<tr>
<th>Description</th>
<th>Actuals</th>
<th>Budget</th>
<th>% Variance</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenant Rental Income</td>
<td>$279,601</td>
<td>$299,319</td>
<td>-6.6%</td>
<td></td>
</tr>
<tr>
<td>Rental Subsidy</td>
<td>$222,826</td>
<td>$263,035</td>
<td>-15.3%</td>
<td></td>
</tr>
<tr>
<td>Other Income</td>
<td>$6,424</td>
<td>$9,207</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>$508,851</td>
<td>$571,561</td>
<td>-11.0%</td>
<td>Revenue below budget.</td>
</tr>
</tbody>
</table>

### Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Actuals</th>
<th>Budget</th>
<th>% Variance</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Benefits</td>
<td>$89,751</td>
<td>$93,476</td>
<td>-4.0%</td>
<td></td>
</tr>
<tr>
<td>Audit/Bank/HOA Fees</td>
<td>$7,862</td>
<td>$14,185</td>
<td>-44.6%</td>
<td></td>
</tr>
<tr>
<td>Management Fees</td>
<td>$22,135</td>
<td>$25,824</td>
<td>-14.3%</td>
<td></td>
</tr>
<tr>
<td>Office Supplies/Admin</td>
<td>$1,682</td>
<td>$315</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td>$30,187</td>
<td>$43,180</td>
<td>-30.1%</td>
<td></td>
</tr>
<tr>
<td>Maintenance Materials</td>
<td>$22,283</td>
<td>$6,227</td>
<td>257.9%</td>
<td></td>
</tr>
<tr>
<td>Contract Labor</td>
<td>$44,439</td>
<td>$42,617</td>
<td>4.3%</td>
<td></td>
</tr>
<tr>
<td>Telephone Expense</td>
<td>$478</td>
<td>$-</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td>$75,535</td>
<td>$51,406</td>
<td>46.9%</td>
<td></td>
</tr>
<tr>
<td><strong>Total Operating Expense</strong></td>
<td>$294,353</td>
<td>$277,231</td>
<td>6.2%</td>
<td>Expenses slightly above budget.</td>
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### Net Operating Income

<table>
<thead>
<tr>
<th>Description</th>
<th>Actuals</th>
<th>Budget</th>
<th>% Variance</th>
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<tbody>
<tr>
<td><strong>Net Operating Income</strong></td>
<td>$214,498</td>
<td>$294,331</td>
<td>-27.1%</td>
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</table>

### Non-operating Revenues / (Expenses) (see detail in Financials)

<table>
<thead>
<tr>
<th>Description</th>
<th>Actuals</th>
<th>Budget</th>
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</thead>
<tbody>
<tr>
<td><strong>Non-operating Revenues / (Expenses)</strong></td>
<td>$(153,896)</td>
<td>$(247,639)</td>
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### Total Net Income

<table>
<thead>
<tr>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td><strong>Total Net Income</strong></td>
<td>$60,602</td>
<td>$46,691</td>
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</tbody>
</table>
SAVE THE DATE!

Join us to celebrate our collective work today, and plan our collaboration for the future.

What: A Summit to Explore a Generative* Approach to Human Services
*client-focused, proactive, and holistic

When: September 26, 2014
Time: 7:30 am – 12:30 pm
Where: Lionsgate Event Center
1055 S 112th St, Lafayette, CO 80026

Please RSVP by August 29, 2014
RSVP Now

A summit is a strategic conversation that brings different perspectives within a system.
Community of Hope

Summit: Friday, September 26, 2014, 7:30 a.m. – 12:30 p.m.

Community of Hope: Building a Brighter Boulder County

Toward a More Generative Human Services Safety Net

Description

A summit is a strategic conversation that brings together different perspectives within a system to talk about the big picture and big questions. You will travel with a group of mission-critical people for a “mountain summit” experience that in time will change our collective work in significant ways.

Background: Boulder County has a strong network of partners working toward strengthening the pillars of the human services safety net. In any such community, the more organized this effort is the more efficient, effective, and representative it will be. We have an opportunity to begin to create a map of what this more organized (and generative) effort would look like in Boulder County.

Summit Objectives

- To establish Boulder County and our community partners as leaders in the generative approach to human services delivery
- To educate and engage and brainstorm with community partners on our collective role in building a more generative human services safety net
- To highlight current practices that illustrate this approach
- To gather feedback and ideas from participants to build on and improve this approach

Summit Deliverables

- Report – outs (collected on video and individual reports)
- A community-wide report (publication)
- Actionable ideas to BCDHHS and partners to incorporate into our safety net work
- A framework for future summits

Questions for Participants

- In what new ways can we work together to make our human services safety net more generative? More specifically, how can we ensure our community-wide collaboration is informed by all partners at all times? What can we do (BCDHHS) to help make this happen? What can you do to help make this happen? How do we make sure referrals are seamless?
- What are the primary pillars of the human services safety net that we all should focus on collectively over the next several years? Can we begin to create a road map toward a more generative safety net that includes waypoint pillars?
Main Goal of the Meeting: Determine the DHHS Advisory Committee’s role on how to take action on the data and input gathered at the Community of Hope Summit (next steps, post-Summit)

Agenda:

1) Approval of today’s agenda

2) Approval of minutes from August 26, 2014 DHHS Advisory Committee meeting

3) Matters from the committee members for consideration

4) DHHS Data and Operations update—Jason McRoy, Business Operations and Support Services Division Director
   a) DHHS Strategic Priority: Revolutionizing the DHHS Workforce and Infrastructure
      i. 7) Comprehensive agile staffing and a modern DHHS workforce
      ii. 9) Data infrastructure/data-informed practice.
      iii. Update on where we were in the past, where we are now, and our goals for the future.

5) 2014 Community of Hope Summit debrief:
   a) DHHS Strategic Priority: Nurturing Community Integration
      i. Strengthening the Community Safety Net
         (a) Building feedback provided from the Community of Hope Summit
   b) Feedback from the HHSAC
   c) Next Steps and Action items moving forward

6) October agenda items
   a) Draft 2015 DHHS/BCHA Budgets
   b) For consideration: Introduction to BOCC Hearing on October 28th at 2:00pm
   c) Presentation at HHSAC next meeting of full budget
   d) Considerations 4th quarter

7) Next Meeting is Tuesday, October 28, 2014, 3:30 p.m. Kaiser Large Conference Room, 2525 13th Street, Boulder

8) Adjourn

Access to current and past packets for the Boulder County Housing Authority Board, the Boulder County Human Services Board, and the Housing & Human Services Advisory Committee can be found by clicking on the links below:
Boulder County Housing Authority Board Packets

Boulder County Human Services Board Packets

Housing & Human Services Advisory Committee Packets

**Note that full DHHS financials are in the associated links to the board packets above.**
Present: Dan Thomas, Bobbie Watson, Elvira Ramos, Laura Kinder, Aaron DeJong, Simon Smith, Penny Hannegan, Dalia Dorta, Jeff Zayach, Will Kugel, Frank Alexander, Chris Campbell, Jim Williams

Minutes

1) Approval of today’s agenda
No additions or changes from the committee.

2) Approval of minutes from July 29, 2014 DHHS Advisory Committee meeting
Approved by the committee members present

3) Matters from the committee members for consideration
None

4) Financial report
   a) In depth look at the DHHS budget and allocations: Will Kugel, DHHS Finance Director
   b) Review of Financials through June 2014
      • Please see attached financial report in August 2014 HHSAC packet for details.
      • Page 16 – five major funding allocations received by DHHS; utilized to help fund services that need to be available across the county. Federal funding components, state general fund dollars, and county match associated with the allocations. We get all allocations listed for the state fiscal year (around July, run July 1 through June 30). We usually know by May what these will look like. General Assembly establishes the pool for distribution statewide. Distribution: Child Welfare distributed based on allocation formula (statutorily defined committee). Formulas have service components, demographic factors, etc. Applied per pot of money with factors related to each county. Cost of living? Self-sufficiency wage? Not taken into consideration necessarily. Small tier factor just got added in this past year (modest but creates 4 tiers of reimbursement including cost of living factors that adds some weight to the child care allocation).
      • Often allocation methodologies begin with under-resourced bucket, then add in performance metric that double-penalizes people, as a state you’re regulating communities for performance through funding…which has its pros and cons. Often, the opposite is needed: need to overpay at first.
      • Timeline of budgeting process in relation to allocation? Extrapolation is part of it depending on the funding stream. Local share component is also part of this (for example, for every dollar spent in child welfare, the county has a 20 cent investment). In some cases, when you cut a dollar, you’re giving away 4 dollars in matching funds.
• Our overspending of allocations: absent redistributions that’s county only dollars, but it doesn’t play out that way because the state has a process so that if Boulder overspent and Arapahoe underspent, those resources can be redistributed in some allocations. By being proactive and overspending by a certain amount, we can be made whole.

• Colorado Works/TANF – this does not have a set percentage of county share, but a set county maintenance of effort. CW allocation is all federal money other than local share; the state contributes zero to this. Basic cash assistance for clients as well as HHS staff working with clients. Big chunk goes to Boulder County Workforce development. TANF fairly flexible in terms of how you can use it. CW hasn’t changed much since 1996 or so. Federal funding source hasn’t changed one dime in about 20 years. No cost of living increase, etc. Inflation has eroded the purchasing power of this program. Our allocation also seems to go down by the maximum amount each year (5%). Participating in workgroups and being at the table for allocation conversations. For example, a swing toward poverty inclusion in child care allocation. Our level of involvement is based on our assessment of how close does the methodology tie to the purpose of the program and the outcomes it’s designed to achieve? In Boulder County, allocation was reduced because we had fewer kids in placement; we helped educate the state about how this promotes putting kids in placement; we helped lead the prevention conversation around the allocation methodology changes. It was worth our time on the IV-E application, enhanced Medicaid rate/expansion. We carefully consider where to put our energy on these things.

• 2008 Senate Bill 177: State capped TANF reserves at 30% (now 40%) of annual allocations. Right now the cap for us is $2.2 million. If we’re at zero in our reserves, we may be able to get some distributed from other counties that are over their caps. Initially cap led directly to major cuts in our programs, especially Child Welfare.

• County Administration – this is where Medicaid funding flows through as well as Food Assistance. This is front-end, front-door eligibility and access costs the county incurs from people applying for the benefits, not the benefits themselves. Food Assistance benefits are 100% federal. For Medicaid, benefits are 50% federal, 50% state. Varies from state to state. High poverty states are higher federal percentages.

• 90% reimbursement for enhanced Medicaid responsibilities is an excellent investment for us. Usually associated with expanded Medicaid enrollment.

• What are we doing about increasing access and backing up increases with staff? Helping people like Simon getting providers? Simon – a lot of those folks were already receiving services, now they’re reimbursed/expanded services. Clinica has raised capital to build more space and cover operating costs. We’re also backfilling holes. Also subsidized private insurance markets. Marketplace for the workforce is now incredibly competitive. ACA also put a huge pot of money to expand access through community health centers to grow them for this reason. This money had been taken away in the congressional fights. Congress de-funded pieces of the community health center funding. We kept it whole by taking out the pot of money intended to grow access. Access to care continues to be a challenge. Clinica is at capacity now. We’ve added about 3,000 patients since January. We’re losing providers to places that will pay them more to do less work. We have to find new ways to grow our capacity. We’re now back onto waiting lists. Huge shortages for access that still exist. We’re leveraging the current for the future. Lobbying the state to change payment methodology to reward efficiencies.

• As an agency, DHHS wants to discuss how our investment model can change to help orgs like Clinica. We know that there will be more child care funding coming, tied to quality. We have to consider this in advance in terms of capacity and approach.

• Child Welfare return on investment (in terms of funding we recoup from state/federal) is 63 cents for every dollar we spend
• Core Services – in home services for kids in the system mostly.
• Boulder overbudgets using county-only funding to generate revenue, which puts us in a good fiscal position. We use a risk/reward balance to determine how to do this.
• Flood impacts on DHHS budget? We were able to absorb all flood expenditures into adopted budget; primarily in staffing resources and housing assistance dollars. Now CDBG-DR money is in place to help further.
• We have a lot of movement of both dollars and systems, braiding and blending funding. If we don’t do this well, it’s many tens of millions of dollars that are lost. From our side, we have to think so much about economic impact of our presence or lack of presence. All the market-based systems behind the services points are negatively impacted when these things aren’t working well.
• WE want the community’s guidance going forward – leveraging, expensing, moving to higher quality access – how do we get the inputs to stay on the edge point on where money will be most effectively utilized, have most population-based impact. Also a moving target depending on the year.

