



Family Resource Network Regional Council Meeting

January 11, 2018

| | |
|--|-------|
| TABLE OF CONTENTS..... | 1 |
| AGENDA..... | 2-3 |
| REVIEW OF MINUTES | 4-8 |
| BOCC MEMO REGARDING HHSAC BYLAWS | 9-10 |
| JANUARY 2018 FRN WORK PLAN UPDATE | 11-18 |
| 'STAPP INSPIRES' EDUCATOR HIGHLIGHT- DIANE LAUER | 19 |

Boulder County Family Resource Network – Regional Council Meeting

Thursday, January 11, 2018

3:00-4:30 p.m.

OUR Center
220 Collyer Street
Longmont, CO 80501

Decision Points for Today:

- 1) Approval of minutes from November**
- 2) Approval of renewal of memberships**
- 3) Approval of FRN priorities and staff roles**
- 4) Approval of Family Homelessness subcommittee under the FRN**
- 5) Identify approach to address changing federal, state and local policy issues impacting the work of the FRN.**

1. Review of agenda and consent items - Bobbie (3:05- 3:10)

- a) Approval of minutes from November
- b) Expansion of the Regional Council to 20 members and addition of FRN to bylaws approved on 12/19/17 by the Board of County Commissioners (see attached)
- c) Renewal of Betsey Martens, Robin Bohannan, and Simon Smith as members of the Regional Council
- d) Applications of Karen Rahn, Karin Stayton, Christina Pacheco Sims, Diane Lauer and Marc Schafer to be submitted to the BOCC for final approval

2. FRN Timeline update - Whitney (3:10-3:15) Council Sub Committee and LAC implementation

- a) Updates from the LAC implementation meeting with SCCC
- b) Next steps with OUR Center and EFAA
- c) ISDMC Practice Model and data system progress

3. FRN Initiatives (3:15-3:45)

- a) Overview of proposed priority areas of FRN - **Melissa**
 1. Family Homelessness Forum Update and proposal to form subcommittee under FRN - **Julie**
 2. FRC and Workforce Boulder County partnership (JUMP pilot) and next steps - **Robin**
 3. Housing and Supportive Services work - exploration of alignment between BSH, IHAD, BHP and HHS Housing Sites - **Melissa**

Decision point: Agreement on FRN priorities and plans for staff (Melissa Frank-Williams and Whitney Wilcox) to facilitate alignment of strategies identified by the FRN. (Bobbie)

Decision point: Vote to form the Family Homelessness subcommittee under the FRN. (Bobbie)

4. Federal, state and local policy watch and action steps (3:45-4:10)

The purpose of this section is to identify federal, state and local policy changes which impact the work of FRN partner agencies and related plans to address.

a) Policy Update – Health

- Update from Simon regarding potential cuts at Clinica– Frank (5 min)
- Child Health Plus and Medicaid– Alison Brisnehan and Mili Dawson (15 min)
- Q and A (5 min)

b) Process-related discussion - Role of HSA vs. FRN (10 minutes)

Decision Point: Identify level to which we want these discussions to be a part of FRN RC meetings. Differentiate between this and the role of HSA. (Bobbie)

5. Agency Updates (4:15-4:25)

- a) Public Health Forum Update - Jeff Zayach and Susan Motika

6. Next Steps (4:25-4:30)

7. Adjourn



Department of Housing & Human Services

2525 13th Street, Suite 204 • Boulder, Colorado 80304 • Tel: 303.441.1000 Fax: 720.564.2283
Boulder Office • 3460 Broadway • Boulder, Colorado 80304 • Tel: 303.441.1000 Fax 303.441.1523
515 Coffman Street • Longmont, Colorado 80501 • Tel: 303.441.1000

www.bouldercountyhhs.org

BCDHHS Advisory Committee

Meeting Minutes

Thursday, November 9, 2017, 3:00-4:30pm

Sister Carmen Community Center

Members Present: Robin Bohannon, Betsey Martens, Julie Van Domelen, Lori Canova, Pat Heinz-Pribyl, Jeff Zayach, Simon Smith, Christina Pacheco Sims, Edwina Salazar, Karin Stayton, Karen Rahn, Marc Schaffer, Dalia Dorta, Diane Lauer (phone)

Staff Present: Frank Alexander, Angela Lanci-Macris, Susan Caskey, Melissa Frank-Williams, Whitney Wilcox

1. Call to Order

Frank Alexander called the meeting to order.

2. Consent Agenda Items

- **Approval of minutes from August**
- **Approval membership of Marc Shaffer, BVSD, Assistant Superintendent of School Leadership**

Frank reviewed the consent agenda items and asked if there were any questions. Frank then asked for a motion to approve the consent agenda items. All consent agenda items were approved.

3. Update on BOCC Approved members and updates to bylaws to allow up to 20 members on HHSAC

Whitney reported the team has been working with the Commissioners' board liaison to address questions around the changes proposed to the bylaws and believe these will be forwarded for their review in the next few weeks.

Whitney also shared that she'll reach out to each of the new members that have been approved by members of HHSAC once the BOCC has approved the expansion of HHSAC membership to complete and submit an application to the Commissioners for approval.

4. Timeline update, practice model and data system roll out to Family Resource Network partners

Melissa reviewed the FRN goals, the Regional Council and the Local Area Collaborative roles and responsibilities, and the timeline for Integrated Services Delivery Model of Care (ISDMC) and Local Area Collaborative (LAC) launches. Melissa reported that over 60 staff from HHS, Sister Carmen, EFAA, OUR Center, and Workforce Boulder County had been trained to the new practice model, including the Colorado Family Support Assessment (CFSA) 2.0, and Sister Carmen, EFAA, OUR Center, and Community Food

Share have all been trained in and transitioned to the new shared data system, Boulder County Connect (BCC). HHS staff has been and continue to work with providers as they use the new data system, troubleshooting as issues emerge. A universal shared data release is being used by the organizations. If a participant has a signed release on file, this allows for any organization working with this participant to update the same record.

In January, more than 20 supervisors representing the organizations identified above will attend a supervisor training. The training will demonstrate how supervisors can use data reports in supervision and provide training around coaching.

Melissa shared that reports will include outputs, outcomes based on CFSA 2.0 domains, and process measures. She also reviewed some samples of reports that will be available, including a client level report that shows progress across the CFSA 2.0 domains, a program report that showed the average progress across all Housing Stabilization Program (HSP) clients working with HHS, and a community-wide report that showed the average progress all HSP clients receiving services countywide. Because of the shared data system, reports will be produced at the client, staff, program, and systems levels.

5. Update on Regional Council Subcommittee Local Area Collaborative (LAC) Implementation

Melissa provided an overview of the steps outlined for developing and implementing the Local Area Collaboratives and Whitney provided updates on next steps and timeline for each of the LACs:

- Each LAC will hold informational meetings about the Family Resource Network to introduce, orient, and gauge interest of service providers. Sister Carmen held their informational meeting in early October, which was attended by over 40 participants. EFAA and OUR Center are planning to host informational meetings in late January.
- Sister Carmen, OUR Center, and EFAA will each go through a planning process to draft work plans and identify 8-10 people to form an implementation team. Sister Carmen will begin this process in early December, EFAA and OUR Center are hoping to begin this process in February.
- Once implementation team members have been identified, they'll go through the planning process to help identify and prioritize needs and inform work plans. Sister Carmen is hoping to host their implementation/work plan meeting in late January, EFAA and OUR Center are anticipating hosting their first implementation team/work plan meetings in March.
- Julie and Whitney shared that they have had conversations about the Family Resource Network at both the Peak to Peak and Mountain Human Services Collaborative meetings. They are exploring what representation and a Mountain LAC would look like.

Minutes and documents from the Regional Council Subcommittee and LAC planning meetings will be posted on the Google Drive.

6. Funding Update

Frank spoke broadly about funding allocation decision-making at the county level. He said that over the past eight years, HHSAC, public meetings, and feedback from the community and county partners have informed how funds are allocated externally. Frank encouraged members to utilize HHSAC to provide feedback and share concerns. He said that the IMPACT, HHSAC, and the Homeless Management Boards, along with the [Boulder County Regional Affordable Housing Strategic Plan](#), are currently all serving as forums for this input.

Frank said that the department is actively monitoring potential roll backs to health coverage, funding for the Colorado Child Care Assistance Program (CCAP), and potential cuts to the Child Welfare allocation. He said that the department has been able to expand resources out to the community, but has frozen some hiring within the department until there is more clarity about the federal budget. He said that any requests for new funding that is not connected to strategic priorities or the IMPACT, HHSAC and Homeless Management Boards will not be considered at this time.

Frank invited the group to discuss.

EFAA: Julie shared that EFAA's Strategic Education Committee analyzed the cumulative value of services provided to EFAA clients from EFAA and any federal programs clients were enrolled in. The committee estimates that EFAA clients receive federal services valued at approximately \$19 million. She said that they shared the findings with their legislative representatives.

BCDHHS: Angela said that open enrollment is going well and that it is the first time in five years that the department has seen the volume they've had this early in the enrollment period. Angela guessed that this is being driven by the expiration, and no current funding after January 31, 2018, for the Children's Health Insurance Program, known as CHP+ in Boulder County. Angela said that as many as 3600 children could be impacted if CHP+ funding is not extended.

Clinica: Simon shared that Clinica's largest revenue source is Medicaid and that they are deeply concerned about potential significant cuts to this program, as well as much as a 70 percent reduction in federal funding Clinica receives through the Community Health Center Fund. Simon said they are planning for a number of different scenarios that has included holding off on retirement benefits, enacting a hiring freeze, and potentially reducing services. Simon said that changes as a result of the Regional Accountable Entities (RAEs) has the potential for significant changes and that there is a tremendous amount of uncertainty in the health care sector.

OUR Center: Edwina said that OUR Center's child care center, the Aspen Center, has been impacted by the CCAP wait list. Frank shared that the department is brainstorming ways to deal with the cost of child care and has been talking with some nonprofit child care providers and is open to brainstorming ways on how to address.

I Have a Dream (IHAD): Lori shared that cuts to AmeriCorps would have a dramatic impact on the organization's staffing and number of students they would be able to serve.

7. Updates and alignment opportunities with Family Resource Network

Family Homelessness Forum: Julie shared that EFAA facilitated a meeting with service providers working with Boulder County families experiencing homelessness in an effort to start discussing how to strengthen coordination and supports for these families. She reported that over the four hours, participants reviewed an inventory of programs and services and participated in facilitated break-outs by geographic areas that explored navigation, coordinated entry, and common practice. Julie said the planning group will re-convene next week to discuss next steps, which may include continuing this work as part of the FRN. The presentation and a report will be available and will be sent to members. Members discussed the increasing number of people requesting housing assistance that are new to the county and requested additional conversation to discuss any restrictions.

FRC and Workforce Boulder County Partnership and Next Steps: Robin shared that Workforce Boulder County submitted a proposal as part of a larger consortium of counties that includes a request for funding for 40 internships in partnership with Sister Carmen, EFAA, and OUR Center. She said that with or without the funding, Workforce is interested in working more closely with the three Family Resource Centers.

Dream Big: Lori shared a number of updates, including:

- Partnered with Workforce to provide internships and resume training and are looking for additional internship hosts
- Partnered with BVSD and over 25 different agencies in October to host a Latino Parent Summit that was attended by 75 parents
- New funds will help launch a new class of Dreamers at Sanchez Elementary
- Met with Suzanne, and will meet with Julie, to discuss how to conduct intake for families

Bringing School Home: Betsey shared that staff met with the Urban Institute over 2 ½ days to discuss scaling and financing the program, including looking at Pay for Success model.

8. 2018 Meeting Schedule Reminder and Proposed Agenda for Next Meeting on January 11 at OUR Center

Members discussed rotating meeting locations, to include Kestrel. Julie offered to have EFAA host the March meeting in Boulder.

Frank encouraged members to make suggestions for agenda topics, particularly any discussion around collaborations and initiatives.

Jeff said he may like some time at the January meeting to share outcomes from Public Health's open house on November 15.

9. Meeting Adjourned

Frank adjourned the meeting at 4:30pm.



Department of Housing & Human Services

2525 13th Street, Suite 204 • Boulder, Colorado 80304 • Tel: 303.441.1000 Fax: 720.564.2283
3460 Broadway • Boulder, Colorado 80304 • Tel: 303.441.1000 Fax 303.441.1289
515 Coffman Street • Longmont, Colorado 80501 • 303.678.6000

www.bouldercountyhhs.org

DATE: December 19, 2017

TO: Commissioner Deb Gardner, Chair
Commissioner Elise Jones
Commissioner Cindy Domenico

FROM: Frank Alexander
Boulder County Department of Housing & Human Services

SUBJECT: Boulder County Housing and Human Services Advisory Committee Governance Shifts and Membership Expansion for Commissioner Approval

At the January 31, 2017 Human Services Board Meeting, we provided an update to you on the evolving work of the Boulder County Housing and Human Services Advisory Committee (HHSAC), including proposed governance shifts and expanded membership to include schools, cities, and additional community-based organizations working with children and families. Since that update, HHSAC members ratified bylaw changes and discussed additional committee membership to continue to solidify their evolution to a Family Resource Network (FRN) governance structure.

This memo details the bylaw and governance shifts and potential membership. The bylaws and the FRN Governance Document were both reviewed by staff in the Boulder County Attorney's Office, who approved the changes. We request your consideration to formally authorize the bylaws changes.

Details of the adopted bylaw changes for your consideration and approval (please see the attached redlined bylaws and FRN Governance document):

There are two main changes to the HHSAC bylaws that were adopted by the HHSAC members on August 29, 2017.

1. **Committee Membership:** Language was added to Article III, Section 1 of the bylaws to expand HHSAC membership to up to 20 members, adding up to nine additional seats to the Committee. Expanded membership will allow for increased service coordination and planning by key leaders working across Boulder County to improve outcomes for children and families across three key sectors, including schools, county/city, and community-based organizations.
2. **Family Resource Network Regional Council:** Language was added to Section 2, paragraph A of the bylaws to allow the Committee to serve as the FRN Regional Council and serve as stewards per the FRN Regional Council Governance Guidelines.

Potential Additional Members:

If membership is approved to expand, the committee currently has 11 of the 20 available seats filled. The following are additional community leaders that the Committee has considered and approved for membership based on their key roles in our community. We will bring future membership additions to you for consideration should you approve this request to expand the size of the Committee.

- Diane Lauer, Assistant Superintendent, St. Vrain Valley School District
- Christina Pacheco Sims, Division Director, Dept. of Children, Youth and Families, City of Longmont
- Karen Rahn, Human Services Director, City of Boulder Human Services
- Dr. Marc Schaffer, Assistant Superintendent, Boulder Valley School District

Boulder County

Family Resource Network



January, 2018

FRN Work Plan Update



The FRN Road Map

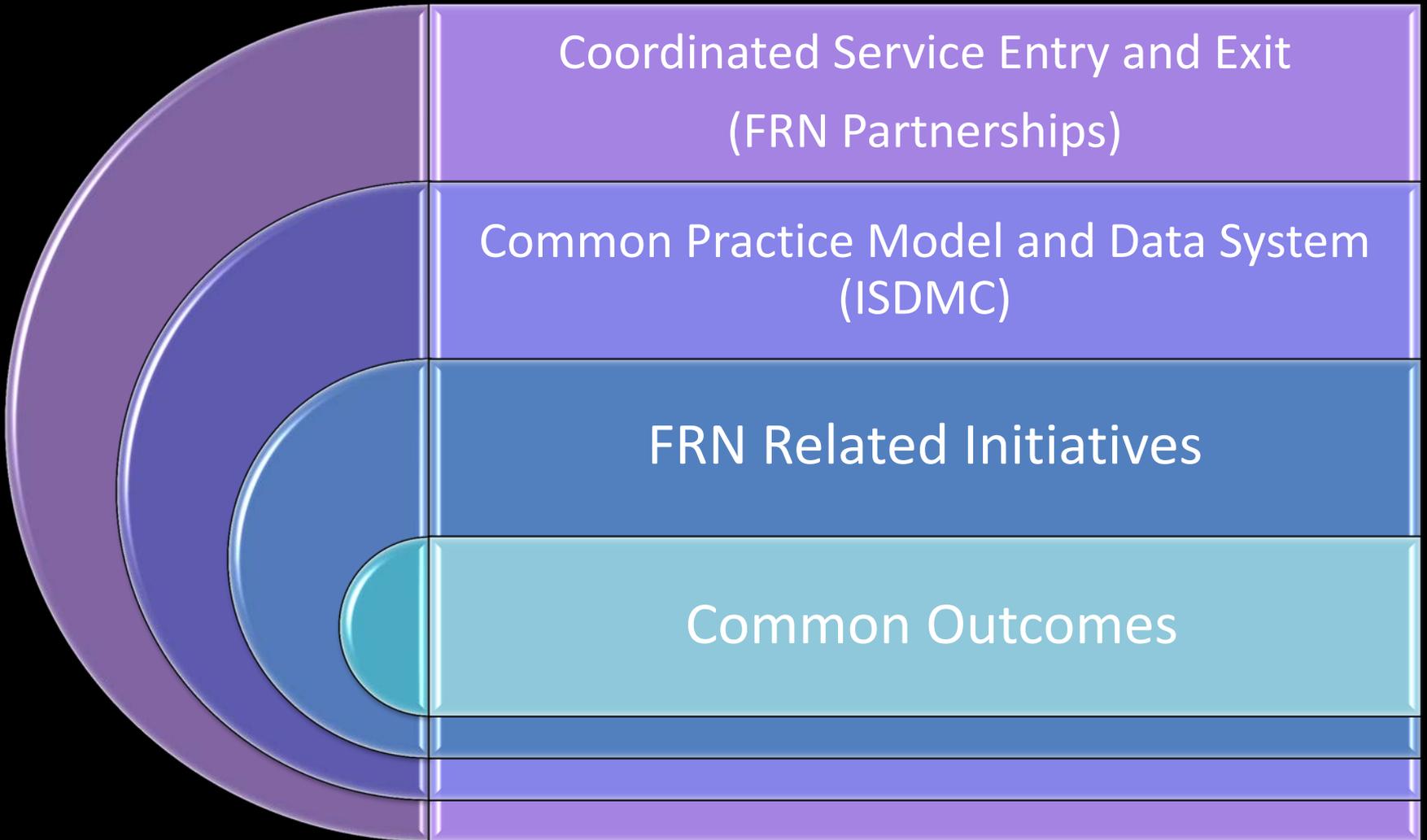
Our destination

All FRN partners using the same screening, assessment and planning processes with families