5) 2014 Community of Hope Summit discussion
   a) Overview of the event, purpose, and goals:

• See page 23 of the packet and the following pages. Earlier this year, we got word that Casey Family Programs is recognizing DHHS and our FCS unit with the Community of Hope Award. This is a recognition of the cutting-edge, front end prevention child welfare work that we have implemented over the last several years. This recognizes the work of DHHS, Community Partners, and the community as a whole.
• When we found out about the award, we discussed how we can celebrate this work with our community partners and also how we talk about what is next. Now is the right time to have this conversation.
• During this Summit, our hope is to have breakout sessions/focus groups about what we need to do as a community and the safety net work.
• Bobbie: the statement that this is not just about DHHS success but all of our success, this is very refreshing.
• Is this mostly about FCS? Frank: Casey understands well our full continuum of services and our systems outcomes, not just in FCS. What we want to use the moment for is to celebrate the Child Welfare teams and then carry the conversation to the next level. It is all tied together TSN, CW, Medical Expansion, Leveraging of Funding are all tied together. We want to highlight our efforts around a generative community, what is the next edge, how are our systems become more integrated.
• Part feedback, part celebration and part call to action.
• We have evolved to be able to turn over more and more governance to our community partners. Planning, recommendations, and governance to more of the community. Accomplished this with TSN to some degree. We want feedback on how to make this happen. Experts to help drive service deliveries in their fields, but make system wide, global connections as well. Challenging task.
• Want to make sure partners understand what drives DHHS’s decision making.
• How do we get the messages out at this Summit
• Who is invited and who is facilitating?
  o All FCS staff
  o Many DHHS Managers and Supervisors
  o Other County Departments
  o CBOs
  o Cities
  o Statewide partners
  ▪ DHHS is facilitating
    ▪ A group of DHHS managers and directors are in a good place to facilitate conversations around the generative framework
    ▪ Overall event will be facilitated by DHHS SLT/Director
  ▪ Agenda is still being set
  ▪ Casey will speak and will assist with marketing, press conference,
• Dalia: where is the focus on Seniors? Why. Jim: elders, to a degree fall in some of the groups. Frank: with this first meeting, what we were trying to do was not too much—many systems challenges. Ultimately, we will start to focus on many areas. Start of a conversation.
• Dan: Nice crisp message in the invite: but need to introduce Casey in the follow up messaging.
• Action item: send the invitee list to the Advisory Committee and they will give us input on who is omitted.
  o Latino Chamber?
• Is this a tee up for the HSSN?
• Jeff: Need to be clear on the message—focus on FCS and the larger picture focus. Need to be able to explain generative approach as well. This will be address in the initial stages of the event: broad presentation.
  o Provide the pillars of the safety net along with explanations.
  o Idea is to not get into the weeds to much of program specifics. More systems questions.
• Frank: the further efforts to align our Social Determinants Model. Individualized programs follow common population-based outcomes when it comes to service provision and decision-making.
  o The container of how we make resource decisions (principles of leveraging of investments, front-end prevention, evidence-based services). Common Framework is key!!
• Laura: When we meet back in 3 years, what will the community look like, what will the community be? Or when we meet here next year?
  o More of a visioning session
• Page 24 of the packet: need specific feedback here. Would like you to be cheerleaders for real substantive input for driving the community forward. Keep the sense of the agency being open and the importance of feedback in driving our system forward.
• One outcome is a production of a report and a bit of map going forward—things that we can achieve as a community in the years to come.
• Will asked for feedback of committee in all of the planning moving forward.

6) **Next Meeting is** Tuesday, September 30, 2014, 3:30 p.m. Kaiser Large Conference Room, 2525 13th Street, Boulder

7) **Adjourn**

Access to current and past packets for the Boulder County Housing Authority Board, the Boulder County Human Services Board, and the Housing & Human Services Advisory Committee can be found by clicking on the links below:

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- [Boulder County Human Services Board Packets](#)
- [Housing & Human Services Advisory Committee Packets](#)

**Note that full DHHS financials are in the associated links to the board packets above.**
2014-2015 Strategic Priorities: Components

We are focused on aligning our work with the core principles of individual well-being and community development. There are three major components in our work to build a Brighter Boulder County:

| Nurturing Community Integration | Building the Pillars to Self-Sufficiency | Revolutionizing the DHHS Workforce/Infrastructure |

Hope for the future, help when you need it.
Our 2014-2015 DHHS Strategic Priorities

Nurturing Community Integration

Building the Pillars to Self-Sufficiency

Revolutionizing the DHHS Workforce/Infrastructure

Strengthening the Community Safety Net

Integrating Case Management

Early Childhood Plan for Boulder County

Access to Health Coverage

Expanded Housing Continuum

Educational and Employment Development/Empowerment

Comprehensive, Agile DHHS Staffing & a Modern DHHS Workforce

Data Infrastructure/Data-Informed Practice

Comprehensive & Sustainable Economic Engine

Hope for the future, help when you need it.
Brighter Boulder County,
a community-wide initiative, will guide Housing and Human Services in our work as a full community partner investing in our safety net, and collaborating to provide successful services in a committed, multi-year process.

Our goal is to help our neighbors become healthier, happier, and more self-sufficient, building a Brighter Boulder County for everyone.

We believe in co-creating solutions for complex family and community challenges by fully, effectively, and efficiently integrating health, housing, and human services to strengthen the broad range of Social Determinants of Health, in turn generating a more self-sufficient, sustainable, and resilient community.

We are focused on aligning our work both externally and internally in deeper ways that connect us to the core principles of individual and family well-being and strong community development.

There are three major components in our efforts to build a Brighter Boulder County: nurturing community integration, building the pillars to self-sufficiency, and revolutionizing the DHHS workforce and infrastructure.

We have nine strategies for building a Brighter Boulder County:

- strengthening the community safety net;
- integrating case management;
- creating a robust early childhood plan for Boulder County;
- increasing access to health coverage;
- boosting educational and employment development and empowerment;
- expanding the housing continuum;
- developing a comprehensive, agile DHHS staffing structure and modern workforce;
- utilizing a strong data structure that informs our practice; and
- developing a comprehensive, sustainable economic engine for DHHS and the Boulder County safety net.
The human services value curve

As an organization evolves, it becomes proactive rather than reactive; its services become fully integrated rather than isolated; it becomes fully collaborative within its community; and through all of this it helps generate a healthy community that is self-sufficient, sustainable, and resilient.

Our vision

We will efficiently and effectively provide services to the community across a fully integrated health, housing, and human services continuum. As an organization, we will focus on priorities that move our agency and our community further up the human services value curve to a generative business model. As we realize this vision we will help form a healthier Boulder County community, with a strong network of agencies and partners working together to seamlessly co-create solutions to address the complex challenges and issues faced by families and individuals living in crisis or below the socio-economic threshold of security.

There are six Brighter Boulder County self-sufficiency indicators we use to measure progress in achieving our vision.
To support our community, the Boulder County Department of Housing and Human Services (DHHS) is focused on aligning our work with the core principles of individual and family well-being and strong community development. There are three major components in our work to build a Brighter Boulder County: Nurturing Community Integration, Reinforcing the Pillars of Self-Sufficiency, and Revolutionizing the DHHS Workforce and Infrastructure.

2014 Boulder County Housing and Human Services Strategic Priorities

1. Nurturing Community Integration: The foundation of a strong and supportive community safety net is a seamless and collaborative system of services that allows people to access what they need where they are, and to have the support to learn how they might live healthier, happier, and more productive lives.

   A. Strengthening the Community Safety Net: We recognize our role in strengthening and supporting the community safety net and in ensuring that our services are fully integrated into our community. Our agency’s fiscal, contracting, data, and staffing models are driven and supported by the larger context of community well-being and provide the necessary support to our community partners so we may collectively achieve community-wide goals. We work with our community partners to support the long-term sustainability and agility of the safety net to adapt to social, economic, and environmental disruptions.

   B. Integrating Case Management: DHHS provides integrated case management services both within our agency as well as through our relationships with community partners. Integrated case management ensures that organizational expertise in all areas that promote family self-sufficiency and well-being is easily accessible to each community member needing assistance. Commitment to integrated case management ensures that community members, DHHS staff, and community partner staff are evolving their understanding of the most effective means to support people in achieving their goals.

   C. Early Childhood Plan for Boulder County: DHHS is committed to improving childhood well-being and preventing neglect, suffering, and abuse through coordinated programming with community and agency partners. We will do this by developing a coordinated and strong system of care along the entire early childhood continuum, including ensuring enhanced access to quality child care.
2. **Reinforcing the Pillars of Self-Sufficiency:** Individuals and families succeed in achieving their goals and supporting themselves when they are able to live stable lives free from unsettling crises. By strengthening the pillars of self-sufficiency for individuals and families, our community collectively becomes safer, healthier, and thriving in the most rapid and effective manner.

   A. **Access to Health Coverage:** We believe that access to affordable health care and insurance coverage is a foundational component of our community’s well-being, and is the first foundational step to implementing a community-wide, Social Determinants of Health model.

   B. **Educational and Employment Development/Empowerment:** Self-sufficiency is built on education, training, and employment. Empowered clients are capable of making effective decisions that will promote their well-being.

   C. **Expanded Housing Continuum:** Access to safe and stable housing provides the framework within which all successful evidence-based practices for human development can prosper. Our generative housing strategies focus on developing successful housing supports and assets with sophisticated private/public partnerships and financing mechanisms to deliver efficient and effective housing services to residents when they most need the help.

3. **Revolutionizing the DHHS Workforce and Infrastructure:** As agents of change that promote family and individual well-being, DHHS staff need the tools, technology and support to be active, aware, and competent professionals, serving the community at each and every safety net access point. The DHHS worker of the future is skilled in evidence-based practices, has deep knowledge of data and outcomes, has the technological tools and financial resources to work within the community, and has ready access to all of the services that DHHS can offer that will most effectively support people’s individual development and achievement of their goals.

   A. **Comprehensive, Agile DHHS Staffing and a Modern DHHS Workforce:** DHHS staff are the key to the provision of exceptional service to the public. Developing a comprehensive, generative system of service delivery requires agility and flexibility in our daily work. The DHHS infrastructure is thoughtfully designed to support successful outcomes for the people we work with, promote expertise and professional development of our staff, and enhance mobility, agility, and decentralized access to services and supports.

   B. **Data Infrastructure/Data-informed practice:** Data drive our collective decisions on operational, financial, and program levels. The data infrastructure is designed to support informed and intelligent practice, effective investment of staff time and resources, and common metrics that will lead to the greatest overall community outcomes.

   C. **Comprehensive and Sustainable Economic Engine:** The future of the human services delivery system depends on integrated and flexible funding delivered at the local level to meet well-defined community needs in a proactive and preventative manner. DHHS’s long-term financial strength and strategically-focused service delivery are driven by the sophisticated coordination of local, foundation, state, and federal resources that focuses on maximizing agency responsiveness and agility.
Hope for the future, help when you need it.

HHS Generative Technology Roadmap
Board & Advisory Committee Presentations 9/30
New Child Welfare Cases

- Medical Program Clients: 51,750
- Food Assistance Clients: 28,837
- Health Exchange Projected Clients: 10,254
- Cash Assistance Clients: 4,605

Other Key Populations:

- LEAP Families: 4,181
- Child Welfare Referrals: 4,033
- Community Food Share Families: 955
- CCAP Eligible Children: 1,802
- Weatherization Families: 413
- Total Child Involvements: 619
- Section 8 & Voucher Clients: 1,972
- Affordable Housing Clients: 1,001
- FAR Eligible Referrals: 687
- New Child Welfare Cases: 124
- Community Case Management Families: 6,196
- Housing Case Management Families: 820
- Health Exchange Projected Clients: 10,254

HHS Service Populations: 9/2013 through 8/2014
Generative Model & Technology

- Online portals
- Smart phones
- Electronic document management
- Data sharing
- Master client index
- Tablets
- Remote, mobile and continually innovative
- Robust privacy and security controls
- Online, real-time
- Consumer as partner
- Kiosks
Our 2014-2015 DHHS Strategic Priorities

Nurturing Community Integration
Building the Pillars to Self-Sufficiency
Revolutionizing the DHHS Workforce/Infrastructure

- Ensure Staffing and Workforce Decisions are Data-Informed, Responsive to Community Need
- Envision Solutions Beyond Traditional Roles
- Expand Use of Flexible Spaces Throughout Community
- Utilize Mobile Tools, Including Access to Client Histories/Services

Comprehensive, Agile DHHS Staffing & a Modern DHHS Workforce

Boulder County HOUSING & HUMAN SERVICES
Hope for the future, help when you need it.
Our 2014-2015 DHHS Strategic Priorities

Nurturing Community Integration

Building the Pillars to Self-Sufficiency

Revolutionizing the DHHS Workforce/Infrastructure

Strengthening the Community Safety Net

Integrating Case Management

Early Childhood Plan for Boulder County

Access to Health Coverage

Expanded Housing Continuum

Educational and Employment Development

Empowerment

Data Infrastructure/Data-Informed Practice

• Create Portal for Clients, Staff and Partners
• Focus on Outcomes-Based Decision Making
• Reduce Clients Tasks, Increase Access
• Establish Consistent, Sustainable Dashboard

Hope for the future, help when you need it.
“Envision Solutions Beyond Traditional Roles”

HHS Programs
- Family and Children’s
  - Screening & Assessment
  - Foster Care
  - Differential Response
  - Adoption
  - Youth
- Community Support
  - Medicaid
  - SNAP (Food)
  - CO Works
  - Adult Financial
  - Long Term Care
- Child Care Management
  - Low Income
  - CO Works
  - Special Circumstance
  - Child Welfare
- Community Case Management
  - Housing Stabilization
  - Tenant Based Rent
  - TSN Programs
- Housing Authority
  - Section 8
  - Public Housing
  - Weatherization
  - Property Management

HHS Systems
- TRAILS
- CBMS
- CHATS
- ETO
- HMS

State Systems
3rd Party Systems

Hope for the future, help when you need it.
“Envision Solutions Beyond Traditional Roles”

<table>
<thead>
<tr>
<th>Family and Children’s</th>
<th>Community Support</th>
<th>Child Care</th>
<th>Community Case Management</th>
<th>Housing Authority</th>
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<tbody>
<tr>
<td>2,534 total abuse &amp; neglect referrals through 8/2014</td>
<td>• 45,413 clients on Medicaid</td>
<td>• 434 Low Income Cases</td>
<td>• 279 Housing Stabilization households enrolled in 2014</td>
<td>• 1196 clients in Public Housing</td>
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<tr>
<td>37% of referrals opened for assessment</td>
<td>• 19,372 clients on Food (SNAP)</td>
<td>• 128 CO Works Cases</td>
<td>• 2305 community basic needs households enrolled in 2014</td>
<td>• 657 families in Public Housing</td>
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<tr>
<td>193 open child welfare cases</td>
<td>• 2,525 clients on Cash Programs</td>
<td>• 68 Child Welfare Cases</td>
<td>• 738 families in Voucher Programs</td>
<td>• 1783 clients in Voucher Programs</td>
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<tr>
<td>210 open differential response cases</td>
<td></td>
<td>• 1001 Total Active Kids</td>
<td>• 260 families served via Weatherization in 2014 to date</td>
<td></td>
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</table>

8/2014 Point in Time

20 of 27
“Envision Solutions Beyond Traditional Roles”

Build connections between data from different programs and systems. Present a more unified picture of service.

- 53% of Child Care clients getting Food Assistance
- 19% of active Child Welfare children in Housing programs
- 82% of Section 8 clients are on Public Assistance
- 78% of Section 8 clients are on Medicaid

HHS Data Warehouse

TRAILS | CBMS | CHATS | ETO | HMS

State Systems 3rd Party Systems

Hope for the future, help when you need it.
“Utilize Mobile Tools, Including Access to Client Histories/Services”

Data connections also allow us to build a more complete history of client involvement. This data can be leveraged to facilitate improved connections to programs and services.

Real Client Case Study: “Mary”
- Single mother of 4
- Lives in Longmont
- Over the last 10 years Mary has had an interaction with every major HHS program

Hope for the future, help when you need it.
“Utilize Mobile Tools, Including Access to Client Histories/Services”

Real Client Case Study: “Mary”

How might more timely, accessible info have helped alter Mary’s course?

CO Works
Food
Med
CCAP
Family
Unification
Voucher
Community
Connections
(EFFA, Our Center)
CW
Activity

Founded: Environmental
Inconclusive: Lack Supervision
Inconclusive: Physical
Inconclusive: Lack Supervision
Founded: Physical, Environmental, Sexual
Unfounded: Physical
Unfounded: Environmental

Hope for the future, help when you need it.
“Create Portal for Clients, Staff and Partners”

HHS Client -> Client Portal -> Portal DB

- Secure firewall
- Secure web service account data retrieval
- Web service transaction activity

HHS User

HHSC Web App

Portal Transaction detail

Service Layer

- CEP Portal Transactions
- Merged Client Facts
- HHSC
- FileNet
“Ensure Decisions are Data-Informed”

User accessible data from within HHS custom apps

Data from internal or external sources sent via BOE email services

Dashboards open to wide audience on specific topics. Accessible for basic filter, sort, pivot operations.

Structured datasets open to more advanced users for tailored report creation and data exploration.

Application Reporting
- JQGrid
- Crystal Executable

Recurrent Reports
- Crystal Reports
- Business Objects
- Enterprise Server

Dashboards
- Tableau Server
- Tableau Public

Advanced Analytics
- Tableau Server
- Tableau Desktop

Structured Report Facts

Merged Client Facts

DTS DATA TRANSFORMATION LAYER

Trails_STG
CBMS_STG
CHATS_STG
ACSES_STG
HMS_STG

25 of 27
“Expand Use of Flexible Spaces

**Mobile User**
- Worker is frequently out of the office or working from many internal/external network locations. Worker is not a ‘heavy’ computer user; primarily doing email, web search, word processing, presentations. Ex Trainer, Supervisor, Manager.
- **Specs**: County Provisioned Tablet PC, MS Surface III, Dell Ultrabook, Smart Phone, User Choice
- **Software**: Windows 7/8 OS, Microsoft Office Standard, Outlook, Checkpoint VPN Client
- **Peripherals**: Dock, USB Mouse, Keyboard
- **Deployment**: 75 county procured machines

**Flex User**
- Worker is frequently out of the office or working from many internal/external network locations. Worker is a ‘heavy’ computer user; primarily doing email, web search, word processing, data entry, graphics work, large spreadsheet or data manipulation. Ex Case Worker, Case Manager, Intake Worker, Enrollment Specialist.
- **Specs**: State Provisioned Laptop: HP ProBook, County Provisioned Laptop: Dell Ultrabook, Smart Phone, User Choice
- **Software**: Windows 7 OS, Microsoft Office Standard, Outlook, Checkpoint VPN Client
- **Peripherals**: Dock, Monitors, Mouse, Keyboard
- **Deployment**: 212 state leased machines, 79 county procured machines

**Resident User**
- Worker is generally in the office full time performing complex data entry or systems specific tasks. Ex Income Maintenance Technician, Call Center Agent, Accountant.
- **Specs**: County Provisioned Desktop Dell OptiPlex 990, Smart Phone.
- **Software**: Windows 7 OS, Microsoft Office Standard, Outlook, Checkpoint VPN Client
- **Peripherals**: Dock, Monitors, Mouse, Keyboard
- **Deployment**: 147 county procured machines
DATE: August 18, 2014

TO: Board of County Commissioners

FROM: Frank Alexander, Director of Housing and Human Service

SUBJECT: Infant and Toddler Quality Availability Grant Year Two Update

Background
The goal of the Infant and Toddler Quality Availability Grant (ITQA) is to increase quality of care for infants and toddlers in the Child Care Assistance Program (CCAP) through supporting and incentivizing providers in reaching quality ratings and accepting CCAP children. This grant is shared by HHS, whose main task is to provide a tiered reimbursement structure for providers, and Early Childhood Council of Boulder County (ECCBC), whose main task is to provide supports and structure to attaining or maintaining a quality rating. The grant year runs with the State Fiscal Year and we have just completed our first year and are entering the second. In Boulder County this grant is serving multiple purposes:

- Increasing provider awareness of the state focus on quality childcare
- Strengthening relationships with childcare providers
- Preparing for long-term change with recent legislative action

Completion of the First Year
In the first year of the program the following successes were achieved:

- Disbursement of $68,800 directly to providers based on the number of qualifying children they served and level of quality attained by the end of the period (15 providers for 356 child/months).
- Seven centers maintained a national accreditation or rating of at least three stars
- Six centers were newly rated (one at 1 star, one at 2 stars, two at 3 stars and two at 4 stars)
- Boulder County’s method of controlled cost tiered reimbursement is being replicated by several other smaller counties for year two of the grant.

Changes in Second Year

- Tiered Reimbursement will be released quarterly rather than yearly for a total of $68,000.
- Each provider will enter into a formal MOU with the County to receive funds.
- All sites from last year will be invited back to become Maintenance sites or improve their ratings; an application will be used to determine new sites for the coming year.
Main Goal of the Meeting: Determine the DHHS Advisory Committee’s role on how to take action on the data and input gathered at the Community of Hope Summit.

**Agenda:**

1) Approval of today’s agenda

2) Approval of minutes from September 30, 2014 DHHS Advisory Committee meeting

3) Matters from the committee members for consideration

4) Discussion of Early Childhood strategies—Jeff Zayach, Heather Mathews, Boulder County Public Health
   a) Collaborative efforts in community engagement

5) 2014 Community of Hope Summit Action Items—Frank Alexander, Jim Williams, Chris Campbell
   a) See DHHS Strategic Priority: Nurturing Community Integration
      i. Strengthening the Community Safety Net
   b) Structured approach for Generative Safety Net development: planning and analysis
      i. Proposed structure for COH next steps
      ii. Brainstorming of all of the current committees, workgroups, etc. within the county
          (i) Are all necessary workgroups represented in diagram?
          (ii) Who should be (membership) in workgroups, Generative Safety Net Committee?
          (iii) What should be desired outcomes of workgroups (community indicators, next steps/action items on Community of Hope Summit takeaways)?
          (iv) What should be the primary areas of focus for the GSN Committee (selection of priority action items, funding recommendations)?
      iii. Advisory Committee roles moving forward
          (i) Roles in workgroups, helping lead them?
          (ii) Membership in Generative Safety Net Committee?
   c) Review of Community of Hope Summit White Paper
      (i) Input on changes, additions

6) 2015 DHHS Budget Presentation—Will Kugel, Frank Alexander
   a) See DHHS Strategic priority: Revolutionizing the DHHS Workforce and Infrastructure
      (i) Comprehensive and Sustainable Economic Engine
   b) BCHA Budget
   c) Human Services Budget
7) December agenda items:
   a) 2015 Planning Calendar
   b) Post November Election work

8) Next Meeting is Tuesday, December 9, 2014, 3:30 p.m. Kaiser Large Conference Room, 2525 13th Street, Boulder (Note: no November Meeting)

9) Adjourn

Access to current and past packets for the Boulder County Housing Authority Board, the Boulder County Human Services Board, and the Housing & Human Services Advisory Committee can be found by clicking on the links below:
- Boulder County Housing Authority Board Packets
- Boulder County Human Services Board Packets
- Housing & Human Services Advisory Committee Packets

**Note that full DHHS financials are in the associated links to the board packets above.**
2014 Hope Summit Focus: How do we build a generative safety net in Boulder County? How do we build a safety net that is driven by a fully integrated, community-wide collaboration with a feedback loop that includes an annual planning summit? We want to generate plans for organizing and streamlining the framework and process for identifying the pressing priorities and issues that need to be addressed.
We are a community of hope.

Dear James,

As you might already know, we held a Community of Hope Summit on September 26, bringing together 200 partners from around Boulder County for a discussion about our community's safety net. Among the questions we asked in the breakout session: what are the biggest opportunities right now for strengthening our safety net for families and individuals? What's working well? And - where are the primary challenges?

The information we collected was remarkable, both in its depth and in its commonalities. **In the months to come, we will share the top takeaways with you in this newsletter as well as in a 2015 Community of Hope Report.** We'll also lay out the next steps as we see them today.

We know two things: clearly we have some very exciting opportunities for making our safety net more family driven, prevention oriented, and holistic; and the strength and vision of our partnership with you (and your partnership with others) is a big part of the reason why we are a community of hope.

### The Breakouts: Early Results

Here are a few of the top takeaways from the Community of Hope Summit breakout session. Among the greatest opportunities we have right now to strengthen our community's safety...
Increasing communication was one of the most commonly mentioned. Read more...

**The Summit: How was it?**

In a post-event survey, 88% of participants rated their experience at the summit as either good, very good, or excellent. 81% said the breakout sessions were productive and informative. The same number of participants said we should hold a similar event within the next year. We also received some excellent input on the successful aspects of our work together, the biggest challenges we face, and opportunities and action items for our future safety net work. Read more...
Hope for the future, help when you need it.

Working together to strengthen Boulder County’s safety net.

Community of Hope Summit, 2014
Building a Brighter Boulder County

In 2014, Casey Family Programs recognized Boulder County Housing & Human Services and our network of partners as a Community of Hope for our visionary work with families and children.
7:30 – 8:10 a.m.  
Registration and Breakfast

8:10 – 8:50 a.m.  
Welcome
Angie Dreier  
Child Welfare Caseworker  
Boulder County Housing & Human Services (BCDHHS)

Deb Gardner  
Chair  
Boulder County Board of County Commissioners

Community of Hope Recognition

Susan Kelly  
Senior Executive Fellow  
Casey Family Programs

Kit Thompson  
Director, Family and Children Services Division  
Boulder County Housing & Human Services

8:50 – 9:20 a.m.  
Keynote
David Sanders  
Executive Vice President of Systems Improvement  
Casey Family Programs

9:40 – 10:00 a.m.  
Generative Safety Net Overview and Summit Breakout Introduction
Frank Alexander  
Director  
Boulder County Housing & Human Services

10:00 – 11:10 a.m.  
Breakout Session (70 minutes) - at your table

11:30 – 12:00 p.m.  
Report-Outs from Breakouts
Angela Lanci-Macris, Director, Case Management and Community Outreach Division (BCDHHS)  
Melisa Maling, Manager, Family Engagement, Family & Children Services Division (BCDHHS)  
Wendy Ingham, Manager, Ongoing, Family & Children Services Division (BCDHHS)  
Terrie Ryan-Thomas, Manager, Intake, Family & Children Services Division (BCDHHS)  
Jason McRoy, Director, Business Operations & Systems Support Division (BCDHHS)

Concluding Thoughts
Simon Smith  
President & CEO, Clinica Family Health Services
What is Community of Hope?

Casey Family Programs, the nation’s largest operating foundation focused on safely reducing the need for foster care in the U.S., is honoring Boulder County and our entire network of partners with the prestigious Community of Hope recognition for our visionary work with families and children. Together, we have increasingly helped stabilize families and keep children safe.

While this recognition reflects directly on our child welfare staff and managers, it also belongs to you. Your work in partnership with us has made it possible to provide wrap-around support for families and individuals that helps them stabilize so we can keep children in their homes – where the best research indicates they are much better able to thrive.

Goals for the Day

Today we will celebrate our Community of Hope recognition and begin a conversation about moving toward an even stronger, more generative safety net.

These are the four primary objectives for our breakout session:

- Across the six primary safety net pillars, identify five key areas in which our current work together (including programs and services) is family driven, prevention oriented, and holistic.
- Identify five key areas (programs, services) in which there is the most opportunity for us to make our work together more generative. For each, what is the opportunity?
- Identify the primary challenges to maximizing opportunities and the supports needed to overcome these challenges.
- Based on today’s conversation, identify up to five action items for the next 12 to 24 months.

A More Generative Safety Net

Boulder County is fortunate to have a strong network of community partners working together to ensure our neighbors get the help they need when and where they need it. As the Community of Hope recognition indicates, we are in an excellent position today to broaden and deepen our conversation around making our safety net even more generative: that is, more family driven, prevention oriented, and holistic.

What’s Next

We’re not looking to walk away with answers today. Instead, the purpose of this summit is to open a conversation which will continue well into the future. We will keep in touch with summit participants and all our partners going forward in multiple ways, including a report on the Community of Hope and email newsletters. We also welcome your feedback at any time via email to jcwilliams@bouldercounty.org.

Our Keynote Speaker:

David Sanders joined Casey Family Programs in July 2006. He oversees the foundation’s work with child welfare systems to improve practice, with an emphasis on ensuring safe and permanent families for children. He also oversees the foundation’s public policy work. Prior to joining Casey Family Programs, David directed all operations for the Los Angeles County Department of Children and Family Services.

Read more about Casey Family Programs’ Communities of Hope initiative at www.Casey.org
Education and skill building that works for you.

Sometimes it’s hard to know where to turn to get the skills and supports needed. Many training programs can feel disconnected from reality or just not appropriate for where individuals are in life. We’ve put together a collection of classes and trainings that are designed to give individuals more of what works for them. The experience will be satisfying, meaningful, and perhaps most importantly — helpful to them.