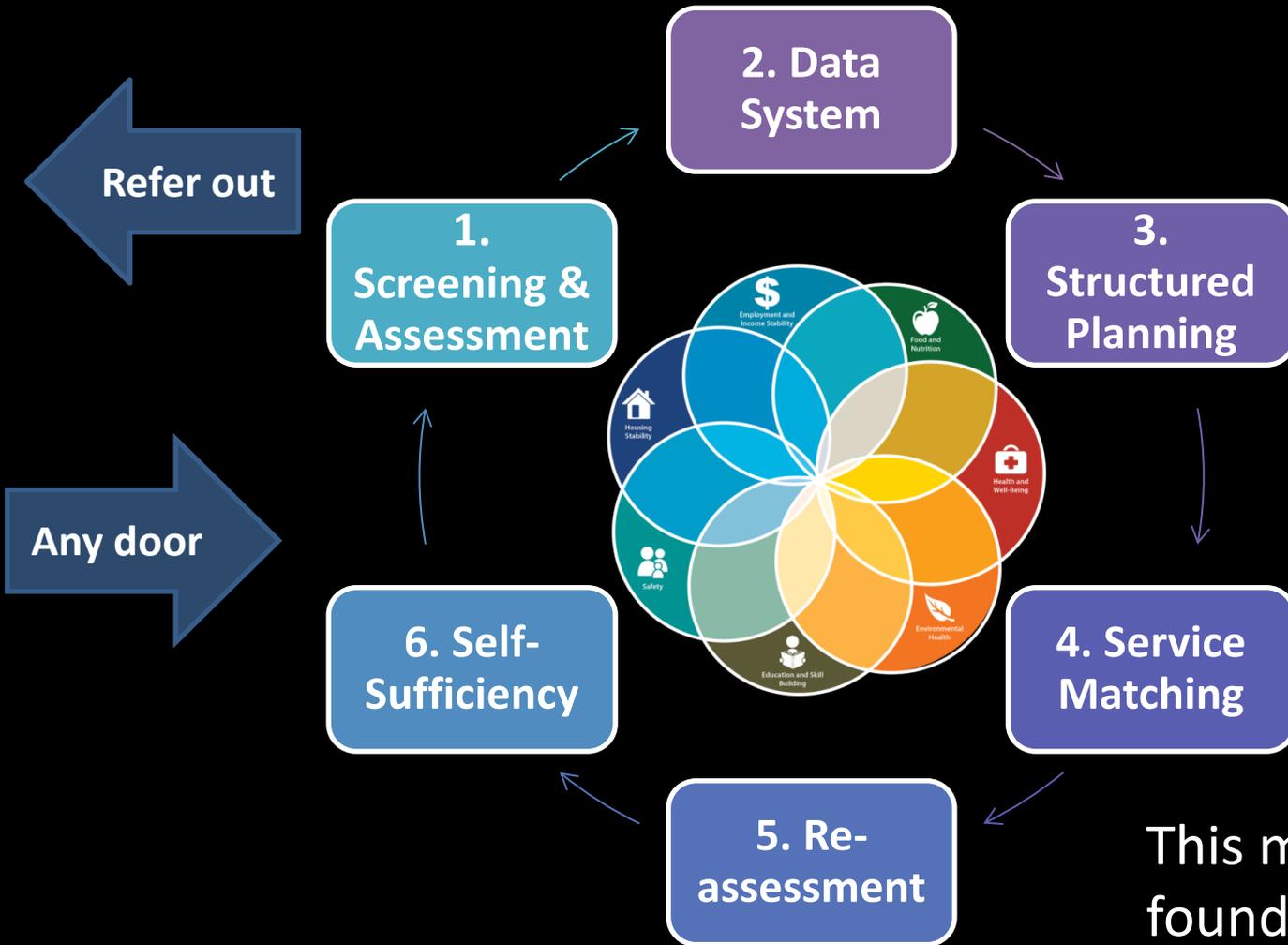
Services to which navigators and advocates/case managers are referring are proven to work

We have common outcomes

We are all using the same data and reports to measure progress and make improvements



Common Practice Model (ISDMC)



This model serves as the foundation to our **FRN** Initiatives

FRN Targeted Social Determinants of Health

Housing Stability

Education (Early Childhood)

Employment

Health and Wellbeing





DHHS Strategic Vision

Mission

Building Community,
Empowering People,
Strengthening Families

5 to 10
Year Vision

We are building a healthy, connected
community that empowers people and
strengthens families by confronting
the root causes of crisis and instability

3 to 5 Year Goals

Implement Integrated Services Model
Reduce Institutional Services Utilization
Strengthen Financial Empowerment Pathways
Increase Affordable Housing Capacity
Boost Wellness and Prevention
Enhance Childhood Education
and Development

1 to 2 Year Major
Projects & Strategic
Approaches

← Opportunities for
Alignment

Current Initiatives and Alignment Opportunities under the FRN

Housing Stability

Initiatives

- 1) Create a coordinated entry system for families experiencing homelessness.
- 2) Implement a common practice model for families at housing sites across the county.

Key Stakeholders:

EFAA, OUR Center, SCCC, HHS, BHP, SVVSD, BVSD, Community Services, IHAD (for initiative 2)

Education- Early Childhood

Initiatives

- Develop, pilot, and implement a comprehensive childcare system that can easily be navigated by workers and families.
- Develop a Home Visitation Coordinated Entry System

Key Stakeholders:

(ECCBC, HHS, Public Health, SVVSD, BVSD, others TBD)

EMPLOYMENT

Initiatives

Implement the JUMP Program pilot aimed at providing work-based learning opportunities and wrap around case management supports for families served by FRCs .

Key Stakeholders:

WfBC, SCCC, OUR Center, EFAA, HHS

Health and Wellbeing

Initiatives

Implement Integrating for Equity and ISDMC Navigation Practice Model

Key Stakeholders:

(HHS, Community Services, Public Health, MHP, Clinica, CCHA others TBD)

Congratulations Diane on this recognition! Please follow the link to read more.



Educator Highlight

Diane Lauer, Assistant Superintendent of Priority Programs and Academic Support

[Full story here.](#)



STAPP
inspires

2017



BOULDER COUNTY FAMILY RESOURCE NETWORK

Governance Charter

April, 2017

A governing document of the Boulder County Housing and Human Services Advisory Committee (HHSAC)

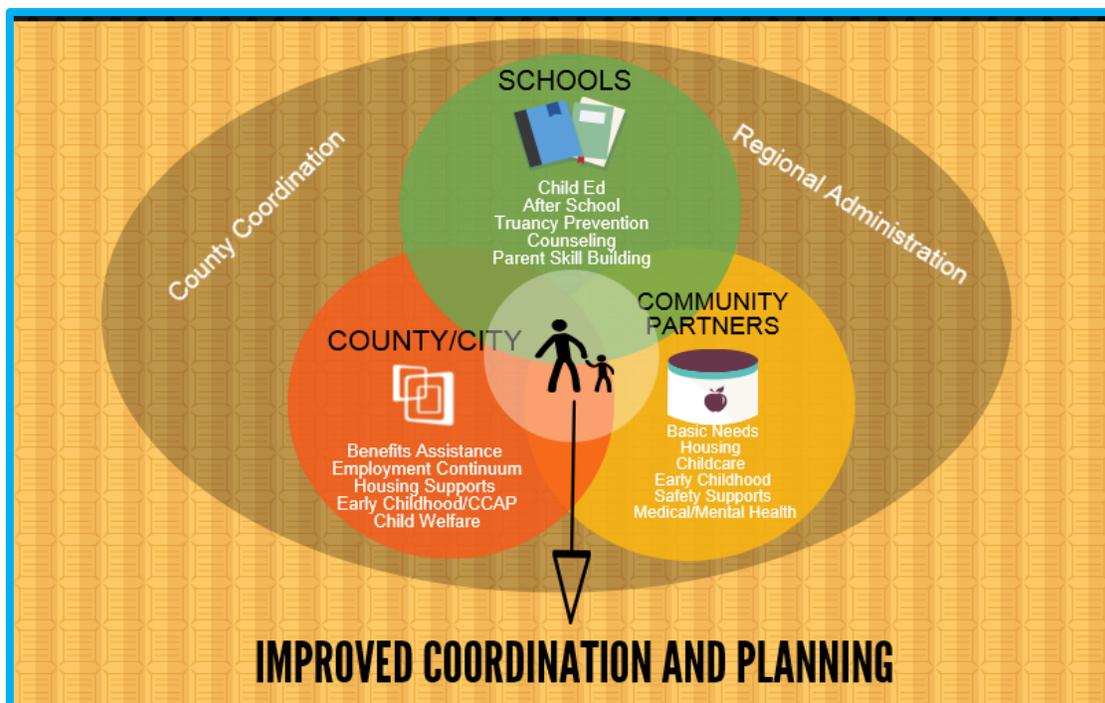
Table of Contents

| | |
|---|--------------|
| 1. Overview | 1-4 |
| A. Vision | |
| B. The FRN Regional Council | |
| C. Local Area Collaborative Groups | |
| D. Boulder County Staff Roles | |
| 2. Membership | 4-6 |
| A. Regional Council | |
| B. Local Area Collaborative Groups | |
| 3. Scope and Roles | 6-8 |
| A. Regional Council | |
| B. Local Area Collaborative Groups | |
| 4. Outcomes | 8-9 |
| A. Process Measures | |
| B. Collective Service Outcomes | |
| Attachment A – Colorado Family Resource Center Logic Model | 10-11 |
| Attachment B – Integrated Services Delivery Model of Care Practice Model | 12 |

1. Overview

A. Boulder County Family Resource Network (FRN)

Vision: Based on a two generational approach, create a fully integrated system* of service delivery, organized through a county-wide governance structure comprised of citizens, schools, community-based entities, and city/county government aimed at improving self-sufficiency of families and academic outcome for children and youth.



*A fully integrated system is a **holistic approach** to serving each consumer, using an **interoperable data exchange** to link the people, services, and information across systems and programs for robust **care coordination, integrated case planning, timely service delivery, and cross-system relationship management.**

B. The FRN Regional Council (RC)

The Regional Council is responsible for achieving a visionary, yet complex, large system-change process, aligning strategic direction and implementation consistent with the integration vision outlined above designed to produce the positive, long-term, sustainable outcomes for children, families, and individuals served throughout the community.

The Boulder County Housing and Human Services Advisory Committee (HHSAC) will serve as the Family Resource Network Regional Council (RC). This Governance Charter serves as a component to the HHSAC by-laws.

The Regional Council provides the overarching governance to the Family Resource Network and oversees achievement of collective service outcomes to improve overall well-being of Boulder County families. In this model, the Regional Council consists of high-level leaders with a stake in the outcome of the effort, people in a position to make significant policy decisions, break down barriers, and provide vision and strategic direction. It consists of leaders representing the major areas of Boulder County (see graphic on next page) across three key sectors (schools, county/city, community-based organizations) and is primarily responsible for the following:

- communicating a clear shared vision;
- defining strategy and expected community-wide outcomes;
- ensuring that the input by those being served by the FRN is guiding its direction;
- monitoring performance on key metrics;
- advocating and informing on relevant local, state and federal policy;
- supporting and advising on program improvement;
- supporting coordinated and consistent processes, policies, and management of the FRN;
- facilitating and approving formal agreements for operation of the Network ;
- facilitating resource procurement and allocation;
- informing and supporting the Boulder County Integrated Services Delivery Model of Care (ISDMC);
- reviewing and approving recommendations from Local Area Collaborative groups (LACs);
- increasing efficiency and collaboration among partners;
- reducing duplication of services/efforts and identify gaps; and
- making decisions required to assure success of the FRN.

The FRN Regional Council will be responsible for ensuring focus on the vision and strategic direction and must monitor progress toward implementation in order to create the seamless that benefits both consumers and the community.

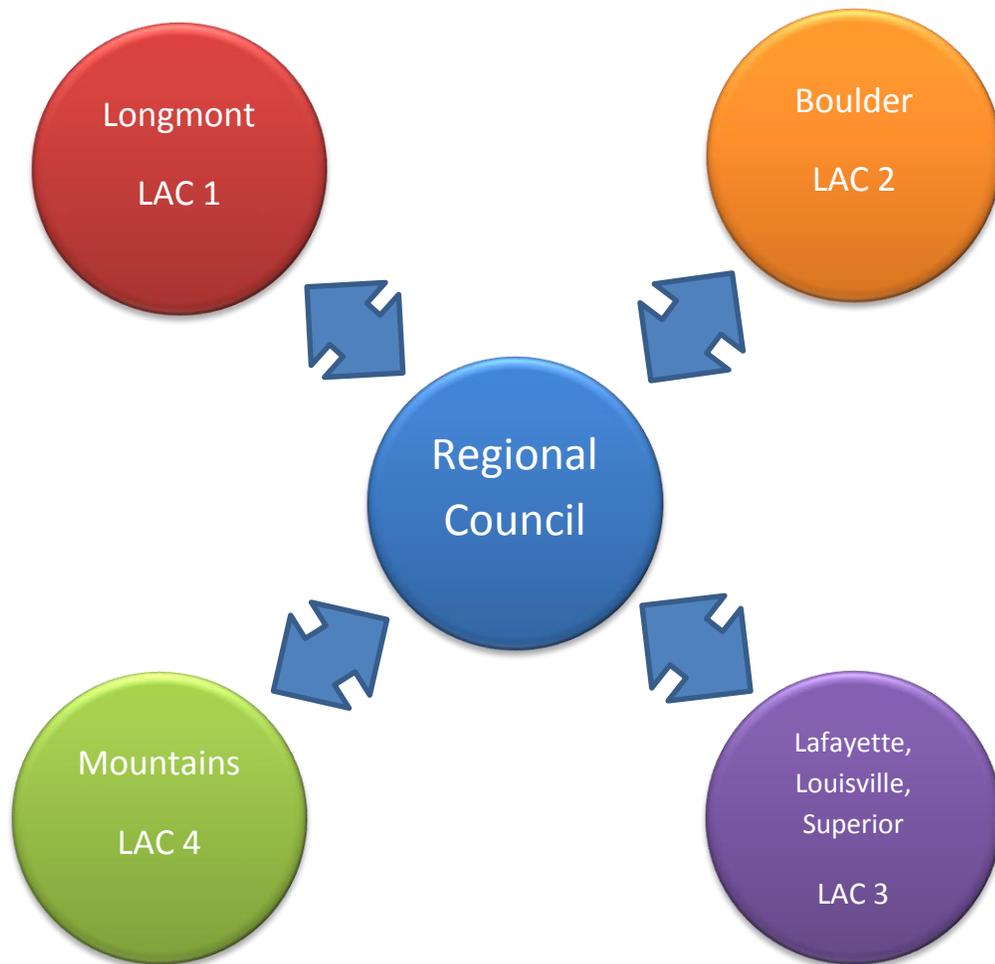
Note: The FRN does not take the place of any individual agency's Board of Directors.

C. Local Area Collaborative Groups

Given that a core principle of the Family Resource Network is that each community hub address the specific needs of the local area, Local Area Collaborative (LAC) groups will be created consisting of representatives in four regions (see page 4). Using data-informed practices, LACs are responsible for forming and overseeing the local "hubs" (networks of support) to include:

- reviewing access and referral processes;
- identifying challenges and opportunities, helping the Regional Council leadership understand the barriers, working through them, and delivering on the vision;
- ensuring that the input by those being served by the FRN is guiding its direction;
- reviewing and analyzing local data and reports on family resource programming;

- implementing referral, access and data quality improvement plan;
- tracking progress on implementation of collective service outcomes;
- establishing and ensuring participant programs adhere to standards outlined by the FRN and Quality Service Standards by the Family Resource Center Association;
- coordinating training and “communities of practice” within areas and collaboration between areas; and
- informing and supporting the Boulder County Integrated Service Delivery Model of Care.



D. Boulder County Staff Roles

Three designated Boulder County staff will provide guidance, technical assistance and support to the Regional Council and the Local Area Collaborative groups to achieve desired process and service outcomes.