How can Education & Skill Building help?

» Financial Stability Workshops, through hands-on activity and peer-to-peer learning, providing a sense of control and belief in the possibility of a healthy financial present and future. The five individual two-hour workshops are Goal Setting for Financial Stability; Budgeting on a Small Income; Financial Organization & Record Keeping; Communicating with Creditors, Collectors, and Landlords; and Building a Banking Relationship.

» Financial Foundations Classes, through an activity-based classroom learning environment, we provide strategies and help to create a plan to start building and growing towards a secure financial future. The four individual, two-hour classes are Budgeting for Asset Building, Understanding Credit, Borrowing Wisely, and Savings and Investment Basics.

» Homeownership Training Classes are presented by a variety of community experts and will help participants make informed decisions from start to finish in their journey to homeownership. This 7.5-hour class — offered on Saturdays — is certified by HUD (Department of Housing and Urban Development) and CHFA (Colorado Housing & Finance Authority).

» Job Readiness Training will help participants emerge confident, empowered, able, and equipped to thrive in an active job search, internship, or direct employment that supports their individual life goals and vision. Led as a “workplace readiness laboratory,” this four-week training covers a multitude of topics including interpersonal communication, money management, job development & searching, and goal-setting skills.

“Change is the end result of all true learning.” – Leo Buscaglia
Education & Skill Building

We offer a wide-ranging and supportive education and training program that can create positive change and increase confidence and self-sufficiency.

Our programs focus on making families stronger and keeping children safe.

- **Child Welfare**, wherever possible, surrounds families with the support and resources they need to develop their own plans for stabilization and safety. The Boulder County Family & Children Services Division offers many services that are aimed at helping the children and families in our community.
- **Child Support Services** works with parents (both custodial and non-custodial) and guardians to help make sure children have financial and medical supports from both parents.
- **Child Care Assistance Program (CCAP)** provides financial assistance to eligible low-income families who need child care to support their efforts toward self-sufficiency. CCAP provides benefits for children from birth to age 12.
- **Medicaid**: is free or low-cost health and dental coverage for low-income families including children, adults, pregnant women, people who are blind or disabled, and the elderly.
- **CHP+** (Child Health Plan Plus) is medical and dental coverage for Colorado children and pregnant women who are over the income limits for Medicaid.
- **Foster Care & Adoption** programs create a stronger community by linking children and families who need help with people who can help them.
- **Kinship Care** works through community partnerships and education to strengthen and empower families, helping to create a secure, safe, and stable home.

All children deserve to grow up in a safe, loving, and permanent family. Financial stress and child abuse and neglect are closely linked. One of the most important jobs we have is to help alleviate those stresses as we’re working to keep children safe. We offer vulnerable families many services that help prevent child abuse and neglect, reducing the need for foster care and bringing more stability to our communities.

“We owe our children, the most vulnerable citizens in our society, a life free of violence and fear.”

– Nelson Mandela
We have many programs to help ensure families and individuals have a safe, affordable place to live.

Housing

Everyone needs health care, and regular visits to a doctor are important.

From medical emergencies to regular check-ups, having health insurance can help families and individuals face challenges and reduce the chance that they will get sick in the first place. We’ll work with clients to find affordable insurance that’s right for them.

How can families and individuals get help with their medical bills and visits to the doctor and dentist?

- **Medicaid** is free or low-cost health and dental insurance for low-income families including children, adults, pregnant women, people who are blind or disabled, and the elderly.
- **CHP+ (Child Health Plan Plus)** is medical and dental insurance for Colorado children and pregnant women who are over the income limits for Medicaid.
- **Medicare Savings Program (MSP)** may help pay for Medicare Part A or Part B premiums. It can also help cover deductibles, coinsurance, and copayments for people who have Medicare Part A, meet certain income limits, and who have limited resources.
- **Old Age Pension (OAP) Health and Medical Care Program** provides limited medical care for people who receive cash benefits through the Old Age Pension program.
- **Boulder County Healthy Kids** helps families, children, and pregnant women enroll in Medicaid and CHP+. Staff are located at county offices, Boulder Valley School District, St. Vrain Valley School District, Clinica Family Health Services in Boulder, and Salud Family Health Centers in Longmont.
- **Boulder County Assistance Site** has health coverage guides who help Boulder County residents get health insurance through the Connect for Health Colorado marketplace.
- **Healthy Communities** works to make sure people know what help is available to them and provides assistance in applying for those programs. Healthy Communities also helps children and pregnant women make the best use of their benefits and find doctors to provide their care.
- **CICP (the Colorado Indigent Care Program)** provides health care services at a lower cost to Colorado residents who have limited financial resources and who cannot get Medicaid or CHP+.

“I am interested in getting people to use the health care system at the right time, getting them to see the doctor early enough, before a small health problem turns serious.” – Donna Shalala
We can help families and individuals get free or low-cost health coverage.

Everyone has the right to live in a safe, affordable, and decent home.

Housing is one of the most important supports a person or family can have. Stable housing can help improve health, success in school, and the strength of our community.

We can help with the housing and energy conservation support families need.

- **Affordable Housing** has apartment units throughout Boulder County at less than market rate for seniors, families, and individuals. Some units have rent below market rate while others limit rental rates to 30 percent of the resident’s income.
- **Housing Assistance** manages several housing voucher programs, including Housing Choice (formerly known as Section 8). Help is available for low-income families and individuals, families in the Boulder County school districts, and veterans.
- **Housing Counseling and Classes** has many free housing counseling services for residents of Boulder and Broomfield Counties. Contact us for a schedule or to make an appointment.
- **Family Self-Sufficiency** helps low-income families get the education, job training, and life skills they need to get back on their feet.
- **Energy Conservation** helps in several counties (including Boulder) with weatherizing homes and making them more energy-efficient, and with upgrades of electrical systems, plumbing, and roofing.
- **Senior Housing Services** has staff on-site to help current residents get the care they need, find and get to activities and events, and overcome concerns about money.
- **Casa de la Esperanza** gives families in Longmont a positive, caring environment. Casa puts together recreational activities and coordinates on-site education that improves school performance and job readiness.

“I cherish the creation of public space and services, especially health, housing, and the comprehensive education system which dared to give so many of us ideas ‘above our station.’” – Frances O’Grady
Food Assistance

We can help provide food for families and individuals so they can live a healthy life and stretch their income further.

Aging does not have to mean loss of independence.

Services for older adults are focused on helping people live independently and securely within their communities. Nearly 34,000 people in Boulder County are over the age of 65. We offer elders help with health coverage, long-term care, and financial services. And we offer protective services for at-risk adults of all ages.

Where can our elders find assistance for their financial, health coverage, and other needs?

Adult Financial Services

We have a number of adult financial services to help individuals in our community.

- The Medicare Savings Program covers Medicare Part B premiums, and may cover co-pays.
- Old Age Pension provides cash benefits and in some cases Medicaid for those 60 and older who have little or no income.
- Home Care Allowance pays a caregiver to provide health-related services (must be medically screened).

Health Coverage

We also have health coverage programs that can help individuals with a range of needs.

- Working Adults with Disabilities provides a Medicaid purchase option for working adults 16 and up with a qualifying disability.
- Adults without Dependent Children extends Medicaid to low-income adults between 19 and 64 years old who do not have a dependent child living in the home with them.
- Long Term Medicaid is assistance for adults and children who need long-term supports to remain in their home, or who need nursing home care (must be medically screened).

Adult Protection

Adult Protection staff investigate reports of abuse, neglect (including self-neglect), and financial exploitation of at-risk adults (18 years and older) who are susceptible to abuse, neglect, or exploitation because they are unable to obtain services or lack sufficient understanding or capacity to make responsible decisions. We can help arrange limited short-term or emergency services, provide case coordination and short-term case management, and can help coordinate or provide guardianship or representative payee services and provide resource information.

Senior Housing Services

Senior Resource Coordinators provide on-site case management to assist current residents with care needs, financial concerns, access to activities, and other needs.

Boulder County Area Agency on Aging

BCAAA provides caregiving, respite, long-term care, Medicare counseling, wellness and nutrition assistance, LGBT services, rental assistance, and more.

“We what mothers need, as well as fathers, spouses, and the children of aging parents, is an entire national infrastructure of care, every bit as important as the physical infrastructure of roads, bridges, tunnels, broadband, parks, and public works.” – Anne-Marie Slaughter
Elder Services

We can help elders in our community find the right financial services, living arrangements, and health care to maintain as independent a life as possible.

Everyone has the right to food that's nutritious and healthy.

In Boulder County, just like everywhere else, some people are unable to buy nutritious, healthy food for themselves and their families. Among other things, Food Assistance can help lift individuals and families out of poverty, and improve access to healthy food. Submitting an application is easy, and we walk participants through the process.

Help with grocery bills.

Food Assistance (formerly known as Food Stamps and also known as the Supplemental Nutrition Assistance Program, or SNAP) helps individuals and families buy food that is healthy and nutritious. Food Assistance won’t meet all of their food needs, but will go a long way toward a healthy diet.

Families and individuals may be eligible for Food Assistance if they:

» work for low wages,
» are unemployed or work part-time,
» receive Colorado Works/TANF benefits,
» are elderly or disabled and live on a small income, or
» are homeless.

This isn’t a complete list. Please call us to learn more.

Participants access their food assistance benefits with the Colorado Quest/EBT Card (which is similar to a debit card). Benefits are added to their card once a month and they can use it at grocery stores and other food suppliers. With the card, they can purchase foods such as breads, cereals, fruits, vegetables, meat, fish, poultry, dairy products, and more.

“If you really want to make a friend, go to someone’s house and eat with him… the people who give you their food give you their heart.” – Cesar Chavez
Financial Assistance

Our programs can help families and individuals pay their bills and get back on their feet.

Everyone has the right to be independent and financially secure, now and in the future.

For many people, an illness, an accident, or a job loss is all it takes to push them over a cliff into crisis. With the right help, families and individuals can find their own footing and create their own paths to a stable future.

Many of our programs can help people be financially independent.

- **Colorado Works**, the Temporary Assistance for Needy Families (TANF) program, helps people become self-sufficient by strengthening the economic and social stability of families. This includes monthly cash benefits, help with emergency household costs and/or services such as counseling and job training.
- **Food Assistance** (formerly known as Food Stamps and also known as the Supplemental Nutrition Assistance Program, or SNAP) helps individuals and families buy food that is healthy and nutritious. Food Assistance won’t meet all of their food needs but will go a long way toward a healthy diet.
- **Medicaid** provides health and dental coverage for low-income families including children, adults, pregnant women, people who are blind or disabled, and the elderly.
- **Child Care Assistance Program (CCAP)** provides financial assistance to eligible low-income families who need child care to support their efforts toward self-sufficiency. CCAP provides benefits for children from birth to age 12.
- **Child Support Services** works with parents (both custodial and non-custodial) and guardians to help make sure children have financial and medical supports from both parents.
- **Low-Income Energy Assistance Program (LEAP)** helps low-income individuals and families with the costs of heating their homes in the winter.
- **Old Age Pension (OAP)** provides cash benefits and in some cases Medicaid for those 60 and older who have little or no income.
- **Aid to Needy and Disabled/Aid to the Blind** provides a cash benefit to low-income Colorado residents age 18 to 59 as they await a decision on their disability from the Social Security Administration.
- **Child Health Plan Plus (CHP+)** is medical and dental coverage for Colorado children and pregnant women who are over the income limits for Medicaid.
- **Quest/EBT Card** is a debit card that participants will use to get their cash and food benefits.

“If you really want to make a friend, go to someone’s house and eat with him…the people who give you their food give you their heart.” – Cesar Chavez
BOULDER COUNTY
HOUSING & HUMAN SERVICES

Hope for the future, help when you need it.
Hope for the future, help when you need it.

Boulder County DHHS
2015 Budget Hearing
October 28, 2014
Our Mission:

Promoting safe, healthy and thriving communities

BCDHHS is dedicated to supporting and sustaining healthy communities that strengthen individuals and families while promoting human dignity and hope for the future.
Agenda

• Housing Authority Budget Overview
• Human Services Budget Overview
Boulder County Housing Authority
2015 BOCC Budget Hearing

Boulder County Housing Authority

Hope for the future, help when you need it.
## Boulder County Housing Authority 2015 BOCC Budget Hearing

### Operating Fund

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### Component Units

<table>
<thead>
<tr>
<th>LIH</th>
<th>Low Income Housing Tax Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>MFPH</td>
<td>Josephine Commons</td>
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<td></td>
<td>Aspinwall LLC</td>
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<td>Rodeo</td>
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<td>Sagrimore</td>
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<td>Aspinwall 72 Units</td>
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<td>501 Genesee</td>
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<td>505 Genesee</td>
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<td>506 Genesee</td>
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<td>608 E Chester</td>
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<td>Laf Villa W</td>
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<td></td>
<td>Villa West II</td>
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<td></td>
<td>712 Genesee</td>
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Hope for the future, help when you need it.
2014 Successes and 2015 Opportunities

2014 Successes

- Housing portfolio is strong with low vacancy
- Increased affordable housing stock with opening of Aspinwall in Lafayette
- Consolidating BCHA and LHA complete

2015 Opportunities

- BCHA’s partnering with DHHS to integrate programming, including short-term emergency housing
- $2,582,123 CDBG-DR funding awarded
- Higher rent allowances from HUD for the voucher program
- Continued Alkonis development
2015 Risks

- Housing Stabilization Program funding at risk
- Real estate risk in financing and constructing Aspinwall/Alkonis
- Reductions in funding to major federal programs (e.g., Section 8)
- Flood recovery funding volatility
Boulder County Housing Authority
2015 BOCC Budget Hearing

2015 Budget Assumptions

- Aspinwall (Josephine Commons second phase) stabilize occupancy and conversion to permanent loan in 2nd quarter of 2015
- Rent increase of $10-$20 month for all appropriate units
- Fund 01 cost centers 2451 & 2452 will be funded at 2014 levels ($949,779)
- 95% Occupancy Rate of rental properties
- 2% Merit increase for personnel
Boulder County Housing Authority
2015 BOCC Budget Hearing

BCHA 2015 Revenues with Component Units
$21,606,142

- Tenant Rental Income: $6,050,079 (28%)
- Grant Revenues: $14,375,938 (67%)
- Transfers In: $212,584 (1%)
- Housing Choice Voucher Admin Fees: $516,000 (2%)
- Management Fee: $180,910 (1%)
- Misc Fee and Interest: $270,632 (1%)

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Boulder County Housing Authority
2015 BOCC Budget Hearing

BCHA 2015 Grant Revenues by Program
$14,375,938

- Weatherization
  - $1,763,056 CDBG-DR

- Rehab
  - $2,028,024

- Housing Choice Voucher
  - $6,656,532 46%

- Tenant-based Rental Assistance
  - $415,743 3%

- Housing & Community Education
  - $320,000 2%

- Housing Stabilization
  - $2,399,067 17%

- FSS Program Coordinator Grant
  - $193,740 1%

- FSS Prgm Coordintr Grant
  - $819,067 CDBG-DR

Hope for the future, help when you need it.
Boulder County Housing Authority 2015 BOCC Budget Hearing

BCHA 2015 Grant Revenues – Weatherization (excludes Admin Fee & Other Income)

$2,362,832

DOE $848,786 36%
Severance Tax $751,772 32%
LEAP $600,274 25%
Energy Smart Plus $112,000 5%
CIP $50,000 2%
Boulder County Housing Authority
2015 BOCC Budget Hearing

BCHA 2015 Expenditures with Component Units
$23,301,798

- Salary & Benefits: $4,469,432 (19%)
- Admin Expense: $2,451,605 (11%)
- Contractual Services: $1,766,970 (8%)
- Client Services/Expense: $9,812,744 (42%)
- Interest Expense: $1,619,326 (7%)
- Operational Expenses: $532,887 (2%)
- Legal & Other Fees: $470,525 (2%)
- Non-Routine: $111,200 (<1%)
- Amortization: $11,325 (<1%)
- Depreciation: $2,055,784 (9%)
## BCHA 2015 Budget

<table>
<thead>
<tr>
<th></th>
<th>Excluding Component Units</th>
<th>MFPH</th>
<th>Tax Credit Property - Josephine Commons</th>
<th>Tax Credit Property - Aspinwall</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Revenues</td>
<td>18,726,862</td>
<td>247,336</td>
<td>661,185</td>
<td>1,970,760</td>
<td>21,606,142</td>
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<tr>
<td>Total Expenditures</td>
<td>-18,089,607</td>
<td>-153,475</td>
<td>-385,776</td>
<td>-973,522</td>
<td>-19,602,780</td>
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<tr>
<td>Net Operating Income</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>637,254</td>
<td>93,861</td>
<td>275,409</td>
<td>996,838</td>
<td>2,003,362</td>
</tr>
<tr>
<td>Non-Op Cash Expenditures</td>
<td>582,922</td>
<td>58,517</td>
<td>221,325</td>
<td>780,471</td>
<td>1,643,234</td>
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<tr>
<td>Depreciation</td>
<td>704,942</td>
<td>35,344</td>
<td>478,428</td>
<td>837,069</td>
<td>2,055,784</td>
</tr>
<tr>
<td>Net Income</td>
<td>-650,610</td>
<td>0</td>
<td>-424,344</td>
<td>-620,702</td>
<td>-1,695,656*</td>
</tr>
</tbody>
</table>

* Planned capital investment in 2015 totals $1,915,156.

The 2015 operating budget is cash flow favorable
Boulder County Housing Authority
2015 BOCC Budget Hearing

BCHA CAPITAL Sources & Uses

$1,915,156 allocated CAPITAL to be spent in 2015

Restricted CAPITAL Balance Remaining

Alkonis Development Fund: Funded by Human Services IGA + Worthy Cause Award

Lyons Housing New Construction: Funded by Human Services IGA

Existing Property Capital Improvements: Funded by 2013 Bond + Laurels Sale + Restricted Reserves

Replacement Vehicles: Funded by Casa Vista Sale

Land Bank Development Fund: Funded by JC Dev Fees

Unrestricted Funds Remaining Available

715,643, 18%

1,330,131, 34%

Unrestricted CAPITAL Balance Remaining

Restricted CAPITAL Balance Remaining

Alkonis Development Fund: 950,000, 24%

Lyons Housing New Construction: 400,000, 10%

Existing Property Capital Improvements: 458,000, 12%

Replacement Vehicles: 57,156, 1%

Land Bank Development Fund: 50,000, 1%

30 of 48
2015 Decision Package Requests

Fund 098
Replace 2001 Jeep Cherokee with used County Vehicle $  9,308
Replace 2001 Dodge 3500, FULL SIZE VAN with comparable new vehicle $23,924
Replace 2001 Chevrolet ASTRO Van with comparable new vehicle $23,924

Requested one-time Fund 098 funding $57,156
2014 Successes and 2015 Opportunities

2014 Successes
- Benefits of integration of safety net services, infrastructure systems, and funding streams
- Strengthened community partnerships
- Enhanced prevention-focused human services via flexible use of funding through IV-E Waiver award
- Increased funding from higher federal enhanced Medicaid reimbursement via the Affordable Care Act
- Favorable state year-end closeouts to cover over-expended allocated programs

2015 Opportunities
- Renewal of Boulder County Human Services Safety Net funds to continue to provide resources for a larger community impact of services
- Year 2 of consolidation of Human Services contracts under the BCDHHS umbrella for more strategic and effective partnering and service delivery
- Child Welfare hotline funding to supplement statewide rollout of focused programming in 2015
- Community of Hope - new opportunities to strengthen our generative safety net
2015 Risks

- Block grant funding level changes made through allocation committees (Child Welfare, Colorado Works, Child Care, County Administration)
- Child Care requirements, including possible impact of HB 1317, exceed expanded funding opportunities
- Child Care spending at the state level may reduce or eliminate surplus distributions at closeout
- Increases in caseloads for self-sufficiency programs due to increasing need, Medicaid/ACA second year expansion, child welfare hotline and slow pace of economic recovery
- Potential impact should Boulder County Flood Recovery 2014 Ballot Initiative 1A not pass
- Potential impact should Boulder County Human Services Safety Net 2014 Ballot Initiative 1B not pass
- Unforeseen natural, economic or other disasters
Boulder County DHHS
2015 BOCC Budget Hearing

2015 Assumptions

- DHHS unbudgeted reserves for disaster emergency operations
- Social Services Fund mill levy at same 1.097 as in 2014
- Human Services Safety Net mill levy at same 0.90 as in 2014
- Consolidation of Non-Profit Community Contracts same funding as in 2014
- Transition of ARC to MHP effective 1/5/2015 ($666,390 pending MHP request)
- No or minimal available HS Safety Net Fund 032 balance
- First six months SFY15-16 major program allocations same as final six months SFY14-15
### 2015 Decision Package Requests

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>3460 Broadway Lobby Remodel – BAR 46215</td>
<td>$166,521</td>
</tr>
<tr>
<td>3460 Broadway Break Room – BAR 46215</td>
<td>$60,998</td>
</tr>
<tr>
<td>Coffman St Furniture/Fixtures – BAR 46188</td>
<td>$436,091 (65% contribution)</td>
</tr>
<tr>
<td>Requested one-time use of Fund 012 fund balance</td>
<td>$663,610</td>
</tr>
</tbody>
</table>
Boulder County Human Services
2015 BOCC Budget Hearing

2015 Budgeted Sources of Funds: Sources Totaling $46,557,166

- Intergovernmental Revenues: $23,842,851 (51%)
- Property Taxes: $6,258,111 (14%)
- HS Safety Net 032 (2011 1A): $5,196,286 (11%)
- HHS Fund 020 (2005 1A): $2,012,289 (4%)
- HHS contracts Fund 01: $6,180,029 (13%)
- HHS contracts Fund 020: $2,012,289 (4%)
- Earned Incentives (Fed/State): $460,131 (1%)
- Private Grant Funds: $1,195,184 (3%)

Local mill, HHS Funds 01 & 020 and HS Safety Net Fund 032 revenues comprise 45% of budgeted 2015 revenues.

Hope for the future, help when you need it.
2015 Budgeted Uses of Funds: Uses Totaling $46,557,166

- Child Welfare: $11,901,917 (26%)
- County Administration: $7,521,061 (16%)
- TANF/Colorado Works: $7,147,352 (15%)
- County-only Programs: $13,028,150 (28%)
- Other State/Fed Prgms: $1,919,693 (4%)
- Child Care: $2,305,532 (5%)
- Child Support Admin: $1,893,360 (4%)
- Core Services: $772,499 (2%)
- Other Grant Funds: $68,000 (0%)

2015 budgeted base line expenditures balance with budgeted revenues. Approved Decision Package requests and the final 2015 personnel budget upload will yield a net increase in expenditures over revenues.
Boulder County Human Services
2015 BOCC Budget Hearing

2015 Budgeted Uses of Funds: County Only $13,028,150

- Human Services Safety Net (2010 1A) - 27%
  - Fund 20/MHP $2,012,289 15%
- Human Services contracts - Fund 01/Various - 24%
  - Fund 01/MHP $3,073,077
  - Fund 01/Various $3,106,952
- Human Services contracts - Fund 20/MHP - 15%
- Non-leveraged private or county funded - 10%
  - $1,257,888

Hope for the future, help when you need it.

Hope for the future, help when you need it.
## 2015 Budgeted Human Services Safety Net (2010 1A) Spending

<table>
<thead>
<tr>
<th>Human Services Safety Net Fund 032 Cost Center</th>
<th>2014 Budget</th>
<th>2015 Budget</th>
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</thead>
<tbody>
<tr>
<td>6810 – Administration</td>
<td>100,000</td>
<td>100,000</td>
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<tr>
<td>6811 - County Admin - Nonprofits</td>
<td>2,440,459</td>
<td>2,485,094</td>
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<tr>
<td>6812 - County Admin - Access to Benefits</td>
<td>2,111,192</td>
<td>2,111,192</td>
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<tr>
<td>6814 - Child Care</td>
<td>500,000</td>
<td>500,000</td>
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<tr>
<td><strong>Total Expenditures</strong></td>
<td><strong>5,151,651</strong></td>
<td><strong>5,196,286</strong></td>
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</table>
Boulder County DHHS
2015 BOCC Budget Hearing

2015 Budgeted Human Services (Funds 001 and 020) Spending

<table>
<thead>
<tr>
<th>Description</th>
<th>2014 Budget</th>
<th>2015 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Profit Contracts (transfer-in from fund 001, cost center 1401)</td>
<td>3,106,952</td>
<td>3,106,952</td>
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<tr>
<td>Mental Health Partners – general operational support (transfer-in from fund 001, cost center 1405)</td>
<td>2,519,347</td>
<td>2,519,347</td>
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<tr>
<td>Mental Health Partners – general operational support (transfer-in from fund 020, cost center 5951)</td>
<td>1,899,629</td>
<td>1,899,629</td>
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<tr>
<td>Mental Health Partners – Addiction Recovery Center transition (transfer-in from fund 001, cost center 1405 and fund 020, cost center 5951)</td>
<td>0</td>
<td>666,390</td>
</tr>
<tr>
<td><strong>Total Expenditures</strong></td>
<td><strong>7,525,928</strong></td>
<td><strong>8,192,318</strong></td>
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Thank you
Boulder County Commissioners
Residents
Partners
County staff
for your on-going support and leadership!
BOULDER COUNTY HOUSING & HUMAN SERVICES

Hope for the future, help when you need it.

2014-2015 Strategic Priorities

Family & Children Services  Housing  Food Assistance  Financial Assistance  Elder Services  Health Coverage  Education & Skill Building
Our 2014-2015 DHHS Strategic Priorities

- Nurturing Community Integration
- Building the Pillars to Self-Sufficiency
- Revolutionizing the DHHS Workforce/Infrastructure

- Strengthening the Community Safety Net
- Integrating Case Management
- Early Childhood Plan for Boulder County
- Access to Health Coverage
- Expanded Housing Continuum
- Educational and Employment Development/Empowerment
- Comprehensive, Agile DHHS Staffing & a Modern DHHS Workforce
- Data Infrastructure/Data-Informed Practice
- Comprehensive & Sustainable Economic Engine
Our 2014-2015 DHHS Strategic Priorities

Nurturing Community Integration
Building the Pillars to Self-Sufficiency
Revolutionizing the DHHS Workforce/Infrastructure

Strengthening the Community Safety Net

- Strengthen Consolidated Contracting Process – work collaboratively with community partners to build network of services
- Leverage funding – maximize existing sources, match when possible, diversify
- Use Data-Driven Decision Making – for service needs, program effectiveness, self-sufficiency gains
- Ensure Transparency – to the public and our funders, partners, community, and staff

Early Childhood Plan
Boulder County
Integrated Care Coverage
Expanded Housing Continuum
Access to Health Coverage
Data Infrastructure/Data-Informed Practice
Comprehensive & Sustainable Economic Engine
Comprehensive, Agile DHHS Staffing & a Modern DHHS Workforce

Hope for the future, help when you need it.
Our 2014-2015 DHHS Strategic Priorities

- Nurturing Community Integration
- Building the Pillars to Self-Sufficiency
- Revolutionizing the DHHS Workforce/Infrastructure

- Strengthening the Community Safety Net
- Integrating Case Management
- Early Childhood Plan for Boulder County

- Improve Access to Quality Child Care
- Integrate Continuum of Early Childhood Resources and Programs
- Enhance Parent Education and Parent Empowerment Programs
- Coordinate with Race to the Top Priorities

Hope for the future, help when you need it.
Our 2014-2015 DHHS Strategic Priorities