Regional Council Liaison- IMPACT Strategic Initiatives Manager

Duties include:

- Leads monthly Regional Council (RC) meetings;
- Organizes meeting agendas, produces pertinent materials, identifies primary decision needed to advance the FRN, and responds to requests/needs of members;
- Provides recommendation to the RC necessary for making key decisions;
- Facilitates linkages between RC members and other key stakeholders to the FRN including other HHS staff and related initiatives, local/state/federal human services divisions and policy makers, funding entities, etc.;
- Provides summary of activities, needs, recommendations and requests from LACs;
- Ensures high-level data and reporting and analysis on process and system-wide service outcomes;
- Facilitates development and distribution of communications on FRN for RC and stakeholders;
- Provides stewardship of pertinent agreements between entities including Memorandums of Understanding, Intergovernmental Agreements, contracts, etc.;
- Facilitates data-driven decision making;
- Updates committee on HHS Integrated Services Delivery Model of Care work as a fundamental basis for service delivery by FRN partners;
- Provides any pertinent fiscal reports (i.e. funding reports); and
- Facilitates feedback on strategic investments.

Local Area Collaborative Liaison - The IMPACT Strategic Initiatives Coordinator

Duties include:

- Provides assistance with analysis of Local Area Collaborative data and outcomes and reports to the Regional Council;
- Facilitates support for programs on FRC guidelines and principles including coordination of technical assistance to member sites;
- Stays apprised of local need and, in partnership with Strategic Initiatives Manager, develops recommendations for programs and model improvements at local and regional levels;
- Supports development of Family Resource Centers in each local area;
- Provides technical assistance as needed to LACs and/or specific member agencies; and
- Serves as Regional Council Liaison in the absence of the Strategic Initiatives Manager; and
- Oversees Boulder County Department of Human Services contract scopes and agreements with Family Resource Centers.

Administrative Support – IMPACT Strategic Initiatives Specialist

Duties Include:

- Compiles all materials for RC and LAC meetings and sends in advance;
- Schedules all meetings and addresses all logistical needs;
- Takes minutes, tracks action items, and follows up with identified members to ensure completion;
- Compiles and sends all relevant correspondence;
- Gathers data reports for LACs and RC; and
- Provides summaries on pertinent related initiatives and investments (i.e. Truancy Improvement Project, childcare contracts, etc.) for LACs and RC.

2. Membership

A. Regional Council

At minimum, the Regional Council will be comprised of the following primary representatives (or their designee serving in a senior leadership role).

SCHOOL

St. Vrain School District Assistant Superintendent or designee
Boulder Valley School District Assistant Superintendent or designee

COUNTY/CITY GOVERNMENT

Boulder County Housing and Human Services Director
Boulder County Community Services Director
Boulder County Department of Public Health Director
City of Longmont Human Services Director
City of Louisville - Housing Representative
City of Boulder Human Services Director

COMMUNITY-BASED AGENCY

OUR Center Director (LAC 1)
Sister Carmen Community Center Director (LAC 2)
EFAA Director (LAC 3)
The Early Childhood Council of Boulder County Director (ECCBC)
Clinica Director
Boulder Housing Partners Director
Peak to Peak Representative
I Have a Dream Foundation Director

Current or Previous Participant in FRC Services

MEMBERS AT-LARGE

Per the HHSAC by-laws-

- A chair will be identified.
- At their own discretion, the Council may expand membership beyond the above representatives based on a majority vote.
- A quorum must be in place for final decisions to be valid.

B. Local Area Collaborative Groups

At minimum, membership consists of directors and/or program staff (or their designee) from each local area to include the local Family Resource Center; city program staff; local school administrators; Family Resource Schools (FRS) program staff; parent/participant advisory members; mental health providers, and a the County Liaison. At least one Local Area Collaborative member will sit on the Regional Council.

SCHOOL

- St. Vrain School District – TBD (attends for LAC 1)
- Boulder Valley School District – TBD (attends for LAC 2, 3 and 4)

COUNTY/CITY GOVERNMENT

- Boulder County Housing and Human Services - FRN Liaison (attends all 4 LACs)
- City of Longmont- Children and Youth Center staff member(LAC 1)
- City of Boulder – Family Resource Schools Administrator (LAC 2 and 3)

The following representatives will attend meetings as needed. An agenda for each monthly meeting will be sent in advance to the representative in order for the designated representative and the county liaison to determine if attendance is needed.

- BCDHHS Early Intervention Team Program Manager (attends all 4 LACs)
- Boulder County Community Services – Workforce Boulder County staff member (attends all 4 LACs)
- Boulder County Department of Public Health representative (attends all 4 LACs)

COMMUNITY-BASED AGENCY

- OUR Center FRC program staff and FRC parent advisory member (LAC 1)
- Sister Carmen Community Center FRC program staff and parent advisory member (LAC 2)
- EFAA – FRC program staff and parent advisory member (LAC 3)

The following representatives will attend meetings as needed. An agenda for each monthly meeting will be sent in advance in order for the representative and the county liaison to

- ECCBC Associate Director (all 4 LACs)
- I Have a Dream Foundation staff (all 4 LACs)
- Clinica program staff (all 4 LACs)
- Boulder Housing Partners program staff (LAC 3)
- Peak to Peak Representative (LAC 4)

Current or Previous Participant in FRC Services

3. Scope and Roles**A. Regional Council**

The Family Resource Network Regional Council guides overarching governance of the Family Resource Network with support of the staff liaison. The RC will use key principles in the Standards of Quality and

ISDMC practices to guide implementation.

- **Communicate a clear shared vision** - RC members will be responsible for formalizing and communicating the FRN vision and key objectives within their agencies and in the community.
- **Define strategy and expected community-wide outcomes**- The RC will be responsible for formalizing both process and collective program outcomes for the FRN (see page 9), finalizing an agreed upon logic model with tangible measures, and monitoring progress in achieving these outcomes.
- **Ensure that the input by those being served by the FRN is guiding its direction**- Either through representation on the RC or LACs or through feedback provided by FRC Participant Advisory groups or related forums, ensure that guiding principles, policy, and service delivery are reflective of participant needs, input and guidance.
- **Monitor performance on key metrics** – Using Transformational Collaborative Outcomes Management (TCOM) regularly monitor and report progress on outcomes across the FRN.
- **Advocate and inform on relevant local, state and federal policy** - RC members will inform the Council, LAC and staff of pertinent policy changes that will impact local Family Resource Centers and/or affiliated services. Members will also advocate for local needs to these entities.
- **Support and advise on program improvement** – RC members will review the LAC process and program-related recommendations grounded in data and outcome reports from the local areas. With support from the county liaison, the LAC will provide the RC with quarterly reports to include successes and challenges with recommendations to support any program or system improvements. The RC will advise and, when appropriate, vote on specific recommendations. This will inform any investment and strategic direction of the Family Resource Network .
- **Support coordinated and consistent processes, policies and management of the FRN** - Based on coordination protocols recommended by the LAC, the RC will be responsible for approving and promoting the protocols within and between their agencies.
- **Facilitate and approve formal agreements for operation of the FRN** – This includes memorandums of understanding regarding service coordination, data sharing, etc.
- **Facilitate resource procurement and allocation** – The RC will be responsible for advising on investments and for identifying and supporting procurement of private and public resources (i.e. federal grants) to support the operations. The county liaison will coordinate administrative supports when necessary.
- **Inform and support the Boulder County Integrated Services Delivery Model of Care** – The RC will inform and stay apprised of ISDMC work and ensure adherence to the practice model.

- **Review and approve recommendations from Local Area Collaborative entities**
- **Increase efficiency and collaboration among partners** – Identify and implement opportunities to streamline interagency effectiveness to include sharing of resources, optimizing data systems and best practices.
- **Reduce duplication of services/efforts and identify gaps.**
- **Make decisions required to assure success of the FRN**

B. Local Area Collaborative Groups

LAC activities will focus on defining, measuring and achieving the Collective Service Outcomes. Using the Family Resource Center Association logic model as a basis and guidance from the FRN Regional Council, activities included are listed below. The RC will use key principles in the Standards of Quality and ISDMC practices to guide implementation.

- **Review access and referral processes-** The LAC will identify primary service providers in the local area, map out access and referral processes currently in place, identify gaps and or areas of service duplication, and formalize a set of primary service providers and a referral process to support the family resource services in their area. Referrals will be linked to assessment and supported through a common data system (HHSC/BC Connect).
- **Review and analyze local data and reports** on family resource programming.
- **Implement referral, access and data quality improvement plan** – Information obtained from data reports, client feedback, participant advisory boards, focus groups, local surveys, etc., will be used to make appropriate adjustments in services, inform recommendations for funding and other resources, and guide relevant policies.
- **Track progress on implementation of collective service outcomes** (see section 4 below).
- **Establish and ensure participant programs adhere to standards outlined by the FRN**, to include Quality Service Standards by the Family Resource Center Association.
- **Coordinate training and “communities of practice”** within areas and collaborate between areas.
- **Inform and support the Boulder County Integrated Service Delivery Model of Care** (see attachment B).

4. OUTCOMES

The FRN Regional Council and Local Area Collaborative Groups will be responsible for defining and tracking process measures and collective service outcomes.

A. Process Measures (Outputs) – The How

The process measures are the specific steps taken by the FRN to reach the desired collective service outcomes. Process measures will be defined by the FRN Regional Council and implemented and tracked by the LACs.

FRN process measures are related to the collective program outcomes which measure impact of services provided by FRN members at an “enterprise” or systems level. For example, a LAC will be responsible for defining the service network and role of each partner in that network. Once defined and a protocol is in place, a process measure would be to determine if programs within the LAC were following the steps outlined by the LAC. The improvement in service coordination is linked to improved outcomes in core areas of self-sufficiency.

B. Collective Service Outcomes

Collective Services Outcomes will be defined and agreed upon by the Regional Council. Implementation will be managed by the LACs.

Modeled after the Colorado Family Resource Center Association (FRCA) logic model, the collective service outcomes outline the changes anticipated as a result of the combined efforts of FRN partners in implementing the Network (see attachment A for the complete logic model; note that the outcomes on page 11 are additions suggested for Boulder County). This document will assist in development of the Boulder County FRN logic model to be completed per the FRN implementation work plan.

The majority of the collective service outcomes will be represented at the program level for FRCs and other primary partners. The collective change achieved regionally (by the LAC) and by Boulder County as a whole will provide the Regional Council with viable data regarding areas of successes and challenges in order to make adjustments to service coordination.

Date ratified _____

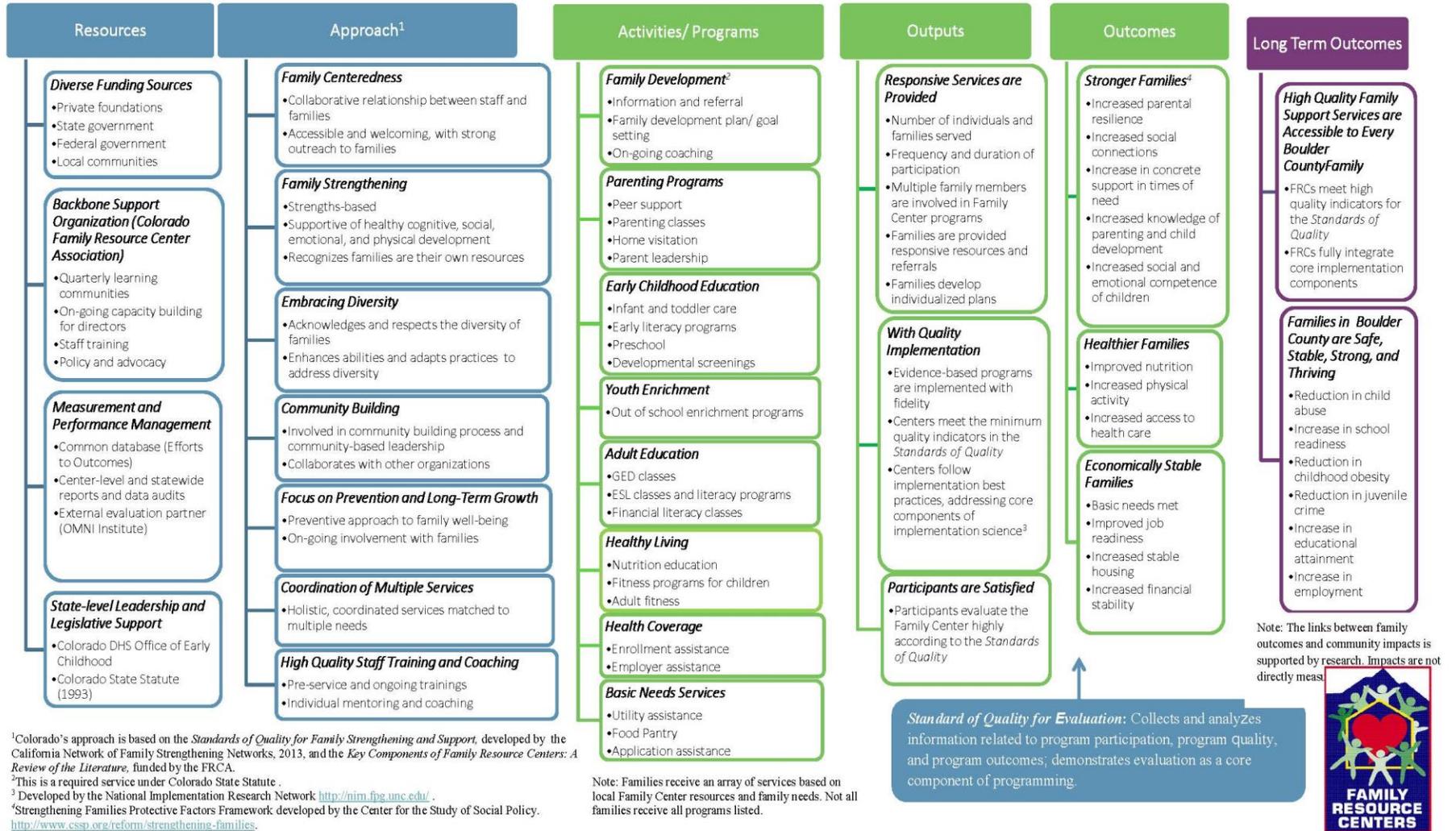
Revision _____

Revision _____

Attachment A

Colorado Family Resource Center Logic Model

(updated December)



¹Colorado's approach is based on the *Standards of Quality for Family Strengthening and Support*, developed by the California Network of Family Strengthening Networks, 2013, and the *Key Components of Family Resource Centers: A Review of the Literature*, funded by the FRCA.
²This is a required service under Colorado State Statute.
³Developed by the National Implementation Research Network <http://nim.fpg.unc.edu/>.
⁴Strengthening Families Protective Factors Framework, developed by the Center for the Study of Social Policy. <http://www.cssp.org/reform/strengthening-families>.

Boulder County Revision
(orange box)

Short to Moderate Term Outcomes

Stronger Families

- Increased **parental resilience**
- Increased **social connections**
- Increase in **concrete support** in times of need
- Increased knowledge of **parenting and child development**
- Increased social and **emotional competence of children**

Healthier Families

- Improved **nutrition**
- Increased **physical activity**
- Increased **access to health care**

Economically Stable Families

- **Basic needs** met
- Improved **job readiness**
- Increased stable **housing**
- Increased **financial stability**

Success in Early Childhood through Early Adulthood

Improve academic success of children and youth
 Improve behavioral outcomes for children and youth
 Improve quality, accessibility and affordability of early childhood programs and services.

Long Term Outcomes

High Quality Family Support Services are Accessible to Every Boulder County Family

- FRCs meet high quality indicators for the *Standards of Quality*
- FRCs fully integrate core implementation components

Families in Boulder County are Safe, Stable, Strong, and Thriving

- Reduction in child abuse
- Increase in school readiness
- Reduction in childhood obesity
- Reduction in juvenile crime
- Increase in educational attainment
- Increase in employment

Attachment B

Integrated Services Delivery Model of Care Practice Model





Family Resource Network Regional Council Meeting

May 10, 2018

| | |
|---|-------|
| TABLE OF CONTENTS..... | 1 |
| AGENDA..... | 2-3 |
| MARCH REGIONAL COUNCIL MINUTES..... | 4-8 |
| FRN UPDATE SLIDES..... | 9-15 |
| FAMILY HOMELESSNESS FORUM SUMMARY OF PROCEEDINGS..... | 16-40 |
| INTEGRATING FOR HEALTH EQUITY SUMMARY | 41-42 |

Boulder County Family Resource Network – Regional Council Meeting

Thursday, May 10, 2018

3:00-4:30 p.m.

Decision Points for Today:

1) Approval of minutes from March

1. Welcome and introductions- Bobbie (3:00-3:10)
2. Review of agenda and consent items - Bobbie (3:10-3:15)
 - a. Approval of minutes from March
3. Overview of FRN work to date and discussion (3:15-4:15)
 - a. Setting the stage for the conversation (15 Min)
 - i. The FRN and the Integrated Services Delivery Model of Care (ISDMC)- Suzanne
 - ii. Highlights of Local Area Collaborative work - Julie
 - iii. Facilitated discussion on FRN work- Suzanne and Bobbie

Discussion: Questions or thoughts from the BOCC on work of the FRN to date.

- b. Housing and Family Homelessness (15 min)
 - i. Service Enriched Housing Model (formerly Supportive Housing Model) – Betsey
 - ii. Family Homelessness Work and Subcommittee - Julie
 - iii. Facilitated discussion on housing stability and homelessness – Julie and Bobbie

Discussion: Given that housing instability crosses all priorities of the FRN, what does the BOCC see for future local funding opportunities for affordable housing and how is the adoption of the Regional Affordable Housing Plan going to support any funding movement?

- c. Employment Supports and Income Inequities (10min)
 - i. Work to date with FRCs and WfBC- Robin and Julie
 - ii. Facilitated discussion on Income Inequities- Bobbie and Robin

Discussion: Boulder County was a leader in establishing a living wage policy for Boulder County (organization). Does the BOCC have any ideas in mind about how they can continue to support this issue more widely, especially with regard to business engagement?

- d. Identification of adjacent initiatives and additional discussion (20 min)
 - i. Integrating for Equity, Universal Home Visitation, Early Childhood and Childcare – Jeff and Bobbie
 - ii. Additional discussion and summary – Bobbie and Melissa

Discussion: Are the Commissioners hearing anything from their constituents (outside of organization and partnership agencies) with regard to any of our priorities – either concern about the issues, acknowledgement of the positive impact of the FRCs, etc. of which we should be aware?

What are the thoughts of the BOCC in balancing the priorities of Boulder County and growth with the support and needs of vulnerable families?

4. Recognitions and Next Steps (4:15-4:30) – Melissa and Monica
 - a. Recognitions
 - b. Membership
 - c. Calendar Review and Plan for July
5. Adjourn



Department of Housing & Human Services

2525 13th Street, Suite 204 • Boulder, Colorado 80304 • Tel: 303.441.1000 Fax: 720.564.2283
Boulder Office • 3460 Broadway • Boulder, Colorado 80304 • Tel: 303.441.1000 Fax 303.441.1523
515 Coffman Street • Longmont, Colorado 80501 • Tel: 303.441.1000

www.bouldercountyhhs.org

BCDHHS Advisory Committee

Meeting Minutes

Thursday, March 8, 2018, 3:00-4:30pm

BCDHHS

Members Present: Robin Bohannon, Julie Van Domelen, Lori Canova, Jeff Zayach, Edwina Salazar, Karin Stayton, Karen Rahn, Suzanne Crawford, Simon Smith, Diane Lauer, and Bobbie Watson

Staff Present: Angela Lanci-Macris, Susan Caskey, Sarah Buss, Summer Laws, Melissa Frank-Williams, Monica Serrato, and Whitney Wilcox

1. Welcome and Introductions

Bobbie Watson called the meeting to order, members and staff introduced themselves.

2. Review of Agenda and Consent Items.

Bobbie asked for motion to review and accept the January 2018 minutes. The motion was accepted.

3. Membership Updates

Monica Serrato shared that the membership applications for Betsey Martens, Robin Bohannon, and Simon Smith had been successfully renewed and the new membership applications for Karen Rahn, Karin Stayton, Christina Pacheco Sims, Diane Lauer, and Marc Schaffer had all been approved by the BOCC.

Monica shared that we received ten (10) applications for HHSAC membership through the annual recruitment process facilitated through the Commissioner's office. Suzanne Crawford and Bobbie Watson conducted phone interviews earlier in the week with interested applicants.

Bobbie shared that they conducted 10 minute phone calls. Applicants were asked a series of questions, which were weighted and designed to address expertise and experience applicable to HHSAC. Not all applicants answered the phone and one applicant withdrew his application. Bobbie and Suzanne will discuss and invite their recommended applicant(s) to the next meeting, at which point HHSAC members will discuss and vote.

Monica shared that of the 20 membership seats, there are four vacancies. At the next meeting, the HHSAC members will discuss and vote on how to fill the vacancies. This may include considering a combination of representation from the mountains, Peak to Peak Human Services Task Force, domestic violence providers, and a mental health provider.

Bobbie announced that she will be retiring effective June 1. When she steps down, her successor will fill her HHSAC seat. In May, the Chair position, which Suzanne is willing to assume, will be voted on, as well the vice chair position that Suzanne will vacate. Members should reach out to Bobbie about whether they are interested in either of the positions. Bobbie said she was hoping that positions would be filled by individuals who have had been HHSAC members for some time.

Bobbie added that she had reviewed the bylaws and noted that HHSAC has a 75% attendance requirement. Bobbie said we want to try to meet this requirement and that Monica is tracking attendance.

4. Review of FRN related work to date

Melissa said that regular updates on FRN initiatives – including supportive housing, family homelessness, and employment supports – will be provided at each HHSAC meeting. Relevant updates on initiatives that are aligned with the FRN – such as Dream Big and Public Health initiatives – will also be provided.

Bobbie asked to include updates specific to licensed slots and access to child care. She requested that early care and education be added to the 2018 FRN Initiatives PowerPoint slide reviewed during the HHSAC meeting.

- Supportive Housing: Angela Lanci-Macris provided an update on the Supportive Housing workgroup. Members of this workgroup include Betsey, Lori, Karin, and Julie. The goal of the workgroup is to look at the collaboration between BHP, EFAA, and I Have a Dream (IHAD) and explore how the model they have developed might be scaled countywide and to the county housing authority. Discussions to date have included developing a vision and goals for the workgroup; how early childhood activities, programs, and other supports may be packaged for families; and how to implement a common assessment, practice, shared data system, and service matching using the Integrated Services Delivery Model of Care (ISDMC).

Julie Van Domelen added that the population being addressed is families in subsidized housing. She added that EFAA has two roles, both as a service provider to other housing sites and as an operator of 58 apartment units. She said they worked to determine what kinds of supports and services to provide at their housing sites and hope to be able to both have their sites included in the model and that their work inform the model the group develops.

Bobbie said that annual developmental screenings is the most important thing that can be done for the 0-5 population, along with ensuring a dental visit in the first year. Julie said EFAA has been doing this for a couple of years and are also training their staff to administer the ASQ and ASQ-SE.

- Family Homelessness: Julie provided an update on the Family Homelessness Subcommittee. She reminded membership that EFAA convened a family homelessness forum in October with agencies countywide, a planning group comprised of a subset of those agencies proposed the work continues through a subcommittee of the FRN, which was approved in January. Julie will co-lead this effort with BCDHHS' Sarah Buss. She anticipates that the key areas the group will tackle include identification of gaps, coordinated entry, common screening and assessment, and service matching. They don't have a date yet for the first meeting but will provide membership with updates as they have them.
- Employment Supports Partnership: Robin Bohannon provided an update on the Employment Supports Partnership. Robin reminded members that they were awarded a state grant for employment-based learning focused on TANF eligible and TANF internships. The project will be implemented in multiple ways: through EFAA's JUMP program, by placing a workforce employment advisor on site at Sister Carmen, and currently, through job fairs at OUR Center. Robin said her team would like to meet with Edwina's team and will reach out to Joni Lynch about next steps.

Julie added that this work was started with funding from the Women's Foundation of Colorado. They have received additional funding from the Foundation and will be part of a statewide cohort (WAGES) to explore approaches to improving income among women. Bobbie asked what kinds of job training is being provided and for what kinds of jobs. Julie said that women choose internships based on their background, interests, and internship availability within the community. She said they are targeting jobs that pay at least \$20/hr. and have potential benefits and a career path with the internship host. Robin said they pay attention to the job market and there is an opportunity right now because there is a labor shortage. Robin said the STEP grant allowed them to provide an additional 30 placements, and with some additional funding, should be able to provide a total of 40 placements.

Decision Point: Agreement regarding staff roles in the above work. Melissa and Whitney will attend relevant meetings related to the initiatives above as appropriate and facilitate updates to the FRN.

Melissa Frank Williams said the decision point is really a question around how staff can best support initiatives as they move forward. Susan Caskey added that staff may bring a different lens to each of the initiatives given their involvement and knowledge of the larger FRN work. Robin said that staff is welcome to attend any meetings but they don't have a structured process in place currently. Julie suggested HHSAC members provide email updates to staff to help with tracking. Angela said it has been helpful to have Melissa facilitate meetings so that she can fully participate as a service provider in the discussion. Bobbie suggested that if members/workgroups would like support, they should reach out to staff as needed. Bobbie said she didn't think a vote was needed.

5. LAC Implementation Updates

Whitney Wilcox shared that the Regional Council Subcommittee minutes are included in the packets. The Subcommittee meeting work has been focused on the development and implementation of the Local Area Collaboratives (LACs). She shared that three of the four LACs – including East County, Boulder, and Longmont – have all hosted informational meetings, all were well-attended with approximately 40 attending each. The current phase of the work includes convening a group of providers by LAC to facilitate a needs/gaps analysis and survey to better understand status of planning and service coordination. The vision is that each LAC will have a smaller workgroup comprised of 8-10 people who are meeting more frequently to tackle the work plan with a larger LAC that is convened 2-3 times a year.

Whitney and Julie provided updates on the Mountain LAC. Whitney shared that the Peak to Peak Human Services Task Force (Peak to Peak) has been identified as the LAC for the mountain region and members of the Peak to Peak have been discussing how to integrate it in to the FRN and HHSAC. Julie added that the Peak to Peak has been going through a strategic planning process which will include recommendations for how the Peak to Peak plugs into the FRN. She also stressed the importance of one of the member vacancies being filled by a representative identified by the Peak to Peak. She said this group is already doing a tremendous job of coordinating services in this region.

Julie and Angela provided some historical background about the Peak to Peak's evolution and the Mountain Human Services Collaborative. The Mountain Human Services Collaborative is a workgroup of the Peak to Peak that focuses on basic needs and case management. The Peak to Peak was characterized as the larger Local Area Collaborative and the Mountain Human Services Collaborative as the smaller workgroup. There will be additional discussion with Peak to Peak members about who from the Peak to Peak will fill the open vacancy on HHSAC.

6. Updates on adjacent work

Melissa said that this meeting will only include an update on Integrating for Equity and that Jeff Zayach had asked to defer the update on the Early Child Home Visitation Collaborative and Coordinated Entry as noted on the agenda to a later meeting.

Summer Laws from the Commissioners Office provided an overview and update on Integrating for Equity (I4E), a project between Clinica, Mental Health Partners, Public Health, and Housing and Human Services. Summer described I4E as a pilot project to explore if partners could achieve the quadruple aim (improved patient care, decrease costs, improve overall health outcomes, and improved provider experience) via an integrated service delivery and data system across multiple agencies. The project is focused on improving outcomes for families with children under the age of three through increased care coordination and electronic referrals between the four providers listed above all using a shared data system, Boulder County Connect (BCC). There was some discussion about the legal requirements and complexity of data sharing

requirements between multiple providers that provide behavioral and health care services and exploring a two-generational approach to screening and assessment. There was also discussion about expanding referrals for services (like food and housing) to providers outside of the four providers in the I4E project and already utilizing BCC, the development of a protocol for referrals and service coordination, and ensuring that referrals are working between service providers while the data sharing requirements are being sorted out. Julie talked about the universal assessment being used by some providers on BCC; Robin asked if Simon Smith could share the PRAPARE assessment, a national screening tool that Clinica uses that includes a number of questions around social determinants and is built into the patient's electronic health record.ⁱ Simon said they are trying to populate the assessment as completely as they can, which could trigger alerts that an intervention is needed that could be addressed through and electronically referred to other providers. He said there is a will between providers to do this but there are significant hurdles around data sharing that needs to be sorted out before it can be implemented.

7. Next Steps

Melissa said the Commissioners will be at the next HHSAC meeting in May, which will be held at BCDHHS, and the meeting will be used to share with the Commissioners updates on the FRN work to date. She said future meetings will include FRN initiative updates and adjacent initiative updates. Lori Canova asked if Dream Big could be added as an adjacent initiative. There was also discussion about acknowledging Bobbie's retirement at the next meeting.

8. Adjourn

Bobbie adjourned the meeting.

ⁱ The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) is a national effort to help health providers collect data about patients' social determinants of health. A copy of the PRAPARE tool can be accessed here: http://www.nachc.org/wp-content/uploads/2016/09/PRAPARE_Paper_Form_Sept_2016.pdf.

Boulder County

Family Resource Network



May, 2018

FRN Work Plan Update



The FRN Road Map

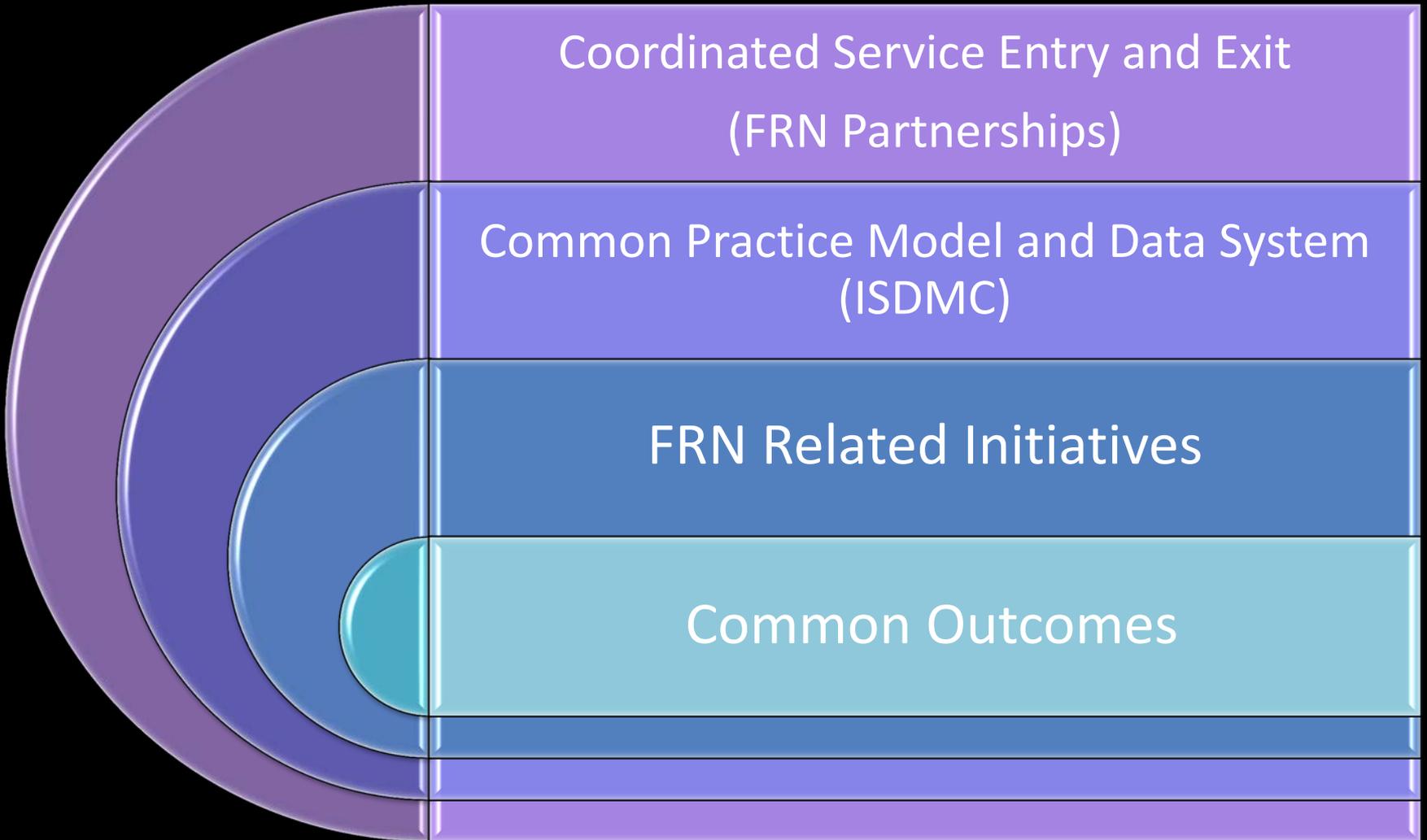
Our destination

All FRN partners using the same screening, assessment and planning processes with families