Nurturing Community Integration

Building the Pillars to Self-Sufficiency

Revolutionizing the DHHS Workforce/Infrastructure

- Utilize Multi-Year Planning
- Leverage Funding
- Use Return On Investment (ROI) Modeling
- Up-Stream Funding and Programming to Meet Community Needs

Comprehensive & Sustainable Economic Engine

Data Infrastructure/Data-Informed Practice

- Strengthening the Community Safety Net
- Integrating Case Management
- Access to Health
- Educational and Employment Development/Empowerment
- Comprehensive, Agile DHHS Staffing & a Modern DHHS Workforce

Hope for the future, help when you need it.
DHHS Advisory Committee
MONTHLY MEETING
Tuesday, December 09, 2014, 3:30 p.m.
DHHS Kaiser Building,
Large Conference Room, 2525 13th Street, Boulder

Agenda:

1) Approval of today’s agenda

2) Approval of minutes from October 30, 2014 DHHS Advisory Committee meeting

3) Matters from the committee members for consideration

4) 2015 DHHS Budget Presentation—Will Kugel, Frank Alexander
   a) See DHHS Strategic priority: Revolutionizing the DHHS Workforce and Infrastructure
      (i) Comprehensive and Sustainable Economic Engine
   b) BCHA Budget
   c) Human Services Budget

5) 2014 Community of Hope Summit Action Items—Frank Alexander, Jim Williams, Chris Campbell
   a) Final Community of Hope Summit White Paper
   b) Discussion of next steps

6) January agenda items:
   a) 2015 Planning Calendar
   b) Continued Community of Hope action items

7) Next Meeting is Tuesday, January 27, 2014, 3:30 p.m. Kaiser Large Conference Room, 2525 13th Street, Boulder

8) Adjourn

Access to current and past packets for the Boulder County Housing Authority Board, the Boulder County Human Services Board, and the Housing & Human Services Advisory Committee can be found by clicking on the links below:
Boulder County Housing Authority Board Packets
Boulder County Human Services Board Packets

Housing & Human Services Advisory Committee Packets

**Note that full DHHS financials are in the associated links to the board packets above.
Main Goal of the Meeting: Determine the DHHS Advisory Committee’s role on how to take action on the data and input gathered at the Community of Hope Summit.

Minutes

1) Approval of today’s agenda

Approved

2) Approval of minutes from September 30, 2014 DHHS Advisory Committee meeting

Approved

3) Matters from the committee members for consideration

- HSSN Communication from this Committee. Laura has worked on something and can send it out to the Committee for review. Letter to the Editor from this Committee to the various news outlets.
- Laura K: best of neighbors helping neighbors will be the message. Community resiliency.
- Simon will email a list of facts to Laura to add into the letter.
- Robin: Ten Year Plan Advisory Board—the crafted a letter in support and it included support for 1A—flood initiative
- Frank—need to include the list of specific folks from the Committee.

4) Discussion of Early Childhood strategies—Jeff Zayach, Heather Mathews, Boulder County Public Health

a) Collaborative efforts in community engagement

- Jeff Z—couple of areas of focus. As you watch the video on the Raising of America Series, (get link) think about how this links to HSSN and the Community of Hope Summit and how these gap areas can be a focus of our investments, programming, and best practices (early childhood space).
- Heather M—Congrats on a successful Community of Hope event. Enjoyed the links to early childhood and the social determinants of health.
  - The Raising of America Series (will come out spring of next year on PBS)—Role of early childhood development to health was missing in this reel. Missing in the Social
Determinants of Health. Toxic stress in the very early stages of development (constant flight or fight response). Needs to be recognized and addressed to support families—on the front end.

- Any initial responses to the series introduction:
  - Angela: sad where we now rank in graduation rates compared in the past.
  - Robin: statement from the trailer: “it’s a value we all share but are unwilling to look at for all children.” Very compelling statement
  - Frank: we hosted Dr. Shonkoff when we looked at the Child Welfare redesign.
  - We have a large amount of data/information and we are doing very little with it right now.
  - Elvira: leave policies are very different from other successful nations

- Partnership in Boulder County that have priorities that tie into this series—United Way, ECCBC, BIPR, are focuses on addressing some of the points brought up on the series. Small amount of funding to do a community-wide event to early next year.
- Have developed 1 pager of asks: Parents, Employers, Policymakers.
- What is the focus of the community-wide event? Still developing the agenda and focus.
- Jim W: are there studies about the ROI data. Aggregation of these data points. Heather will send these to Jim
- Laura K: Do the graduation rates in Boulder County mirror the nation? Higher but once you dig into the data, you see large disparities among different populations.
- How can we ensure alignment with our strategic focus? Add to the White Paper for the COH? How deep do we want to go in the White Paper in terms of details
- Frank: we are investing a ton of resources in the early childhood space in lots of way. There is no doubt that we will continue it. How do you develop the expertise of the various work groups out there to more rapidly deploy resources? Early Childhood space is ripe for a deeper dive. Question is how do we do this?

5) 2014 Community of Hope Summit Action Items—Frank Alexander, Jim Williams, Chris Campbell
   a) Review of Community of Hope Summit White Paper
      i. What do you think about the approach to representing the information?
      ii. What recommendations do you have for additional helpful information or analyses to include?

- Jim: quick background—approach was to be a high-level overview of the summit and a quick glance of where we go from here. See the draft white paper for the flow and structure.
- Word Clouds—1200 statements. Very diverse statements. Wanted to visually show the themes. Showed the word clouds and then dug down into the statement and then show the dominant themes.
- Give the reader an idea of what we did with the information
- Elvira: who is the audience? Attendees, Community partners, and all community members. Who will be doing this? **Create work groups to tackle the next level of analysis and recommendation needs. Things that has risen to the
- Heather: build on the great work that has already been done in the Early Childhood realm. Some gaps. Achieve a shared vision.
- Angela: some of the things we’ve been thinking about with HSSN—see the bubble diagram. This has been refined. How do we weave the current work, the data from the COH, and the work on
the Social Determinants of Health and the pillars of self-sufficiency to have the best collective impact.

- How are we going to take TSN/HSSN to the next level? We have piloted the collective impact model. See the GHSSN framework document.
- We want to be in a very different place 5, 10, 15 years from now. Who is going to do this work. Organize the community better so we can all move

- Frank—for years, we have discussing alignment with the county departments and with the community as well. Use this model to drive investments for other funding sources.
  - Better sharing of data, better fiscal models, best practices, evidence-based
  - Service system that we have been constructing together. Very collectively driven, collaborative. Needs to be informed by best practices, etc. Still have the ability to
  - Very well constructed advisory boards that are data driven, evidence-based practices driven, etc. Goal of DHHS is how do we leverage these groups. RE: ten year plan board has gotten much more focused and are investing dollars well.
  - Crowdsourcing process grow—more rapid feedback, more rapid change and more rapid deployment.
    - If the HSSN passes, we want to move
  - Simon: there is layers to everything—buckets/access, housing, healthcare, access are major things that we have huge need. Then there are layers of practice models—best practices, evidence-based practices. As you think about the funding, be careful not to go too much into the details—layering is key. Folks are at different phases of practice
  - Frank: we want this type of conversation to be a dialogue. Today what we need is more dental chairs, tomorrow what we need is something else. How can we accomplish things together.
  - There has never been this kind of community alignment and resource availability before. How do we act on this moment now?
  - Frank: the GHSSN framework is our attempt to show how DHHS fits into the larger framework. How resources are deployed rapidly in the right areas. Provides a vision for talking amongst ourselves.
  - Robin: articulating the system. What is the target? What will our community look like in 15 years. Shared indicators. Beauty of Collective Impact, does sets these goals.
  - FA: This was data we got from the COH data. Collective indicators and dashboard. This needs to be done on the front end. How do we make this happen? Role of actual providers in the conversation, versus data people and the general public. How rapidly could we

- More context on the current investments and how our agencies work together
  - We have been working on this with Public Health, Community Service and the community-based partners as well.
  - Angela—GOAL: Melding of what is happening now but fine tuning it, along with developing indicators so that we know what to invest in—housing, health and wellbeing, etc. Tied to data analytics and rapid reinvestment when needed. If we could organize the community around the pillars of self-sufficiency and then have the Generative Human Services Safety Net Advisory Committee and that roles
  - Will this change the way this committee functions? Community-wide leadership around common operating procedures that will be internalized by the agencies in their practices. Make sure that our strategic work is aligned. Changes practice and funding recommendations in a coherent way.
    - Data driven decision making.
  - Help folks identify what pillar they are in
- Angela: need to engage the various advisory groups out there
- Robin: The reality is that we are all going to these meetings now: linking the work that we are already doing. Work should not be done in silos.
- FA: there are a lot of people who want common community indicators. We have a large group come and we hash these issues out. When we did TSN the first time, we analyzed 13 community needs assessments and these are the gap areas that came forward.
- Jeff: less the dash board, more doing the gaps analysis up front.
- Jim: the thing about this Summit and the outcome of it—will allow this work to be done now. Bring us together, help us work together better and in a generative way and let’s move forward. Let’s develop a system.
- Robin: Boulder, Longmont United Way, and the County aligned to common indicators. Now at a good point to move to a higher level. Analysis needs to be done—give the indicators texture, context, color.
- FA: integrated social determinants of health model that is based on a really broad indicators—San Diego model—this needs to happen first. Needs to be internalized by public and community partners.
- Elvira: Is there a role for the trends report in this? Yes.
- FA—As a community we believe in data, early intervention and prevention across multiple systems, indicators, and we are there.

- Jeff: put some of the ideas down on paper on how we will move forward will help
- Action Items for the next committee meeting:
  - First quarter planning—what are the next steps for the first quarter

b) First Community of Hope Communication
   i. Suggestions for additions/changes?

c) See DHHS Strategic Priority: Nurturing Community Integration
   i. Strengthening the Community Safety Net – how can we continue to tie this priority into the Community of Hope work we are doing?
   ii. Advisory Committee roles moving forward – what role can you take in the Community of Hope process going forward?

6) 2015 DHHS Budget Presentation—Will Kugel, Frank Alexander
   a) See DHHS Strategic priority: Revolutionizing the DHHS Workforce and Infrastructure
      (i) Comprehensive and Sustainable Economic Engine
   b) BCHA Budget
   c) Human Services Budget

TABLED for next meeting

7) Next Meeting is Tuesday, December 9, 2014, 3:30 p.m. Kaiser Large Conference Room, 2525 13th Street, Boulder (Note: no November Meeting)

8) Adjourn
Access to current and past packets for the Boulder County Housing Authority Board, the Boulder County Human Services Board, and the Housing & Human Services Advisory Committee can be found by clicking on the links below:

Boulder County Housing Authority Board Packets

Boulder County Human Services Board Packets

Housing & Human Services Advisory Committee Packets

**Note that full DHHS financials are in the associated links to the board packets above.**
BOULDER COUNTY
HOUSING & HUMAN SERVICES

Hope for the future, help when you need it.
Boulder County DHHS
2015 Budget Hearing
October 28, 2014
Boulder County DHHS
2015 BOCC Budget Hearing

Our Mission:

Promoting safe, healthy and thriving communities

BCDHHS is dedicated to supporting and sustaining healthy communities that strengthen individuals and families while promoting human dignity and hope for the future.

Hope for the future, help when you need it.
Boulder County DHHS
2015 BOCC Budget Hearing

Agenda

• Housing Authority Budget Overview

• Human Services Budget Overview
### Operating Fund

<table>
<thead>
<tr>
<th>General Admin</th>
<th>North Properties</th>
<th>South Properties</th>
<th>Rural Dev</th>
</tr>
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<tbody>
<tr>
<td>JC Kitchen</td>
<td>1327 Emery</td>
<td>602 Geneseo</td>
<td>Casa Esperanza</td>
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<td>1410 Emery</td>
<td>921 E Cleveland</td>
<td>Prime Haven</td>
<td>Arno Place</td>
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<td>902 Emery</td>
<td>Prime Haven</td>
<td>Walter Self</td>
<td>Avalon</td>
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<tr>
<td>Bloomfield Pl</td>
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<td>Liac Place</td>
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<td>Cambridge</td>
<td>Lydia Morgan</td>
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<td>E Saint Clair</td>
<td>Regal Court I &amp; II</td>
<td>Hillside</td>
<td>Hillside</td>
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<td>Eagle Place</td>
<td>Regal Court I &amp; II</td>
<td>Regal Court I &amp; II</td>
<td>Regal Court I &amp; II</td>
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<td>Meadows</td>
<td>Regal Square</td>
<td>Sunnyside</td>
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<td>Rees</td>
<td>Alkonis</td>
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<td>Summer</td>
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<td>Wedgewood</td>
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### Grant Fund

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<tr>
<th>Wx</th>
<th>REHAB</th>
<th>HCV</th>
<th>TBRA</th>
<th>Housing &amp; Comm Ed</th>
<th>Housing Stabilization</th>
<th>FSS HUD</th>
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<td>DOH</td>
<td>CDB</td>
<td>N/W</td>
<td>CompCons</td>
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<td>LIH</td>
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<td>STY</td>
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<td>ABR</td>
<td>NW</td>
<td>CIAF HBE</td>
<td>HC 1-A Contingency</td>
<td>MFPH</td>
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<td>LEAF</td>
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<td>NW</td>
<td>CDBG HBE</td>
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### Component Units

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<tr>
<th>LH</th>
<th>MFPH</th>
<th>Josephine Commons</th>
<th>Aspinwall LLC</th>
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</thead>
<tbody>
<tr>
<td>Bedivere, Carr, Chevron, Lucerne, Lycene, Mt Gate, Rodeo, Sagrino</td>
<td>Aspinwall 72 Units, 501 Geneseo, 503, 515 Geneseo, 505 Geneseo, 507 Geneseo, 509 Geneseo, 517 Geneseo, Finch</td>
<td>506 Geneseo, 608 E Chester, W Cleveland, Milo, Dover, LaF Villa W, Villa West II, 712 Geneseo</td>
<td>506 Geneseo, 608 E Chester, W Cleveland, Milo, Dover, LaF Villa W, Villa West II, 712 Geneseo</td>
</tr>
</tbody>
</table>
2014 Successes and 2015 Opportunities