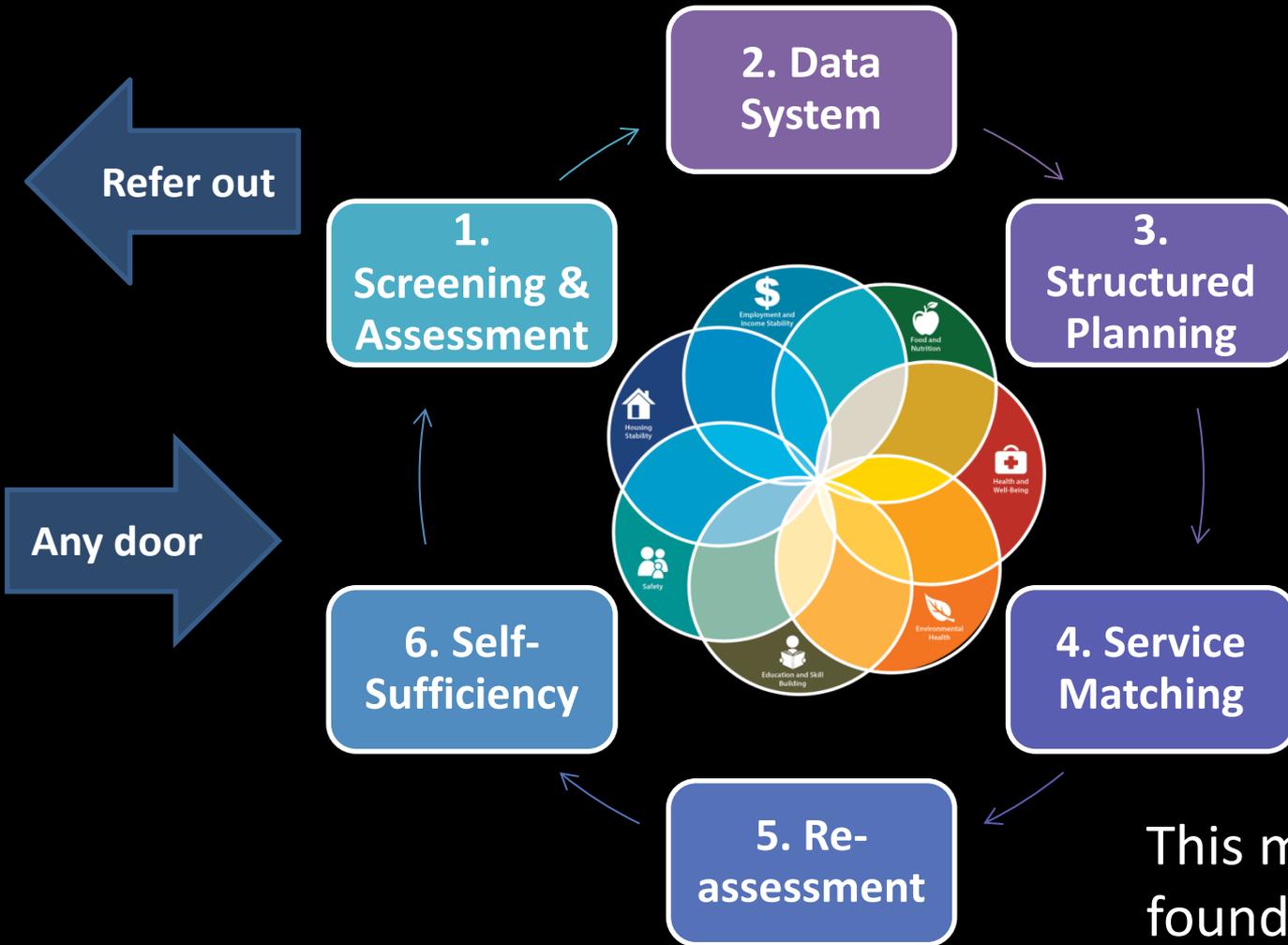
Services to which navigators and advocates/case managers are referring are proven to work

We have common outcomes

We are all using the same data and reports to measure progress and make improvements



Common Practice Model (ISDMC)



This model serves as the foundation to our **FRN** Initiatives

FRN Targeted Social Determinants of Health

Housing Stability

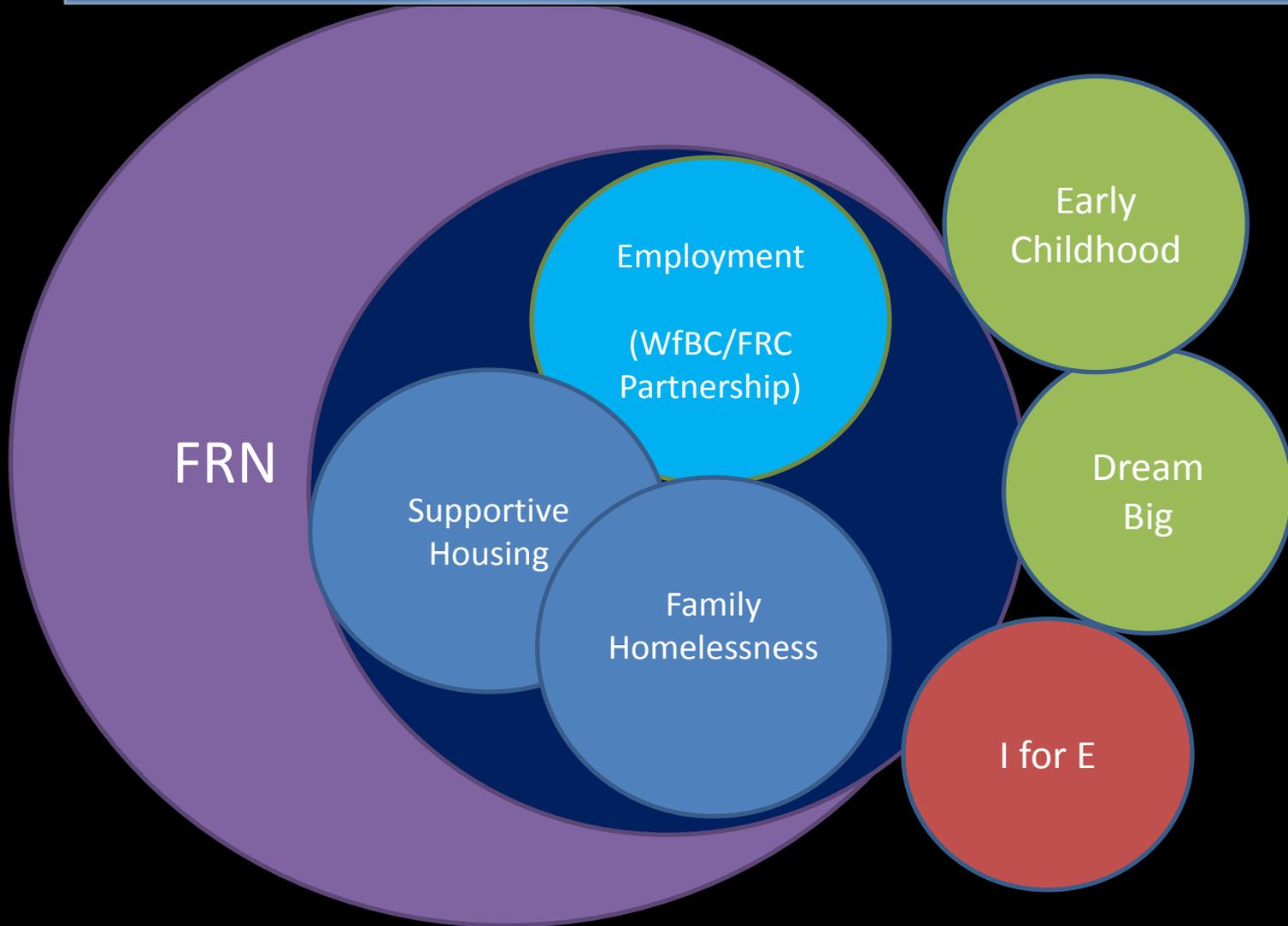
Education (Early Childhood)

Employment

Health and Wellbeing



2018 FRN Initiatives



LAC Formation

Orient local community to FRN

```
graph TD; A[Orient local community to FRN] --> B[Post orientation planning (gaps and needs analysis)]; B --> C[Convene 8-10 stakeholders workgroup]; C --> D[Create area-specific work plan (roles, outcomes, and timeline)]; D --> E[LAC implementation];
```

Post orientation planning (gaps and needs analysis)

Convene 8-10 stakeholders workgroup

Create area-specific work plan (roles, outcomes, and timeline)

LAC implementation



Forum on Family Homelessness, October 19, 2018

- Summary of Proceedings -

Contents:

| | |
|--------------------------------------|----|
| 1. Summary Findings..... | 2 |
| 2. Participating Organizations..... | 3 |
| 3. Forum Materials: | |
| a. Agenda..... | 4 |
| b. Presentations..... | 5 |
| c. Break-Out group work..... | 16 |
| d. Summary of Inventory..... | 21 |
| e. Family Homelessness Acronyms..... | 25 |

Summary Findings:

The Forum included two working sessions, the first to discuss the services and service gaps for homeless families or those at risk of homelessness by geographical area of the county, and the second to look across the county at the status of key elements of a more integrated family homelessness system.

Highlights from the review of services by communities reveal several findings consistent across Boulder County:

- a) There are a significant range of services available across all areas of the continuum, including prevention, emergency, short-term and long-term temporary assistance and permanent subsidized housing/rent.
- b) The system is pretty good at resolving high need cases through the Housing Resource Panel.
- c) However, the overall level of services is insufficient to address all needs and there are significant service gaps in certain communities. For example, there are no short-term or transitional housing available in the mountains.
- d) All communities suffer from a limited number of permanent affordable housing solutions.
- e) There is a consistent challenge of how to address homeless families that show up in Boulder County without any resources, local contracts or roots in the community.
- f) Challenge for undocumented populations (language barriers, not eligible for some programs etc.)

Highlights from the discussion on elements for a more integrated family homelessness system include:

- a) On Coordinated Entry/Navigation: There is buy-in on the Housing Resource Panel and good coordination between DHHS and community partners. Boulder County Connect provides a platform for more coordinated assessment and navigation. Challenges are to know more about preventive resources before crisis hits, lack of a clear and consistent timeline for intake/assessment, and challenges of after hours/emergency rapid response.
- b) On Common Practice and Core Services: Many strengths were identified including integration of service delivery across agencies with strong referral track record, adoption of a strengths-based approach, focus on prevention and utilization of common data systems. Challenges include: Awareness of services can be service- or person-dependent, lack of a consistent “package” of services, limited EBP/trauma-informed practice, gaps in Housing First and Permanent Supportive Housing for families, inventory shortages.
- c) On Overall System Integration: Coordination at the County level, resources, adoption of shared assessment by core agencies (CFSA 2.0), data integration are all strengths of the current system. Challenges include some system fragmentation, loss of institutional knowledge with staff turnover, and confidentiality issues.

What would a more integrated system look like?

The working groups came up with several key features of a more integrated system. These include more timely and uniform housing navigation across County through a common client portal and coordinated entry screening. The services provided to families would be coordinated by a lead case manager with a common packet of comprehensive services and common outcomes tracking. The overall family homeless system should be constructed to as to achieve these ends.

Participating Organizations

EFAA Forum on Family Homelessness
October 19, 2017
Jewish Community Center

Attention Homes
Boulder County Community Services
Boulder County Dept of Housing and Human Services
Boulder County HHS Community Outreach
Boulder County HHS Family Resource Network
Boulder County HHS Housing Panel
Boulder Housing Partners
Boulder Valley School District
Bridge House
City of Boulder
City of Longmont
Community Foundation Serving Boulder County
Emergency Family Assistance Association (EFAA)
Foothills United Way
HOPE Longmont
Inn Between
LEAF Lyons
Longmont Housing Authority
Lyons Energy Assistance Fund
Mental Health Partners
Mother House
OUR Center
Safe Shelter of St. Vrain
Safehouse Progressive Alliance for Nonviolence
Salvation Army of Boulder
Sister Carmen Community Center
St Vrain Valley School District



- AGENDA -

**Family Homelessness in Boulder County
Forum of Service Providers
October 19 - 1:00pm - 5:00pm**

1:00 Welcome and introductions
Review of the agenda

Presentations - Session 1: Needs and Resources

1:10 What do we know about family homelessness in Boulder
County? (Julie Van Domelen, EFAA)

1:25 The Continuum of Care - Inventory of Services and Facilities for
Homeless Families in Boulder County (DeAnne Butterfield)

Group Work - Session 1

1:40 Break into small groups by geographical areas. Review services on the continuum available
in each community to families at risk or experiencing homelessness.

- Boulder
- Longmont
- Tri-cities
- Mountains

2:40 Reports from Small Groups

3:00 Break

Presentations – Session 2: Systems and Partnerships

3:10 Coordinated entry - the experience of the Boulder County Housing Resource Panel (Sara
Buss, Boulder County Community Supportive Housing Program Manager)

3:25 Integrating data and service delivery - the Family Resource Network (Melissa Frank-
Williams, Boulder County HHS Integrated Services Manager)

3:40 Role of the schools to help homeless children and families - McKinney Vento (Ema Lyman,
BVSD McKinney-Vento Specialist)

Group Work - Session 2

3:55 Break into Small Groups:
Coordinated Entry and Navigation for Families
Common Practice/Core Services for Families
Overall System Coordination/Integration for Families

4:30 Reports from Small Groups

Wrap Up

4:50 Wrap up and commitment to Next Steps

5:00 END

Forum Presentations

1. What do we know about family homelessness in Boulder County? Julie Van Domelen, EFAA



Emergency Family Assistance Association

What do we know about family homelessness in Boulder County?

Julie Van Domelen
Forum on Family Homelessness
October 19, 2017

Definitions of Family Homelessness



| | Described as... | McKinney Vento (education) | HUD (housing) |
|---|--|---|---------------|
| Unsheltered | Public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (cars, parks, public spaces, abandoned buildings) | ☑ | ☑ |
| Emergency Shelters and Transitional Housing | A supervised publicly or privately operated shelter designed to provide temporary living accommodations | ☑ | ☑ |
| Motels and Hotels | Families who are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations | ☑ | Generally no |
| Staying with Others ("Doubled-Up") | Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason | Yes, if it is due to loss of housing, economic hardship, etc. | Generally no |

Estimates of vulnerability and family homelessness in BoCo

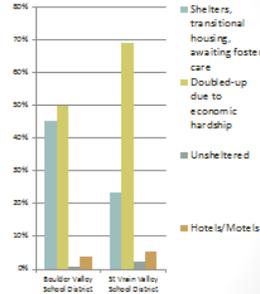


Accounting for some degree of under-registration and estimating the share of children 0-5, a realistic estimate of the total number of children in Boulder County experiencing homelessness during a year is closer to 1,800 or about 2.5 percent of the population of those ages 18 or less

*Note: PIT survey found <100 homeless children vs @1000 McKinney Vento

Where are homeless families?

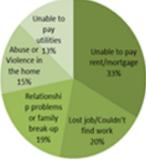
- In 2015-2016 school year, about 1300 school-aged children were registered as homeless through Mc Kinney-Vento in Boulder County, with 500 in Boulder Valley School District and over 700 in the St Vrain Valley School District.
- Almost 300 children in the City of Boulder schools were registered as homeless.



| School District | Shelters, transitional housing, awaiting foster care | Doubled-up due to economic hardship | Unsheltered | Hotels/Motels |
|---------------------------------|--|-------------------------------------|-------------|---------------|
| Boulder Valley School District | ~45% | ~50% | ~5% | ~5% |
| St Vrain Valley School District | ~25% | ~70% | ~5% | ~5% |

What Causes Family Homelessness?

Contributing factors to family homeless in 2015 PIT Survey - Denver metro area



- Two-thirds economic factors
- One-third relationship/family structure issues

Underlying the economic shocks to households is the local housing affordability crisis:

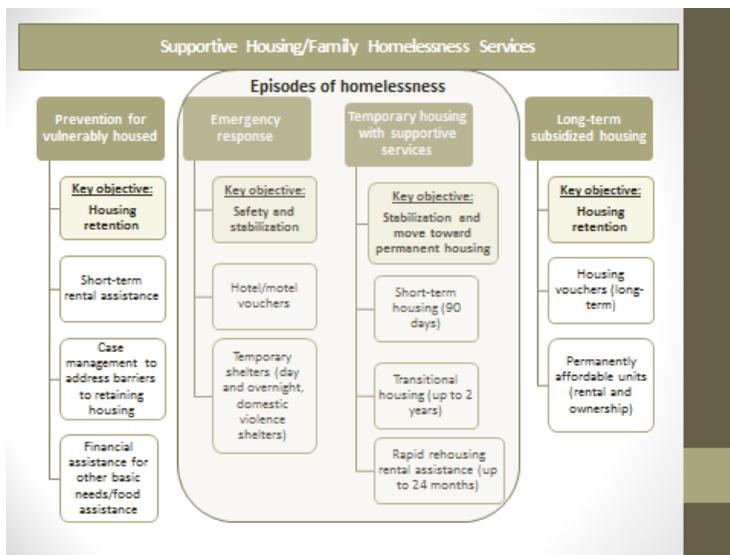
- In the City of Boulder as of June 2016, the average apartment rent was \$1,759
- This would require an annual income of \$70,360 to meet the affordable housing goal of spending only one-third of income on rent.
- The average EFAA client spends 72% of their income on rent

Impacts of family homelessness

- Family homelessness is largely homegrown in Boulder (not transient)
- The effects on families, particularly the long-term implications for children, are devastating:
 - lost school days and greater health and behavioral problems due the physical environment and emotional stress:
 - While the homeless students represent about 2 percent of all students in City of Boulder BVSD schools, they represent 25 percent of enrolled students in the City's main alternative schools (Arapahoe High, Boulder Prep and Halcyon).
 - long term impacts repeating the cycle of poverty



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan



- Housing is essential to ending homelessness, but it is not sufficient.'
- Families need basic supports beyond decent affordable housing to thrive: food, education, employment, child care, transportation, health and mental health care, trauma-informed care, and children's services.
- Family homelessness should be based on a two-generation/whole family approach

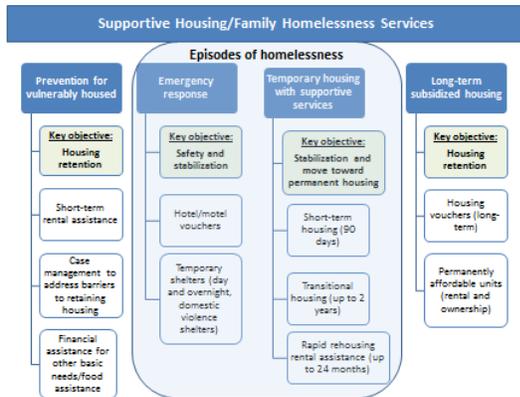
2. The Continuum of Care - Inventory of Services and Facilities for Homeless Families in Boulder County - DeAnne Butterfield



Emergency Family Assistance Association

What services and facilities are available for families at risk of experiencing homelessness?

DeAnne Butterfield
EFAA Family Homelessness Forum
October 19, 2017



PREVENTION

EFAA, OUR Center & SCCC

- One-time Rent and Deposit Assistance
- Utilities Assistance
- Food
- Limited Financial Assistance
- System Navigation

PREVENTION

Boulder County

- HSSN short term and one-time rent assistance
- Federal LIHEAP Utilities Assistance
- SNAP and WIC
- System Navigation

PREVENTION

Other Agencies

SPAN, Boulder Family Resource Schools, School Districts also provide Case Management and System Navigation

Community Food Share, School Districts, community food pantries provide Food

BHP, Bridge House, Thistle, Mental Health Partners provide Navigation Information

EMERGENCY RESPONSE

- Domestic Violence Shelters: SPAN and Safe Shelter
- Emergency Shelter for Teens: Attention Homes
- Longmont Church provides one unit via OUR Center
- Approx 50 motel vouchers for urgent family shelter

TEMPORARY HOUSING WITH SERVICES

EFAA

- 20 Short-term Units (up to 12 weeks)
- 35 Transitional Units (up to 24 months)

The INN Between

- 31 Units for Families (up to 24 months)

TEMPORARY HOUSING WITH SERVICES

Boulder County

Housing Stabilization Program (HSP)

- HSSN Rent Assistance Vouchers
- CoC Rapid Rehousing Vouchers

Family and Children's Services

- Housing Choice Vouchers and Housing Units

TEMPORARY HOUSING WITH SERVICES

McKinney-Vento

30 Housing Choice Vouchers via St. Vrain Valley and Boulder Valley School Districts per BCHA

SPAN

- 8 Moving to Work Vouchers
- 4 Units in Louisville
- 60 Vouchers from Housing Stability Grants

Mother House

- 5 Rooms

LONG-TERM HOUSING VOUCHERS

Boulder County Housing Authority Current Vouchers for Families

- 259 Housing Choice
- 132 Family Self-sufficiency Project-based
- 2 VASH for Veterans

LONG-TERM SUBSIDIZED HOUSING

Boulder County Housing Authority

- 336 family units county-wide
- 129 Kestral family units under construction

Longmont Housing Authority

- 24 family units at Aspen Meadows
- 114 units at Crisman under construction

LONG-TERM HOUSING VOUCHERS

Boulder Housing Partners

- Housing Choice Vouchers to Families and Singles
- Bringing School Home Project-based Vouchers

Longmont Housing Authority

- Housing Choice Vouchers to Families and Singles

Mental Health Partners

- 27 Permanently Supportive Housing Vouchers
Currently Issued for Families

LONG-TERM SUBSIDIZED HOUSING

Boulder Housing Partners

- 297 Affordable Rentals
- 22 Public Housing Units
- 35 Project-based Units
- 161 Bringing School Home Units

Thistle

- 300 Family Units

...Cautionary Advice

"In an effort to not give any false hope or expectations to residents in need, I want to make it clear that

- 1) our property waitlists are long and are vacancies are few and far between (and there's no opportunity to apply for our subsidized units at this time), and*
- 2) that we have no Vouchers or Short-Term Housing units available at this time. And we're not currently issuing Section 8 vouchers, and if/when we do, we'll be using applicants from a lottery we held just over 2 years ago.*

Sorry for the discouraging news –we want to make sure our capacity (or lack thereof) is communicated to residents in need."
from BCHA staffer

3. Coordinated entry - the experience of the Boulder County Housing Resource Panel (Sara Buss, Boulder County Community Supportive Housing Program Manager)

Community Housing Resource Panel



COLLABORATION

100% CONSENSUS



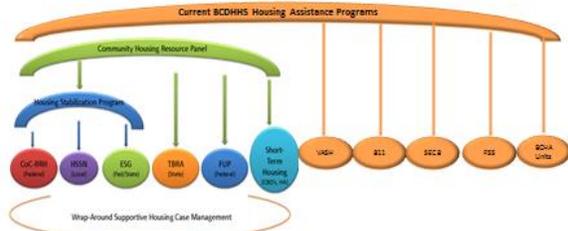
Community Housing Resource Panel Numbers

- Review 15-25 applicants every 2 weeks
- 695 applications reviewed in the last 2 years
- 74% of applicants awarded a housing resource
- That's **516 households** assisted through our coordinated efforts in the last 2 years

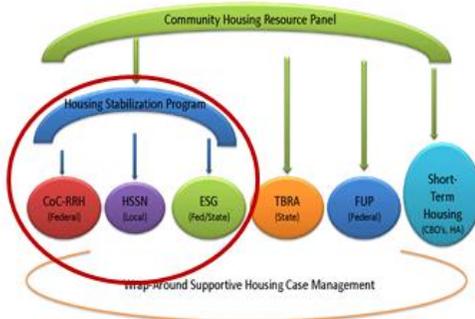
Community Housing Resource Panel Agencies

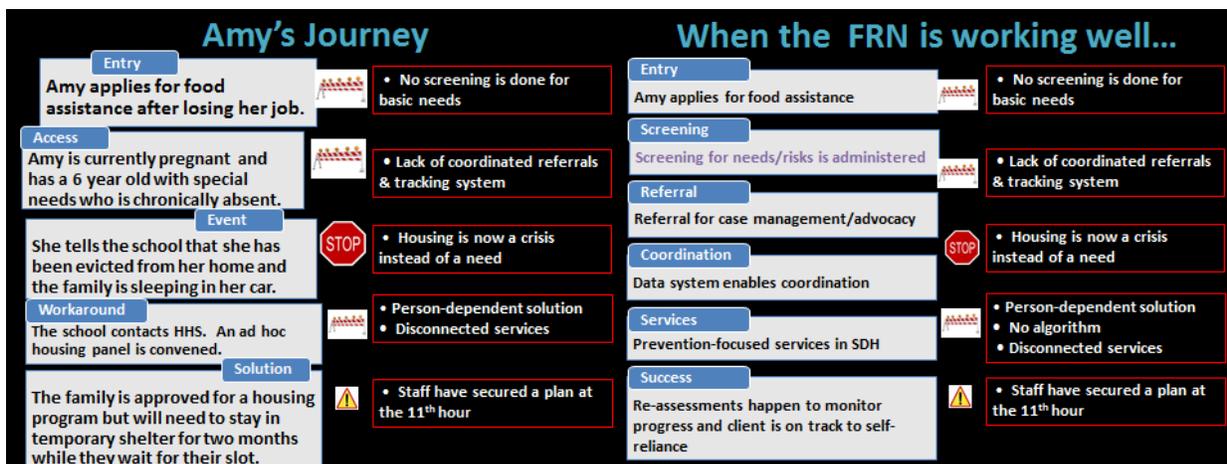
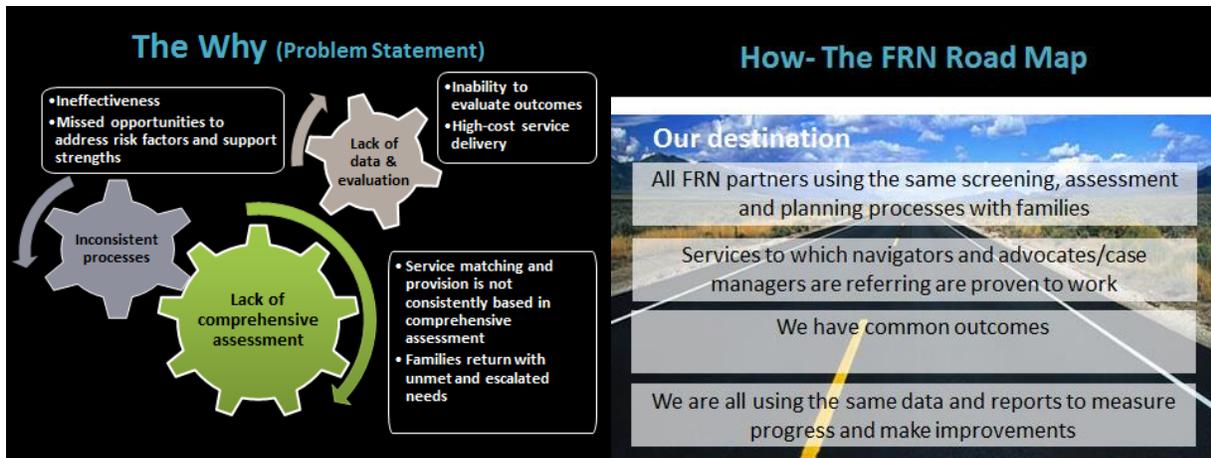
- Attention Homes
 - Bridge House
 - DHHS (FCS, Housing, Housing & Financial Counselors)
 - EFAA
 - OUR Center
 - Safe Shelter of St. Vrain Valley
 - Safehouse Progressive Alliance for Nonviolence
 - Sister Carmen
- Meet **2 times per month** to share resources and match vulnerable Boulder County residents to the most appropriate supportive housing resource

DHHS Housing Assistance Programs



DHHS Housing Assistance Programs





LAC Formation



5. Role of the schools to help homeless children and families - McKinney Vento (Ema Lyman, BVSD McKinney-Vento Specialist)

The McKinney-Vento Law Immediate enrollment in school for all children Supports for families and students

The intention of the federal McKinney-Vento law is to **remove all barriers** to **enrollment, attendance**, and **academic success** that children and youth who do not have permanent housing might face.

The McKinney-Vento law provides for rights and services to families and students who **lack “a fixed, regular, and adequate nighttime residence.”**

- A **fixed** residence is one that is stationary, permanent, and not subject to change.
- A **regular** residence is one which is used on a regular (i.e., nightly) basis.
- An **adequate** residence is one that is sufficient for meeting both the physical and psychological needs typically met in home environments.

International law defines adequate as follows:

“Adequate shelter means ... adequate privacy, adequate space, adequate security, adequate lighting and ventilation, adequate basic infrastructure and adequate location with regard to work and basic facilities - all at a reasonable cost.”

Some of the living situations that qualify under this definition are:

- Sheltered (EFAA, Safehouse, youth shelter, emergency/temporary foster care, etc.)
- Doubled Up due to Economic Hardship with Family or Friends
- Unsheltered (Cars, Parks, Campgrounds, etc)
- Hotels/Motels
- In addition, many other situations that may be fixed and regular but not adequate, as utilities are off, space is too small, no food.

Services and Rights under McKinney-Vento:

- **Immediate Enrollment – even if lacking address and documents**
- Free Lunch and Breakfast – without filling out an application
- School Stability – when possible
- Transportation – when appropriate
- Referrals for any needed services, within and outside of BVSD
- Waiver of **all** School Fees (i.e. field trips, materials, supplies, etc.)
- Programs and services to insure academic success
- Confidentiality

Break-Out Group Work

Strengths and Challenges in Local Communities Break Out Session

| Longmont | | |
|---|--|---|
| | Strengths | Challenges |
| Prevention | <ul style="list-style-type: none"> • McKinney Vento • Food • Public Benefits • OUR Center Services and Navigation- FRC • HFCs. • SVVD after-hours childcare • SDDI. • Woman's Work • Tax Assessor Mobile Home Program. | <ul style="list-style-type: none"> • New Arrivals • After hours childcare • More Housing Panel slots • SVVSD home care referrals • LACs and schools • Multi-agency continuum. • SDDI enrollment process. |
| Emergency | <ul style="list-style-type: none"> • Immediate appointment for housing screening. • Atwood Shelter. • INN Between/OUR partnership. • Affordable Housing appointments. • City's new HSP program to help short term mediation of unstable housing situations. | <ul style="list-style-type: none"> • New arrivals w/o resources or community connection = 30 day wait. • Limited capacity. • Need more temporary/holding units • IDD units [Imagine!?!]. • HSP program to help mediate unstable housing. |
| Short-Term Assistance | <ul style="list-style-type: none"> • After 30 days with income – Atwood. • OUR Center church unit. • INN Between. • HSP lot rental. | <ul style="list-style-type: none"> • LHA units full. • LHA vouchers full. • BCHA vouchers full. |
| Longer-Term | <ul style="list-style-type: none"> • New LHA family units coming online. | <ul style="list-style-type: none"> • LHA units full. • LHA vouchers full. • BCHA vouchers full. • HUD cuts. |
| Permanent subsidized housing/rent vouchers | | |

| Boulder | | |
|-------------------|--|--|
| | Strengths | Challenges |
| Prevention | <ul style="list-style-type: none"> • SNAP and food pantries. • FRN. • HSSN. • System is motivated. | <ul style="list-style-type: none"> • Already homeless. • Knowledge is person-centered. • Identity discrimination. • How to overcome high housing cost and low wages. |

| | | |
|---|---|--|
| Emergency | <ul style="list-style-type: none"> • Housing Panel. • Children’s Alley daytime care. • Motel vouchers. • Can get on Echo House waiting list. • Clinica walk-in for sick kids. • Navigators at hospitals. • Domestic violence shelters. • Children give emergency contact number to school. • Many can double up—friends extend help. • Case management via Workforce. | <ul style="list-style-type: none"> • Bring hospitals into system. • Time and information to find navigator or system entry. • Self-reliant postpone prevention until too late. • Staying in touch/followup. • SSDI delay. • Language barrier. • Motels expensive. • Just arrived-kids not in school or too young. Where to go after motel? |
| Short-Term Assistance | <ul style="list-style-type: none"> • TBRA. • City subsidy for child care if don’t qualify for CCAP. • Housing Panel. • More likely to have friends near. • Obama Phones. | <ul style="list-style-type: none"> • No TBRA for undocumented. • Lack of jobs. • Low wages. • No nighttime child care. • Fewer services when not employed. • Undocumented don’t qualify or don’t want to be seen. |
| Longer-Term | | |
| Permanent subsidized housing/rent vouchers | | |

| East County | | |
|---|---|--|
| | Strengths | Challenges |
| Prevention | <ul style="list-style-type: none"> • Short-term rental assistance. • McKinney Vento supports. • Stabilization can result in connections. • Strong FRN coordination. • Housing Panel. • Strong FRCs. | <ul style="list-style-type: none"> • Funds for reunification of at-risk families to return home. • More connections with faith community. • Navigation for ST residents. • Better connection to Housing Panel and FRC resources. |
| Emergency | <ul style="list-style-type: none"> • Access to SCCC. • Police entry w/ 1-2 nights at hotel. • Referral to HHS child welfare. • Imagine! rent assistance. • Bus passes to family sheltering. | <ul style="list-style-type: none"> • Funding. • Not a lot of emergency services. • What is route to motel voucher? |
| Short-Term Assistance | <ul style="list-style-type: none"> • Transitional housing through EFAA or BCHA. • TBRA through BVSD. • Connections to child support, food, medical care, parenting, counseling via SCCC. • CSFA completed. • Foothold in the community. • Head Start. | <ul style="list-style-type: none"> • Non-traditional housing connections. • Natural supports. • Self-resolution: strengthen pathways. |
| Longer-Term | | |
| Permanent subsidized housing/rent vouchers | <ul style="list-style-type: none"> • Habitat for Humanity. • Commitment of cities of Lafayette and Louisville. Housing Navigator | <ul style="list-style-type: none"> • Need more affordable and subsidized housing. • Need regional plan. |

| Mountains | | |
|---|--|---|
| | Strengths | Challenges |
| Prevention | <ul style="list-style-type: none"> • Supportive churches. • Local community connections and navigator. • Area Agency on Aging. • First Thursday for SNAP and TANF eligibility, financial counseling, school enrollment, Medicaid. • In-home care and aftercare. • LEAF and MRL. • Local and government support. | <ul style="list-style-type: none"> • Lack of supportive services—child support, WF. • No CCAP now; no care for 2 year olds. • Workforce Boulder County not present in mountains. • Gas cards. • Affordable summer child care options. • Not eligible for many programs because of residency requirements. |
| Emergency | <ul style="list-style-type: none"> • Motel vouchers—except Lyons—but only for 2 nights. • Legal camping in Lyons and Ned. | <ul style="list-style-type: none"> • No local shelters. • Hostel \$500. • Not eligible for many programs because of residency requirements. • Lack of motel rooms. |
| Short-Term Assistance | <ul style="list-style-type: none"> • HSP. • TBRA for school-age. • Longer term FSS. • EFAA. • Canyon Cares possible for security deposit. | <ul style="list-style-type: none"> • No mountain ST units. |
| Longer-Term | | |
| Permanent subsidized housing/rent vouchers | | <ul style="list-style-type: none"> • Limited affordable/available housing. • Very limited housing for families. • Landlord market. • Lack of landlord knowledge/info on housing support programs. • Unregulated short-term rentals. |