2014 Successes
- Housing portfolio is strong with low vacancy
- Increased affordable housing stock with opening of Aspinwall in Lafayette
- Consolidating BCHA and LHA complete

2015 Opportunities
- BCHA’s partnering with DHHS to integrate programming, including short-term emergency housing
- $2,582,123 CDBG-DR funding awarded
- Higher rent allowances from HUD for the voucher program
- Continued Alkonis development
Boulder County Housing Authority
2015 BOCC Budget Hearing

2015 Risks

- Housing Stabilization Program funding at risk
- Real estate risk in financing and constructing Aspinwall/Alkonis
- Reductions in funding to major federal programs (e.g., Section 8)
- Flood recovery funding volatility
Boulder County Housing Authority
2015 BOCC Budget Hearing

2015 Budget Assumptions

- Aspinwall (Josephine Commons second phase) stabilize occupancy and conversion to permanent loan in 2\textsuperscript{nd} quarter of 2015
- Rent increase of $10-$20 month for all appropriate units
- Fund 01 cost centers 2451 & 2452 will be funded at 2014 levels ($949,779)
- 95\% Occupancy Rate of rental properties
- 2\% Merit increase for personnel
Boulder County Housing Authority
2015 BOCC Budget Hearing

BCHA 2015 Revenues with Component Units
$21,606,142

- Tenant Rental Income: $6,050,079 (28%)
- Grant Revenues: $14,375,938 (67%)
- Transfers In: $212,584 (1%)
- Housing Choice Voucher Admin Fees: $516,000 (2%)
- Misc Fee and Interest: $270,632 (1%)
- Management Fee: $180,910 (1%)

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Boulder County Housing Authority
2015 BOCC Budget Hearing

BCHA 2015 Grant Revenues by Program
$14,375,938

- **Weatherization**
  - $819,067 (CDBG-DR)
- **Rehab**
  - $2,028,024 (CDBG-DR)
- **Housing Choice Voucher**
  - $6,656,532 (46%)
- **Housing Stabilization**
  - $2,399,067 (17%)
- **Tenant-based Rental Assistance**
  - $415,743 (3%)
- **Housing & Community Education**
  - $320,000 (2%)
- **FSS Program Coordinator Grant**
  - $193,740 (1%)
- **CDBG-DR**
  - $1,763,056

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Boulder County Housing Authority
2015 BOCC Budget Hearing

BCHA 2015 Grant Revenues – Weatherization (excludes Admin Fee & Other Income)
$2,362,832

- DOE $848,786 36%
- Severance Tax $751,772 32%
- LEAP $600,274 25%
- Energy Smart Plus $112,000 5%
- CIP $50,000 2%

Hope for the future, help when you need it.
### Boulder County Housing Authority 2015 BOCC Budget Hearing

#### BCHCA 2015 Expenditures with Component Units

**Total Expenditure:** $23,301,798

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary &amp; Benefits</td>
<td>$4,469,432</td>
<td>19%</td>
</tr>
<tr>
<td>Admin Expense</td>
<td>$2,451,605</td>
<td>11%</td>
</tr>
<tr>
<td>Contractual Services</td>
<td>$1,766,970</td>
<td>8%</td>
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<tr>
<td>Client Services/Expense</td>
<td>$9,812,744</td>
<td>42%</td>
</tr>
<tr>
<td>Interest Expense</td>
<td>$1,619,326</td>
<td>7%</td>
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<td>Operational Expenses</td>
<td>$532,887</td>
<td>2%</td>
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<tr>
<td>Legal &amp; Other Fees</td>
<td>$470,525</td>
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<td>Non-Routine</td>
<td>$111,200</td>
<td>&lt;1%</td>
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<tr>
<td>Amortization</td>
<td>$11,325</td>
<td>&lt;1%</td>
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<tr>
<td>Depreciation</td>
<td>$2,055,784</td>
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</table>

### Pie Chart

- **Total Expenditure:** $23,301,798
- **Client Services/Expense:** $9,812,744 (42%)
- **Salary & Benefits:** $4,469,432 (19%)
- **Admin Expense:** $2,451,605 (11%)
- **Contractual Services:** $1,766,970 (8%)
- **Interest Expense:** $1,619,326 (7%)
- **Operational Expenses:** $532,887 (2%)
- **Legal & Other Fees:** $470,525 (2%)
- **Non-Routine:** $111,200 (<1%)
- **Amortization:** $11,325 (<1%)
- **Depreciation:** $2,055,784 (9%)
## Boulder County Housing Authority

### 2015 BOCC Budget Hearing

<table>
<thead>
<tr>
<th>BCHA 2015 Budget</th>
<th>Excluding Component Units</th>
<th>MFPH</th>
<th>Tax Credit Property - Josephine Commons</th>
<th>Tax Credit Property - Aspinwall</th>
<th>Total</th>
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<tbody>
<tr>
<td>Total Revenues</td>
<td>18,726,862</td>
<td>247,336</td>
<td>661,185</td>
<td>1,970,760</td>
<td>21,606,142</td>
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<tr>
<td>Total Expenditures (operating)</td>
<td>-18,089,607</td>
<td>-153,475</td>
<td>-385,776</td>
<td>-973,522</td>
<td>-19,602,780</td>
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<td>Net Operating Income</td>
<td>637,254</td>
<td>93,861</td>
<td>275,409</td>
<td>996,838</td>
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<td>Non-Op Cash Expenditures</td>
<td>582,922</td>
<td>58,517</td>
<td>221,325</td>
<td>780,471</td>
<td>1,643,234</td>
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<td>Depreciation</td>
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<td>478,428</td>
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<td>Net Income</td>
<td>-650,610</td>
<td>0</td>
<td>-424,344</td>
<td>-620,702</td>
<td>-1,695,656 *</td>
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</table>

* Planned capital investment in 2015 totals $1,915,156.

The 2015 operating budget is cash flow favorable

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Boulder County Housing Authority
2015 BOCC Budget Hearing

BCHA CAPITAL Sources & Uses

$1,915,156 allocated CAPITAL to be spent in 2015

- Alkonis Development Fund: Funded by Human Services IGA + Worthy Cause Award
- Lyons Housing New Construction: Funded by Human Services IGA
- Existing Property Capital Improvements: Funded by 2013 Bond + Laurels Sale + Restricted Reserves
- Replacement Vehicles: Funded by Casa Vista Sale
- Land Bank Development Fund: Funded by JC Dev Fees
- Unrestricted Funds Remaining Available

Restricted CAPITAL Balance Remaining

Unrestricted CAPITAL Balance Remaining

- Alkonis Development Fund: 950,000, 24%
- Lyons Housing New Construction: 400,000, 10%
- Existing Property Capital Improvements: 458,000, 12%
- Replacement Vehicles: 57,156, 1%
- Land Bank Development Fund: 50,000, 1%
2015 Decision Package Requests

Fund 098
Replace 2001 Jeep Cherokee with used County Vehicle $ 9,308
Replace 2001 Dodge 3500, FULL SIZE VAN with comparable new vehicle $23,924
Replace 2001 Chevrolet ASTRO Van with comparable new vehicle $23,924

Requested one-time Fund 098 funding $57,156
2014 Successes and 2015 Opportunities

2014 Successes
- Benefits of integration of safety net services, infrastructure systems, and funding streams
- Strengthened community partnerships
- Enhanced prevention-focused human services via flexible use of funding through IV-E Waiver award
- Increased funding from higher federal enhanced Medicaid reimbursement via the Affordable Care Act
- Favorable state year-end closeouts to cover over-expended allocated programs

2015 Opportunities
- Renewal of Boulder County Human Services Safety Net funds to continue to provide resources for a larger community impact of services
- Year 2 of consolidation of Human Services contracts under the BCDHHS umbrella for more strategic and effective partnering and service delivery
- Child Welfare hotline funding to supplement statewide rollout of focused programming in 2015
- Community of Hope - new opportunities to strengthen our generative safety net
2015 Risks

- Block grant funding level changes made through allocation committees (Child Welfare, Colorado Works, Child Care, County Administration)
- Child Care requirements, including possible impact of HB 1317, exceed expanded funding opportunities
- Child Care spending at the state level may reduce or eliminate surplus distributions at closeout
- Increases in caseloads for self-sufficiency programs due to increasing need, Medicaid/ACA second year expansion, child welfare hotline and slow pace of economic recovery
- Potential impact should Boulder County Flood Recovery 2014 Ballot Initiative 1A not pass
- Potential impact should Boulder County Human Services Safety Net 2014 Ballot Initiative 1B not pass
- Unforeseen natural, economic or other disasters
2015 Assumptions

- DHHS unbudgeted reserves for disaster emergency operations
- Social Services Fund mill levy at same 1.097 as in 2014
- Human Services Safety Net mill levy at same 0.90 as in 2014
- Consolidation of Non-Profit Community Contracts same funding as in 2014
- Transition of ARC to MHP effective 1/5/2015 ($666,390 pending MHP request)
- No or minimal available HS Safety Net Fund 032 balance
- First six months SFY15-16 major program allocations same as final six months SFY14-15
Boulder County Human Services
2015 BOCC Budget Hearing

2015 Decision Package Requests

3460 Broadway Lobby Remodel – BAR 46215 $ 166,521
3460 Broadway Break Room – BAR 46215 $ 60,998
Coffman St Furniture/Fixtures – BAR 46188 $ 436,091 (65% contribution)

Requested one-time use of Fund 012 fund balance $ 663,610
2015 Budgeted Sources of Funds: Sources Totaling $46,557,166

Intergovernmental Revenues: $23,842,851 (51%)

Property Taxes: $6,258,111 (14%)

HS Safety Net 032 (2011 1A): $5,196,286 (11%)

HHS Fund 020 (2005 1A): $1,412,286 (3%)

HHS contracts Fund 01: $6,180,029 (13%)

HHS contracts Fund 020: $2,012,289 (4%)

Earned Incentives (Fed/State): $460,131 (1%)

Private Grant Funds: $1,195,184 (3%)

Local mill, HHS Funds 01 & 020 and HS Safety Net Fund 032 revenues comprise 45% of budgeted 2015 revenues.
Boulder County Human Services
2015 BOCC Budget Hearing

2015 Budgeted Uses of Funds: Uses Totaling $46,557,166

- Child Welfare: $11,901,517 (26%)
- County Administration: $7,521,061 (16%)
- TANF/Colorado Works: $7,147,352 (15%)
- County-only Programs: $13,028,150 (28%)
- Other State/Fed Pgms: $1,919,693 (4%)
- Child Care: $2,305,532 (5%)
- Child Support Admin: $1,893,360 (4%)
- Core Services: $772,499 (2%)
- Other Grant Funds: $68,000 (0%)

2015 budgeted base line expenditures balance with budgeted revenues. Approved Decision Package requests and the final 2015 personnel budget upload will yield a net increase in expenditures over revenues.

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Boulder County Human Services
2015 BOCC Budget Hearing

2015 Budgeted Uses of Funds: County Only $13,028,150

- Human Services Safety Net (2010 1A) $3,577,944 27%
- Human Services contracts - Fund 01/Various $3,106,952 24%
- Human Services contracts - Fund 01/MHP $3,073,077 24%
- Human Services contracts - Fund 20/MHP
- Non-leveraged private or county funded $1,257,888 10%

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Boulder County Human Services
2015 BOCC Budget Hearing

Human Services Safety Net
Total Investments 2011-2014
$20,012,811

TSN Support
$1,451,872  7%

Basic Needs & Family Stability
$6,186,252  31%

Housing
$4,781,037  24%

Mental Health Services
$1,347,725  7%

Health Coverage
$3,951,074  20%

Child Care
$2,294,851  11%


Hope for the future, help when you need it.
## 2015 Budgeted Human Services Safety Net (2010 1A) Spending

<table>
<thead>
<tr>
<th>Human Services Safety Net Fund 032 Cost Center</th>
<th>2014 Budget</th>
<th>2015 Budget</th>
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<tbody>
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<td>6810 – Administration</td>
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<td>6811 - County Admin - Nonprofits</td>
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<tr>
<td>6812 - County Admin - Access to Benefits</td>
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<tr>
<td>6814 - Child Care</td>
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<tr>
<td><strong>Total Expenditures</strong></td>
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<td><strong>5,196,286</strong></td>
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## 2015 Budgeted Human Services (Funds 001 and 020) Spending

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<tr>
<td>Non-Profit Contracts</td>
<td>3,106,952</td>
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<td>Mental Health Partners – general operational support</td>
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<td>2,519,347</td>
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<td>(transfer-in from fund 001, cost center 1405)</td>
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<td>(transfer-in from fund 020, cost center 5951)</td>
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<td>Mental Health Partners – Addiction Recovery Center transition</td>
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<td>(transfer-in from fund 001, cost center 1405 and fund 020, cost center 5951)</td>
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<td><strong>Total Expenditures</strong></td>
<td><strong>7,525,928</strong></td>
<td><strong>8,192,318</strong></td>
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</tbody>
</table>
Thank you
Boulder County Commissioners
Residents
Partners
County staff
for your on-going support and leadership!
BOULDER COUNTY
HOUSING & HUMAN SERVICES

Hope for the future, help when you need it.