Overall System Elements Break Out Session

| | Coordinated Entry/Navigation |
|---------------------|---|
| System Strengths | <ul style="list-style-type: none"> • Buy-in for Housing Panel: ethical, unbiased, retention, representation (varies), Community Based Organizations bring resources, many points of entry • Progress in pushing resources to mountain communities. • Families now know more about where to go and who to talk to. Kristi's position/ Mountain Resource Liaison. • Collaboration among HHS, community partners and individuals • CE First Touch-warm handoffs, referrals • Consistent assessment, starting now with individuals • Boulder County Connect resources for benefits |
| Weaknesses and Gaps | <ul style="list-style-type: none"> • Lack of resources—even more for singles • Families may not know prevention resources/support which leads to crisis • Community/public does not know about resources for prevention (as well as process and limits) • Families access wrong people at wrong time • Screening-what are needs and timing to improve |

| | |
|---|--|
| | <ul style="list-style-type: none"> • What is timeline: meet with family, identify needs, referral, solution • After-hours entry/screening, especially in mountains |
| What Would Integrated System Look Like? | <ul style="list-style-type: none"> • Point in Time Assessment • Collapse timing of referral and resource response. • More accurate assessment sooner. • Maximize 1st touch/rapport building • “coordinated entry” sounds like housing—use different words • More and uniform housing navigation across county • Client portal to track referrals • Coordinated entry screening • Better communication to avoid dropped referrals |

| | Common Practice and Core Services |
|---|---|
| System Strengths | <ul style="list-style-type: none"> • Resource Rich • Referrals to each agency • Agency Collaboration • Integration of service delivery w/in and across agencies • Strength-based approach • Family-centered “2GEN” common lens • Focus on no duplication and agency strength approaches • Prevention as primary level of service • Data-driven decision-making and gaps analysis |
| Weaknesses and Gaps | <ul style="list-style-type: none"> • Competition for \$\$ • Definition of self-sufficiency looks different. What is the goal? • Navigators need global perspective, relevant attendance, internal network message board, capacity to learn and communicate. • Inclusivity • Gap: Housing First and Permanent Supportive Housing • Uniform case management, i.e. motels, food pantry • Communication is weak—streamline it. • Efficiencies • Awareness of services can be service- or person-dependent • Being resource rich gives illusion of “it’s covered” • Affordable Housing • Gap in messaging and community education • Inventory shortages • Lack of consistent “package” of services • Lack of consistent EBP/trauma-informed practice • Replicable and Scalable |
| What Would Integrated System Look Like? | <ul style="list-style-type: none"> • Universal screening, assessment, outcomes • What is the common practice? Best practice? The standard for us? • Coordinated Case Management can reduce provider need • Nonprofit involvement with FRN • Lead case manager to reduce over-staffing and duplication • What is the unifying philosophy? • Low barrier model • Shift from “homelessness” to examining the entire safety net: right support at the right time • Shift language, getting away from “us” vs “them” • De-silo programs to create a common understanding of addressing risk and danger/abuse when families are in our various programs • Integrate/connect data, systems, practice and funding • Use data to tell the story |

| | Overall System Integration |
|---|---|
| System Strengths | <ul style="list-style-type: none"> • Have resources • Coordination at County level: Housing Panel, expertise of county staff, strong institutional knowledge • Integration of Data—strong analysis to build more effective systems • Shared assessment • Willingness and commitment by all! |
| Weaknesses and Gaps | <ul style="list-style-type: none"> • Challenge to retain knowledge with staff turnover • Fragmented System has + and - • Multiple risks—domestic violence, substance abuse, mental illness, disability, unemployment—increases difficulty for families to get integrated services • Confidentiality, e.g. DV, makes data sharing more difficult |
| What Would Integrated System Look Like? | |

Summary of Inventory
Services & Facilities for Boulder County Families At Risk or Experiencing Homelessness
Emergency Family Assistance Association Family Homelessness Forum
October 19, 2017

Homelessness Prevention Services for Families

| | <i>Short Term Rent Assistance (for families with housing at time of assistance)</i> | <i>Other Services</i> |
|------------------------------|---|--|
| EFAA (Boulder/Gunbarrel) | Rent/Deposit Assistance 602 families in 2016 | Utilities Assistance, Food Pantry, Limited Financial Assistance, System Navigation |
| SCCC (East County) | Rent/Deposit Assistance 176 families 2016 | Utilities Assistance, Food Pantry, Limited Financial Assistance, System Navigation |
| OUR (St. Vrain Valley) | Rent/Deposit Assistance 146 families in 2016 | Utilities Assistance, Food Pantry, Limited Financial Assistance, System Navigation |
| Boulder County Public Health | | WIC Food Program |
| Boulder County HHS | 60 HSSN Rent Assistance Vouchers via nonprofits and HHS <12 months* | LIHEAP energy assistance, SNAP, Housing Stabilization Program |
| Boulder County HHS | 88 HSP one-time rent assistance | |

| | | |
|----------------------------------|---|---|
| Boulder County HHS | Family & Children's Services short term rental assistance | |
| Boulder Valley School District | 10 Tenant-based Rental Assistance Vouchers via BCHA** | System Navigation, School Lunch |
| St. Vrain Valley School District | 20 Tenant-based Rental Assistance Vouchers via BCHA** | System Navigation, School Lunch |
| City of Boulder Human Services | | System Navigation, Limited Financial Assistance |
| Safehouse Progressive Alliance | | System Navigation |
| Community Food Share | | Food Pantry |

Crisis Family Housing

| | | |
|---------------------------|---------------------|-------------------|
| SPAN | 27 Beds | Domestic Violence |
| OUR Center | 1 unit w/ church | |
| Safe Shelter of St. Vrain | 8 crisis beds | Domestic Violence |
| Attention Home | 12 teen crisis beds | |
| Motel Vouchers | approx 50 in 2016 | |

Temporary Family Housing with Supportive Services 2+ Bedrooms

| | | | |
|------------|-------------------------|-----------------|-------------------|
| Boulder | EFAA Echo House | 2 units | <24 months |
| | EFAA No Boulder | 8 units + 5 new | <24 months |
| | EFAA Echo House | 7 units | <12 weeks |
| | Mother House | 5 rooms | <3 mo post partem |
| Longmont | EFAA Atwood | 2 units | <24 months |
| | Atwood via OUR | 9 units | <12 weeks |
| | INN Between | 31 units | <24 months |
| | HHS/FCS Cotonwood | 12 units | <6 months |
| Louisville | EFAA Garfield | 11 units | <24 months |
| | SPAN via BCHA | 4 units | <24 months |
| Lafayette | EFAA N Carr | 7 units | <24 months |
| | N Carr via SCCC | 4 units | <12 weeks |
| Countywide | TBRA via BVSD & SVVSD** | 30 vouchers | <24 months |
| | HSSN & Rapid Rehousing* | 60 vouchers | <12 months |
| | HSP/CoC Rapid Rehousing | 32 vouchers | <24 months |
| | HHS/FCS | 45 vouchers | variable |
| | SPAN/BHP Moving to Work | 8 vouchers | variable |
| | SPAN Stability Grants | 5 vouchers | variable |

| | | | |
|--|--|-----|--|
| | | 190 | |
| <i>Net Total--Less Domestic Violence, FCS, pregnancy</i> | | | |

Long Term Subsidized Family Housing Units 2+ Bedrooms

| | |
|---------------------------------|-----|
| BCHA current | 336 |
| BCHA Kestral under construction | 129 |
| BHP rentals | 297 |
| BHP Public Housing | 22 |
| BHP project-based Woodlands | 35 |
| BHP Bringing School Home units | 161 |
| LHA Aspen Meadows | 29 |
| LHA Crisman under construction | 114 |
| Thistle | 300 |

*HSSN vouchers are shared between Prevention and Rapid Rehousing
 **Total of 30 TBRA Vouchers for Prevention and Short Term Assistance

| Family Homelessness Acronyms | |
|-------------------------------------|--|
| BCHA | Boulder County Housing Authority |
| BHP | Boulder Housing Partners |
| BVSD | Boulder Valley School District |
| CFS | Community Food Share |
| CO WORKS | Colorado Works/TANF |
| CoC | HHS (HSP) Continuum of Care |
| EFAA | Emergency Family Assistance Association |
| FCS | HHS Family and Children's Services (Child Protection, Foster Care) |
| FRS | City of Boulder Family Resource Schools |
| FRT | HHS internal Financial Resources Team |
| FSS | HHS Family Self-sufficiency Program Project-based Sec 8 |
| FUP | HHS FCS Family Unification Program |
| HSP | HHS Housing Stabilization Program |
| HSSN | HHS (HSP) Human Services Safety Net |
| LHA | Longmont Housing Authority |
| LIHEAP | HHS Low Income Heating Assistance |
| MHP | Mental Health Partners |
| OUR | OUR Center |
| SCCC | Sister Carmen Community Center |
| SNAP | HHS Supplemental Nutrition Assistance |
| SPAN | Safehouse Progressive Alliance for Nonviolence |
| SVVSD | St. Vrain Valley School District |
| TBRA | Tenant-based Rental Assistance |
| WIC | Public Health: Women, Infant, Children Nutrition Assistance |

Integrating for Equity Project Overview

Vision: To improve the social-emotional, mental and clinical health of low-income young children 0-2 years and their families through improvements in the physical, behavioral, social, and public health and housing systems that serve them.

Goal: The Integration for Equity Collaborative (Collaborative) expands a proven partnership among Boulder County service providers to improve health, social-emotional, and developmental outcomes among young children and their families. The multisector Collaborative includes [Boulder County Public Health \(BCPH\)](#), [Boulder County Department of Housing and Human Services \(BCDHHS\)](#), [Clinica Family Health Services \(Clinica\)](#), and [Mental Health Partners \(MHP\)](#). The project integrates physical, behavioral, social, and public health and housing service delivery to address barriers to care that impede individuals' and families' ability to achieve health, social, emotional, basic living, and developmental goals. The Collaborative improves the capacity and quality of current programs, creates a shared care coordination and warehousing data system, and evaluates the use of the data system and program improvements across Boulder County's safety net programs of these four agencies for young children and their families.

Deliverables: The Collaborative's deliverables include:

1. *Improved experience of care* among young children and families that utilize services at the four agencies.
2. *Improved health and social-emotional outcomes* of young children and self-sufficiency outcomes of their families.
3. *Reduced cost of care* via reduction in duplicative efforts and improved, strategic investments across the safety net continuum.

Activities: Key activities of this proposal include:

1. Finalize and use a shared set of care experience and outcome measures across the four agencies for assessment and evaluation.
2. Develop an integrated continuous quality improvement (CQI) process for improving services for children 0-2 years and their families across the four partner agencies.
3. Identify technical requirements for sharing data between physical, behavioral, social, and public health and housing data systems.
4. Link data systems in each of the four agencies to an existing data system to improve care coordination and data warehousing capabilities.
5. Implement the shared care coordination and data warehousing system within the integrated CQI process.
6. Share evaluation and reporting of the implementation of the platform and resulting program performance.
7. Use shared evaluation to inform strategic investments within and between the four agencies.
8. Report and share lessons learned about data platform development and concurrent CQI process with other counties and states, including the sharing of the data architecture developed.

The Collaborative proposes that the integrated platform built through this project be developed around a data warehouse currently in construction at BCDHHS (completion and operational March 2016) with Application Program Interfaces (API's) developed for each partner. The majority of data that will be collected through this system is currently being collected, but not

shared between partners. Data on existing indicators will continue to be collected. Few additional indicators will be pursued; however, a minimum of two new values to assess the care experience are under consideration to be shared and collected across the system.

Lead contact:

Summer Laws, Boulder County Public Health 303-441-1532 slaws@bouldercounty.org



Family Resource Network Regional Council Meeting

July 12, 2018

| | |
|--|-------|
| TABLE OF CONTENTS..... | 1 |
| AGENDA..... | 2 |
| REVIEW OF MAY REGIONAL COUNCIL MINUTES | 3-9 |
| FRN WORKPLAN UPDATE..... | 10-19 |
| FRN PRIMARY AND ADJACENT INITIATIVES UPDATES | 20-23 |
| MATERNAL CHILD COORDINATED SERVICES SYSTEM (MCCSS) WORK GROUP CHARTER..... | 24-26 |
| PUBLIC HEALTH IMPROVEMENT PLAN MENTAL HEALTH UPDATE- MAY | 27-28 |
| JANETTE TAYLOR APPLICATION FOR MEMBERSHIP AND RESUME | 29-32 |

Boulder County Family Resource Network – Regional Council Meeting
Thursday, July 12, 2018
3:00-4:30 p.m.
EFAA-1575 Yarmouth Ave, Boulder CO

Meeting Objectives

By the end of the meeting, members will have:

- 1) Decided on a plan and approach for membership slots.
- 2) More information on the data reporting structure for FRN partners through Boulder County Connect.
- 3) More details on progress made on the Local Area Collaborative groups and the direction of this work.

Decision Points for Today:

- 1) Approval of minutes from May
- 2) Vote on new member
- 3) Decisions on remaining seats

1. Welcome and introductions - Suzanne (3:00-3:05)
 - a. Introduction of prospective member-Janette Taylor
2. Review of agenda and consent items - Suzanne (3:05-3:10)
 - a. Approval of minutes from May
3. Review of FRN related work to date (3:10-3:45)
 - a. ISDMC and BCC roll out to partners – status update- Melissa
 - i. Practice and data –presentation by Angela Tomczik, HHS BOSS Team
 - b. LAC Implementation updates – Whitney
 - c. Service Enriched Housing – Betsey and Angela
 - d. Questions and answers on work to date – Suzanne
4. Updates on adjacent work (3:45-3:55)
 - a. Mental health work and the Public Health Improvement Process –Susan Motika
5. Head Start Presentation- Amy Ogilvie and Olivia Coyne(3:55-4:15)
6. Membership (4:15-4:25)- Suzanne and Melissa
 - a. New member vote- Janette Taylor
 - b. Domestic violence services representation
7. Next Steps (4:25-4:30)
8. Adjourn



Department of Housing & Human Services

2525 13th Street, Suite 204 • Boulder, Colorado 80304 • Tel: 303.441.1000 Fax: 720.564.2283
Boulder Office • 3460 Broadway • Boulder, Colorado 80304 • Tel: 303.441.1000 Fax 303.441.1523
515 Coffman Street • Longmont, Colorado 80501 • Tel: 303.441.1000

www.bouldercountyhhs.org

BCDHHS Advisory Committee

Meeting Minutes

Thursday, May 10, 2018, 3:00-4:30pm

BCDHHS

Members Present: Robin Bohannon, Julie Van Domelen, Lori Canova, Jeff Zayach, Edwina Salazar, Karin Stayton, Suzanne Crawford, Bobbie Watson, Marc Schaffer, Christina Pacheco Sims, Pat Heinz Prybl, and Betsey Martens

by phone: Diane Lauer, Simon Smith, and Karen Rahn

Guests: Commissioner Cindy Domenico and Commissioner Elise Jones

Staff Present: Jim C. Williams, Danielle Butler, Melissa Frank-Williams, Monica Serrato, Angela Lanci-Macris, Daphne McCabe, Mackenzie Sehlke, Whitney Wilcox and Andrea Pruetz

1. Welcome and Introductions

Bobbie Watson called the meeting to order, welcomed members and the Commissioners and invited members to introduce themselves. Bobbie announced she will be retiring and that Danielle Butler will be joining HHSAC as ECCBC's new Executive Director.

Commissioner Domenico said Commissioner Gardner sent her regards as she needed to attend another appointment.

2. Review of Agenda and Consent Items

Bobbie added an item to the agenda under decision points for a new chair and vice chair. She then asked for a motion to accept the agenda and consent items. The motion was accepted.

3. Overview of the Family Resource Network (FRN) work to date and discussion

Suzanne reviewed the FRN PowerPoint slides. She shared updates about the FRN and reviewed the foundations of the structure, including the ISDMC approach, and the FRN primary and adjacent initiatives.

Suzanne said that FRCs are co-creating the work of the FRN. She reviewed the current initiatives underway including supportive housing, family homelessness, and work-based learning. She then reviewed the core components of the ISDMC mid-level practice model and emphasized that key staff are now using the same universal assessment, data system, and structured planning process to include matching needs with the right services.

Suzanne then reviewed the social determinants of health and described how the work of the FRN relates to them. She provided a brief overview of the Local Area Collaborative (LAC) work. She shared that all LACs have hosted community orientation meetings and have started planning sessions in small workgroups. Each LAC is now developing work plans for each area which will be launched over the next few months. Melissa added that the Regional Council represents the entire county and that there are four Local Area Collaborative groups that will feed on the ground work up to the Regional Council.

Suzanne then introduced Julie Van Domelen and Edwina Salazar to provide more details about the work to date of the LACs. Julie reiterated that all four LACs – Longmont, Boulder, East County, and the Mountains - have hosted an orientation to the FRN in their region and are now working to build the team and work plans. Julie said that the value the Boulder LAC brings is that it's the first meeting she's attended that included all the service providers in the community. She said the mountains have a long-standing group, the P2P Task Force, which will likely serve as the LAC representing the mountains.

Suzanne emphasized that the LAC format is not a one size fits all and that every area will be slightly different but with a common foundation. Julie said that in each area there will be a core workgroup that will include agencies who do referral and case management along with a larger group that will serve more in an advisory capacity and provide more specialized and single services. The larger group will meet less frequently. She emphasized that the current workgroup will focus on ensuring that all members clearly understand the value that the LAC will bring.