2014-2015 Strategic Priorities
Our 2014-2015 DHHS Strategic Priorities

**Nurturing Community Integration**
- Strengthening the Community Safety Net
- Integrating Case Management
- Early Childhood Plan for Boulder County

**Building the Pillars to Self-Sufficiency**
- Access to Health Coverage
- Educational and Employment Development/Empowerment
- Expanded Housing Continuum

**Revolutionizing the DHHS Workforce/Infrastructure**
- Data Infrastructure/Data-Informed Practice
- Comprehensive & Sustainable Economic Engine
- Comprehensive, Agile DHHS Staffing & a Modern DHHS Workforce

**Hope for the future, help when you need it.**
Our 2014-2015 DHHS Strategic Priorities

Nurturing Community Integration
Building the Pillars to Self-Sufficiency
Revolutionizing the DHHS Workforce/Infrastructure

- Utilize Multi-Year Planning
- Leverage Funding
- Use Return On Investment (ROI) Modeling
- Up-Stream Funding and Programming to Meet Community Needs

Comprehensive & Sustainable Economic Engine

- Early Childhood Plan for Boulder County
- Integrating Case Management
- Strengthening the Community Safety Net

Data Infrastructure/Data-Informed Practice

Comprehensive, Agile DHHS Staffing & a Modern DHHS Workforce

Access to Health
Educational and Employment Development/Empowerment

Boulder County Housing Continuum

Hope for the future, help when you need it.
Strengthen Consolidated Contracting Process – work collaboratively with community partners to build a network of services

Leverage funding – maximize existing sources, match when possible, diversify

Use Data-Driven Decision Making – for service needs, program effectiveness, self-sufficiency gains

Ensure Transparency – to the public and our funders, partners, community, and staff
Goal: Make our community’s safety net more family driven, prevention oriented, and holistic.

Why?

• Boulder County’s safety net is strong
  • Excellent network of community partners
  • Visionary leadership
  • Supportive community

• Boulder County’s safety net can continue to get stronger
  • Fully collaborative partnerships based on common goals
  • Use of data-driven common indicators to measure need and progress, funding tied to indicators
  • Funding and implementation system informed by community
Community of hope

Moving toward a more family driven, prevention oriented and holistic safety net.

Hope for the future, help when you need it.
Boulder County: Community of Hope

Summit: September 26, 2014

Hope for the future, help when you need it.
Social Determinants of Health & Pillars of Family Stability

Healthy Thriving Communities

- Housing Stability
- Employment & Income Stability
- Access to Adequate Food & Nutrition
- Health & Well-Being
- Safety
- Education

Hope for the future, help when you need it.
Hope for the future, help when you need it.
Building Healthy Thriving Communities

• Constant Feedback Loop
• Continuous Learning Environment
• Common Community Indicators
• Integration Powerful Community Strategic Plans

Hope for the future, help when you need it.
Focus Group Discussions

• What is working today?
• What are our greatest opportunities moving forward?
• What are the major challenges we face to maximizing our opportunities?
• What supports are needed to overcome these challenges?
• What should we focus on for the next 12-24 months?

family driven prevention oriented
Focus Groups: What’s Working Well?

Hope for the future, help when you need it.
Focus Groups: What’s Working Well?

Hope for the future, help when you need it.

Community
Family
Support
Collaboration
Services
Focus Groups: What’s Working Well?

Community (referenced 32 times):

• Collaboration and relationships that exist between Boulder County and community partners are increasingly strong
• community health focus that is tying insurance to health outcomes
• community-based case management
• Social Determinants of Health model is now becoming more widely utilized throughout the community
• Family engagement strengthened by community network
• Demonstrated commitment to investments in the community
• Community confidence to commit tax payer funding to safety net
• Sense of community connection
• Dental Aid hygienists in the community moving away from reactive to proactive
Focus Groups: What’s Working Well?

Families or Family (referenced 63 times):

- Food distribution system that has coordination food assistance with the food banks and emergency service agencies has de-stigmatized access to food and reduced hunger without stigma for families.
- First point of contact with any agency is becoming more seamless; the family is able to get the support right away when the need presents.
- Incredible changes in Child Welfare! Seeing the shift to where all partners are involved in keeping families together.
- Family is involved from the word “go”.
- Collaboration/coordination between families, DHHS, and partners.
- Hearing the voices of families from the beginning; Families drive the train.
- Family engagement strengthened by community network.
- Support for families is now better based on the root cause of their crisis and not a symptom.
- Families see change makes it easier for them to buy in.
- Hope inspired practices with families.
- Shift to family as the experts.
- Empowered families talk to and learn from each other.
- Aligning services to get on same page with how we work with families.
- Family Resource Schools / Family Resource Centers.
Focus Groups: What’s Working Well?

Collaboration (referenced 19 times):

• Collaboration bringing agencies together
• Collaboration and relationships that exist between Boulder County and community partners are increasingly strong
• Commitment to collaboration
• Collaboration is up, competition is down
• Collaboration/coordination between families, DHHS, and partners
• Home visitation collaboration more approachable
• Increased education and collaboration
• Funding collaboration that helps families over long term
• More intentional collaboration and improved systems integration
Focus Groups: Challenges We Face

- Families
- Support
- Housing
- Resources
- Services
- Time
- Funding
- Communication
- Needs
Focus Groups: Challenges We Face

**Housing** (referenced 27 times):

- Limited *housing* stock
- High cost and low availability of transitional and permanent *housing*
- Lack of affordable *housing*
- Affordable *housing*
- Cost of *housing*
- **Housing** for domestic violence survivors – 3 months to 2 years
- Zoning limits in county preventing additional *housing* facilities to be built
- **Housing** – extremely low vacancy
Focus Groups: Challenges We Face

**Funding** (referenced 17 times):

- **Funding** is being siloed – need to leverage it better
- **Funding** barriers and siloes
- Need **funding** for building
- Disasters created less money and low **funding**
- Transparency of **funding**/community engagement
- **Funding** siloes and limitations
- **Funding** barriers (seamless service is affected – example C4HCO vs. Medicaid)
- Resources – **funding** for housing
- Disasters – low **funding** pool, increased need, compassion fatigue
- Housing **funding** – rigid
- Advocacy at state and fed level for flexible **funding**
- **Funding** availability and priority – policy focus
Focus Groups: Opportunities We Have

- Communication
- Community
- Data
- Education
- Services

Hope for the future, help when you need it.
Focus Groups: **Opportunities We Have**

**Education** (referenced 28 times):

- Provide *education* about programs, services, referral processes, and the population across the county.
- Use data to create models for identifying outreach and *education* opportunities, and for locating gaps and risks.
- Create *educational* videos that highlight agency programs for both staff and clients.
- *Educate* clients on health and well-being before crises occur.
- Provide more prevention *education* for the community.
- Boost access/availability of early childhood *education* resources.
- Provide *education* around health insurance, including how to use it and how it helps boost preventive care.
- Develop more *education* and skill building for staff to better engage families.
- Provide more *education* of the private sector about the benefits of their involvement.
- More *education* in schools on available programs and services.
Focus Groups: Opportunities We Have

Data (referenced 15 times):

- Use **data** to determine focus for funding.
- Take **data** sharing to the next level with common goals and measures.
- Use **data** to determine what’s working well.
- Remove barriers to **data** sharing.
- Look at all **data** for clients to get services to them before they are in crisis.
- Shift to longer-term analysis using longer-term **data**.
- Ensure the **data** support movement toward the larger goals.
- Share and integrate **data** outcomes between community partners.
- Make it easier for community partners to access all **data**.
- Use **data** to inform our progress and next steps.
Focus Groups: Action Items/Next Steps
Assessment (referenced 5 times):

• Create a formulated structure for partnerships, assessment processes, and data collection.
• Establish resources for data collection and information sharing to connect data to shared assessment and outcome to prioritize collaboration plans.
• Ensure a single point of entry, data entry, and assessment.
• Shift to prevention and front-end case focus (rather than reacting to crisis), and ensure a coordinated assessment so family can decide next steps.
Focus Groups: Action Items/Next Steps

**Landlords** (referenced 5 times):

- Engage **landlords** in conversations about affordable housing.
- Make sure we are including **landlords** in planning efforts in new ways.
- Incentivize **landlords** to house at-risk populations.
- Create stronger partnerships with the Chambers of Commerce and **landlords**.
Focus Groups: Action Items/Next Steps

**Undocumented** (referenced 4 times):

- Focus more on **undocumented** families and individuals.
- Ensure **undocumented** families are represented in policy discussions and decisions.
- Include **undocumented** families in policy discussions.
- Find new ways to help **undocumented** families get work cards so they can maintain employment toward stability.
**Education**

**What’s working well?**
- Parenting classes
- Site-based services like Family Resource Centers
- Early childhood focus

**Opportunities?**
- Create more Early Head Start slots
- Add education in schools on programs and services
- Collaborate more between schools and the child welfare community
- Engage families and mentor them to improve outcomes

**Challenges?**
- Educate the public and policy makers on the educational needs of our community
- Improve access to current resources by lowering barriers and increasing affordable slots
- Leadership to defragment the education system

**Next Steps?**
- Create a resources guide for families to improve their access to services
- Create a video of all resources in the Safety Net
- Expand Early Childhood opportunities across the County
- Educate decision-makers about specific programs and how they can support these
Employment & Income Stability

What’s working well?
Making referrals for our families through Work Supports
Enhanced access to Child Care (CCAP) so parents can maintain employment
Access to financial and food services within DHHS

Opportunities?
Focus on job retention programming, like Circles
Increase job opportunities for high-barrier clients
Shift from job-focus to career-focus

Challenges?
Increase access to current employment supportive services at Workforce
Increase child care slots
Create jobs with livable wages, not just minimum wage

Next Steps?
Increase the slots in quality child care
Incentives for employers to hire and house high risk populations
More on-the-job training internships that can lead to full-time work
Work cards for undocumented families
More job training
Health and Well-Being

What’s working well?
Health Care Safety Net: Medicaid expansion, PEAK as a launching pad for other resources
Clinica model for preventative physical and mental health
Programs like: Genesis, Genesister, Nurse-Family-Partnerships, Parents-As-Teachers, Dental Aid
More mental health services
Social Determinants of Health

Opportunities?
Expanded addiction recovery resources
More family planning education, increasing health & sexual education in schools
Workplace wellness
Recruit more specialty care providers to Boulder County
Expand and integrate Genesister and Genesis to access Housing

Challenges?
Utilize Navigators to help access services
Health care links for infants / toddlers
Less punitive resources to provide mental health services

Next Steps?
Creative linkages (schools & Dental Aid, for example)
Use ACA as entry to a broader message
Take care of the health of the workforce
We are a community of hope.

Dear James,

As you might already know, we held a Community of Hope Summit on September 26, bringing together 200 partners from around Boulder County for a discussion about our community’s safety net. Among the questions we asked in the breakout session: what are the biggest opportunities right now for strengthening our safety net for families and individuals? What’s working well? And - where are our primary challenges?

The information we collected was remarkable, both in its depth and in its commonalities. In the months to come, we will share the top takeaways with you in this newsletter as well as in a 2015 Community of Hope Report. We’ll also lay out the next steps as we see them according to those takeaways.

We know two things: clearly we have some very exciting opportunities for making our safety net more family driven, prevention oriented, and holistic; and the strength and determination of our collaborative partners is inspiring. These next steps will be informed by these strengths.

The keynote address at the 2014 Community of Hope Summit was given by Dr. David Sanders of Casey Family Programs. Dr. Sanders highlighted the need for increasing our focus on prevention.
Boulder County: Community of Hope

Casey Family Programs, the nation’s largest operating foundation focused on safety reducing the need for foster care in the U.S., has honored Boulder County and our entire network of partners with the prestigious Community of Hope recognition for our visionary work with families and children. Boulder County Housing and Human Services is seizing this opportunity to set in motion a community conversation around building a more family driven, prevention oriented, and holistic safety net.

On Friday, September 26, 2014, we hosted a Community of Hope Summit with many of our community partners. The summit featured both a celebration of the Casey recognition and the beginning of a deeper conversation on the ways we can all work together toward this vision of our safety net. You can view the common opportunities that discussion participants saw in terms of strengthening our community’s safety net. In the weeks ahead, we will highlight additional takeaways from the summit and link them here. We will also provide links to video from the summit (as you see below) as well as other documents that are developed. We will also invite the public to share their thoughts on what would make our safety net work better.

We surveyed summit participants and found that a vast majority rated their experience as either good, very good, or excellent. Thanks to all who attended.

Community of Hope Newsletters

Hope for the future, help when you need it.
Community of Hope: Opportunities

At the Community of Hope Summit, we came away with 1,260 statements from 200 participants representing dozens of Boulder County safety net organizations. We organized the statements by objective. Then, we used a “word cloud” analysis for each objective to determine the top keywords used in the discussions. In the word cloud, the larger a word appears, the more frequently it was mentioned in a table’s discussion.

During the summit, 22 groups of 8 participants tackled 4 major objectives: with regard to our collaboration on Boulder County’s safety net, identify 1) what’s working well today, 2) our areas of greatest opportunity moving forward, 3) the major challenges we face, and 4) the support that’s needed to overcome these challenges.

Above is the word cloud for the second objective, opportunities (view the raw data [here](#) (240 KB)). In this word cloud, community comes up 41 times, primarily in reference to working collectively as a community. Similarly, collaboration was referenced 21 times. Here are some of the statements:

- Create a mechanism for better understanding of community resources
- Share more information: make sure all community partners know which other partners are involved with each family
- Create a community plan that’s family driven
- Expand Boulder County’s community-united voice in advocacy at the legislative level (rather than continuing an approach involving numerous individual voices)
Community of Hope Partner Stories

What Makes a Community of Hope?

Suzanne Crawford of Sister Carmen Community Center talks about the importance of understanding what each agency in the community does - so that together we truly can provide wrap-around supports for those in need in Boulder County.
Community of Hope: Generative Human Services Safety Net

Next Steps

- **Common Agenda**: Keeps all parties moving towards the same goal
- **Common Progress Measures**: Measures that get to the TRUE outcome
- **Mutually Reinforcing Activities**: Each expertise is leveraged as part of the overall
- **Communications**: This allows a culture of collaboration
- **Backbone Organization**: Takes on the role of managing collaboration
Next Steps

- Community
- Families
- Collaboration
- Housing
- Funding
- Education
- Data
- Undocumented
- Landlords
- Assessment