With regard to the Longmont LAC, Edwina said she is looking forward to coming up with shared agreements, coordinated services, and collaboration on shared cases. She expressed support of the work to date and said it will take all their services to the next level. She expressed that there is a great opportunity for communities to provide services that strengthen the safety net and help people engage. Edwina said she's seeing a lot of enthusiasm from the invitees for the model. She added that she expects they will find gaps once they start this work and will need to identify how to fill these gaps, which is another exciting way to be working together.

Bobbie asked if there were questions.

Commissioner Domenico asked if the smaller workgroups is where members will talk about cases or if it's where they would talk about coordinated service delivery. Suzanne said it's primarily about discussing coordination of services, but questions may come up about how to work with shared participants. Suzanne said this is a need and that they have a longstanding East County Service Provider group which occasionally discusses cases. (There are also efforts to merge the work of this group with the LAC moving forward.)

Commissioner Domenico said it will be interesting to see how that process evolves. Edwina said that in developing the work plan, the reviewing of individual cases may become a priority as this is a huge need. Suzanne said the effort will be great with families because of situations like the one highlighted in Amy's Story. She said she has seen situations like this, where they thought organizations were clear about what Sister Carmen provided and who was doing what with the family, but that was not the case. She thinks the LAC and FRN work will reduce frustration by families, organizations, and service providers. Edwina said it will also be a priority to figure out how service providers will use BCC to support families to coordinate efforts with other service providers to work together more productively.

Commissioner Jones said it sounds like everything is going along as planned and asked if we've heard from anyone who does not want to participate in the model. Suzanne said she has only heard positive things. Melissa said questions have come up about how information is shared. She talked about confidentiality and the system and how the partnerships with BCDHHS staff and agencies to create policy and practice have resulted in success to date. Julie said that it has revealed more about who needs to be involved and at the table. Commissioner Domenico said that data sharing is very important and that it is very exciting that it's happening and in place. Edwina said they've already seen positives, that sharing of information has reduced the burden on participants to re-produce documents, such as birth certificates, which can now be accessed through the system. Suzanne added that initially staff had worried that participants would be concerned about sharing information across providers, but ultimately they have heard very few concerns from people. This speaks to the collaboration between BCDHHS and agencies, particularly the collective work that has been done to help staff to present the information to participants so that they'll see the benefit to being enrolled in BCC.

Bobbie moved the group to the next agenda item, housing and family homelessness, and asked Betsy to talk about the Service Enhanced Housing model. Betsy said that we know housing is critical for a family to be stable and be able to access other social determinants of health. She shared that the Service Enriched Housing workgroup is creating a common housing model, including EFAA, BHP, IHAD, and BCDHHS. The goals are to adopt a common intake and assessment, share data through a common system and referral to a shared pool of services that are evidence based and grounded in best practice. She said this effort will focus on combining this work with Dream Big (the collective impact model designed to close the achievement gap for all Boulder County children by 2040) at different housing sites and identifying common services that could be offered at housing sites and available to all populations.

Bobbie then asked Julie to talk about family homelessness.

Julie said that in October of last year, EFAA organized a forum on family homelessness to begin to identify gaps in the system serving this population. The forum convened service providers and funders county-wide to look at how each community was supporting families with children that are homeless. Attendees identified a number of

key findings that will be addressed later this year through a subcommittee. She said this work includes moving resources to the prevention side, developing a strong coordinated entry system, and identifying the package of services that can best support this population and mitigate the effects of homelessness on children. In January, the FRN Regional Council formally established a Family Homelessness Subcommittee under it. The group has met once to plan and will convene a working group in June.

Edwina said we need to have a community conversation about people that are experiencing homelessness and moving to Boulder County. She emphasized the need to increase understanding by the public about the complexity of this issue. Julie said the one piece of infrastructure the county currently doesn't have is a day shelter for families with children. She said that ideally, families need to be out of a group dorm-style setting as soon as possible; she said that the FRCs all provide hotel vouchers. She added that it's a complicated question and a very expensive and difficult service to set up. Julie shared that she thinks many service providers are trying to increase rental assistance they are giving to families in order to prevent homelessness.

Bobbie asked if there were questions.

The group had a robust conversation on this topic. Commissioner Jones said family homelessness is pretty invisible to the public and that it's attached largely to single males. She indicated that having a more complete understanding of homelessness would benefit the community and would help the issue at large if people knew about that component of homelessness. Julie said she agreed and that EFAA has been working to raise the visibility of this issue. She asked for elected officials to put the family homelessness issue on their radar screen. She said she's tried to get the subject on the agenda and has had a tough time doing that because there isn't a decision item attached to it. Edwina said she thinks the school districts have a huge story to tell about the children who are homeless in the districts and that they have a more accurate count. She thinks it's a partnership between the school districts and service providers to tell that story. Betsey shared that she recently saw new research that said that children who move three or more times for negative reasons are 15% less likely to complete high school, 36% less likely to enroll in any post-secondary education, and 68% less likely to graduate from a higher education institution. Suzanne shared a personal experience that demonstrated this point. Julie said they looked at the McKinney Vento data for Boulder, and that 2.8% of BVSD students are registered as homeless and at Arapahoe Ridge, 25% of the students are registered as homeless. Marc Schaffer said the other fear is that they have a lot of individuals that don't register for McKinney Vento and that that percentage is probably low and the number is significantly higher. Recent McKinney Vento data shows 1,300 homeless children in Boulder County.

Bobbie moved the group to the next agenda item, employment supports and income inequities. She invited Robin to provide an update.

Robin said that Workforce Boulder County has been working to reach more vulnerable populations and is partnering with the FRN as part of this effort. She shared that EFAA started a model called JUMP, which is largely for TANF eligible families and Boulder County received a grant from the state to serve TANF participants to implement essentially the same model – provide work based learning (i.e. internships) and wraparound supports to families to support successful employment. Robin expects that they'll be able to support 40 families with this funding. The goal is that when someone comes to Workforce Boulder County, they are connected with an array of employment support in connection with the basic needs and support services they receive from FRCs or other service providers, to support successful employment. The national model is that people don't learn from taking a class, people learn on the job. This program provides paid internships and many people are then hired at their internship host site. Internship placements include home health care agencies, nonprofits, and county offices. In addition, Robin said Workforce Boulder County has placed a staff person a half-day a week at Sister Carmen to better understand the needs of people in East County (before this, East County residents would have to travel to Boulder or Longmont). She said they will also work to replicate this model at the OUR Center.

Julie shared more about the JUMP program. She said as part of EFAA's strategic planning process, staff identified that the problem wasn't that people didn't have jobs, it was that people were in jobs where they weren't paid enough to support their needs and this was jeopardizing their housing stability (the average EFAA participant spends 72% of their income on housing costs). The idea of JUMP is to increase someone's income, particularly someone who is taking care of children. She said that in trying to determine a program to facilitate this, Workforce Boulder County was identified as having the best program and outcomes, but they found that EFAA participants were not able to get in and through the program because of a number of barriers (such as child care and transportation). To help support people in completing the program, EFAA provides case management and financial support. Julie said they have had about 30 people finish the program with an average increase in their income of 234%. Robin said they anticipate having more funding opportunities. She added that this program raises awareness by employers in the community about the additional supports that some employees need in order to be successful at work. She said getting businesses to agree to work-based learning is very challenging, but once the first client is placed it opens the door and raises awareness. She asked about raising the profile around a living wage and asked for the support of the BOCC to continue this work with businesses and the community.

Commissioner Jones asked if Robin has had a dialogue with the Chamber of Commerce on this topic. She said that this is part of the public education process that people can't afford to live in this county on the wages being paid. She said it would be interesting to explore what role the County can play in furthering that conversation. She stated that she thought the community would support this type of program because it's a success story. Robin said they're seeing support in theory, but the obstacle is when a business has to figure out how to make it work for them and their bottom line. She said there

was an exciting technology summit a few weeks ago at Google and they all identified diversity issues as very important to them, including socioeconomic status. She also talked about the successful partnership with TechTonic, which trains at-risk youth in coding. Commissioner Domenico said they'd be interested in knowing what they could do with the Chamber to facilitate these conversations.

Bobbie asked Jeff to share updates on Integrating for Equity, universal home visitation, and early childhood and childcare.

Jeff provided an overview of the universal home visitation work to date, which was based on the Early Childhood Mental Health Task Force Assessment recommendation to develop and implement such a system. Currently, there are redundancies in screening areas, lack of social emotional screens across primary care practices, lack of effective and coordinated referral networks, and other system gaps. For the past seven months, a group has been meeting to design a universal home visitation system that would incorporate multiple programs and connect with families the moment a child is born. The goal is to have a more coordinated system that is tied to the other services that have been discussed today. Bobbie said it's critical that all families are served through this system and it's not limited to at-risk populations. Jeff said they know that this work will lead to fewer people needing access to downstream services. Edwina said there is a much greater need by people of color for this type of resource and that the infant (and maternal) mortality rate is much higher and hopes there is discussion about prioritizing these populations. The group agreed to discuss and identify priorities.

Jeff also provided an update on Integrating for Equity, a data exchange project between Clinica, Mental Health Partners, Public Health, and Housing and Human Services, with the goal of improving health, social emotional skills, and developmental outcomes among children 0-3. If the project is successful, they would look to scale it up to a larger system approach. Commissioner Jones and Commissioner Domenico said it's exciting work and asked if this team needs help or if there's a role for them to play. Jeff said that the Integrating for Equity project has received two-year funding from the Piton Foundation and he doesn't anticipate needing any support, but that he and Frank Alexander may discuss the universal home visitation system with them in the coming months.

Commissioner Jones appreciated learning about the universal home visitation work and asked to receive information on how this system works elsewhere. Commissioner Domenico said she'd like to learn more about the home visiting programs and the Home Visiting Collaborative.

Bobbie asked the Commissioners about their thoughts from what they heard from the group today.

Commissioner Domenico said she was at the CU Commencement events earlier in the day and the speaker was the Oregon Governor, who was a CU alum, and shared some

interesting ideas about the cradle to career approach, which was the same theme discussed this afternoon. She said there's momentum in the work and that the work discussed is all on the right track. She said she sees the county's work through a people and land lens – how are we helping take care of children and families and how does our natural resource environment fit into that, and how do we protect both of those in the right kind of balance. She said that everything they do leans into the work and issues the group talked about today and that she would appreciate the group's help with any ideas they (the BOCC) need to be thinking about. She said they will begin meeting with city councils to talk about a range of issues and suggested that family homelessness be one of the topics the Commissioners put on their agenda. She added that the workforce discussion should also be shared with service clubs, who are business decision makers in the community. She said the work by the members in the room is a legacy that they are proud to be able to help support in any way they can.

Commissioner Jones added that this is a particularly good time to tackle some of the issues discussed today, like affordable housing. She said the County just received a Best in Category NACO award for the Regional Affordable Housing Plan and that there is a lot of challenging work ahead, but there is buy-in and a good model. She said there have been some political changes on local city councils and there may be more opportunity in Longmont and Erie than previously. She added that there is talk about going to the ballot for additional resources around affordability issues, including a movement this year around transportation. She concluded by saying they attended a great training yesterday about privilege and equity issues, and the outcomes discussed today about the disproportionate impact on people of color, and thinks that this population will have to be prioritized in the work as we move forward.

4. Recognitions and Next Steps

Bobbie asked for a vote for Suzanne as the new chair and Christina for vice-chair. The motion was accepted.

Bobbie announced that Marc had accepted a new position outside of the County and would be stepping down from the Regional Council. Bobbie recognized him for his participation and contributions to the Regional Council.

Bobbie was recognized by Suzanne and Commissioner Domenico for her contributions in the county over the past 20 years in a variety of roles and her participation on the Regional Council. Members appreciated and applauded Bobbie.

5. Adjourn

Bobbie adjourned the meeting.

Boulder County

Family Resource Network



July, 2018

FRN Work Plan Update



The FRN Road Map

Our destination

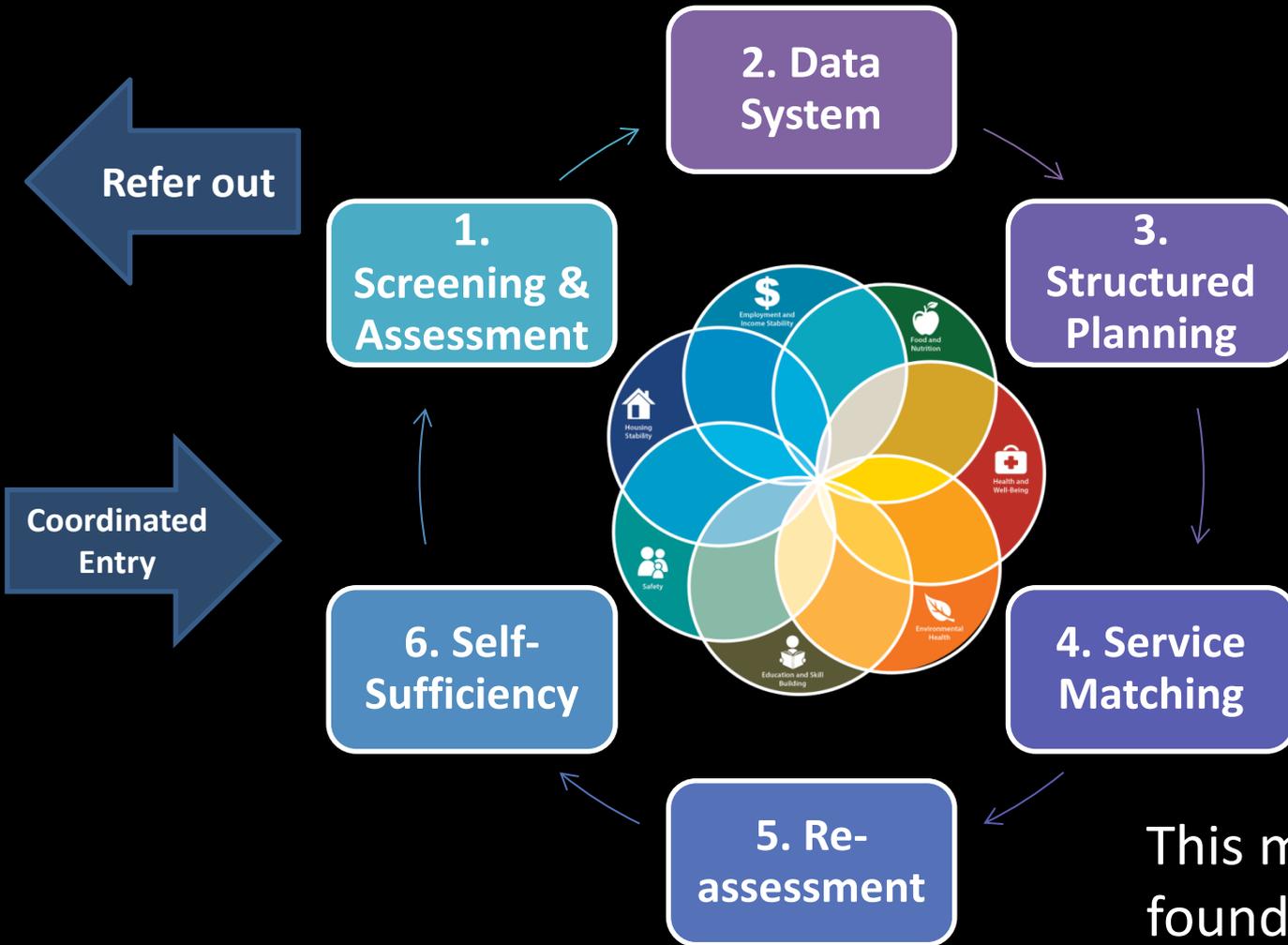
All FRN partners using the same screening, assessment and planning processes with families

Services to which navigators and advocates/case managers are referring are proven to work

We are all using the same data and reports to measure progress and make improvements

We have common outcomes

Common Practice Model (ISDMC)



This model serves as the foundation to our **FRN** Initiatives

BCC System Onboarding-2018

| FRN Partner | Full System Access and Functionality | Trained in Common Practice model (ISDMC) | Referral Functionality Only |
|--------------------------------|--------------------------------------|--|-----------------------------|
| EFAA | x | x | n/a |
| OUR Center | x | x | n/a |
| Sister Carmen Community Center | x | x | n/a |
| Boulder Housing Partners | In progress | | |
| HHS Housing Case Mgt | x | x | n/a |
| HHS CO Works Case Mgt | x | x | n/a |
| HHS Early Intervention Team | x | X | n/a |
| CS- Workforce Boulder County | | x | In progress |

BCC System Onboarding-2019

Phase II Roll Out -October 2018-December 2019

(Details to be determined)

- Boulder County Public Health
- Boulder County Community Services- Area Agency on Aging
- BVSD
- City of Boulder Family Resource Schools
- City of Longmont- Children and Youth Services
- Clinica
- I Have a Dream Foundation
- SVVSD

Data and Reporting

1) **Process Level Outcomes**
i.e. all participants received an
assessment or screener

2) **Service Level Outcomes**
i.e. improvement in core domains

Data and Reporting

Presentation of BCC Reports

by Angela Tomczik, HHS

LAC Formation

Orient local community to FRN

Post orientation planning (gaps and needs analysis)

Convene 8-10 stakeholders workgroup

Create area-specific work plan (roles, outcomes, and timeline)

LAC implementation



FRN Targeted Social Determinants of Health

Housing Stability

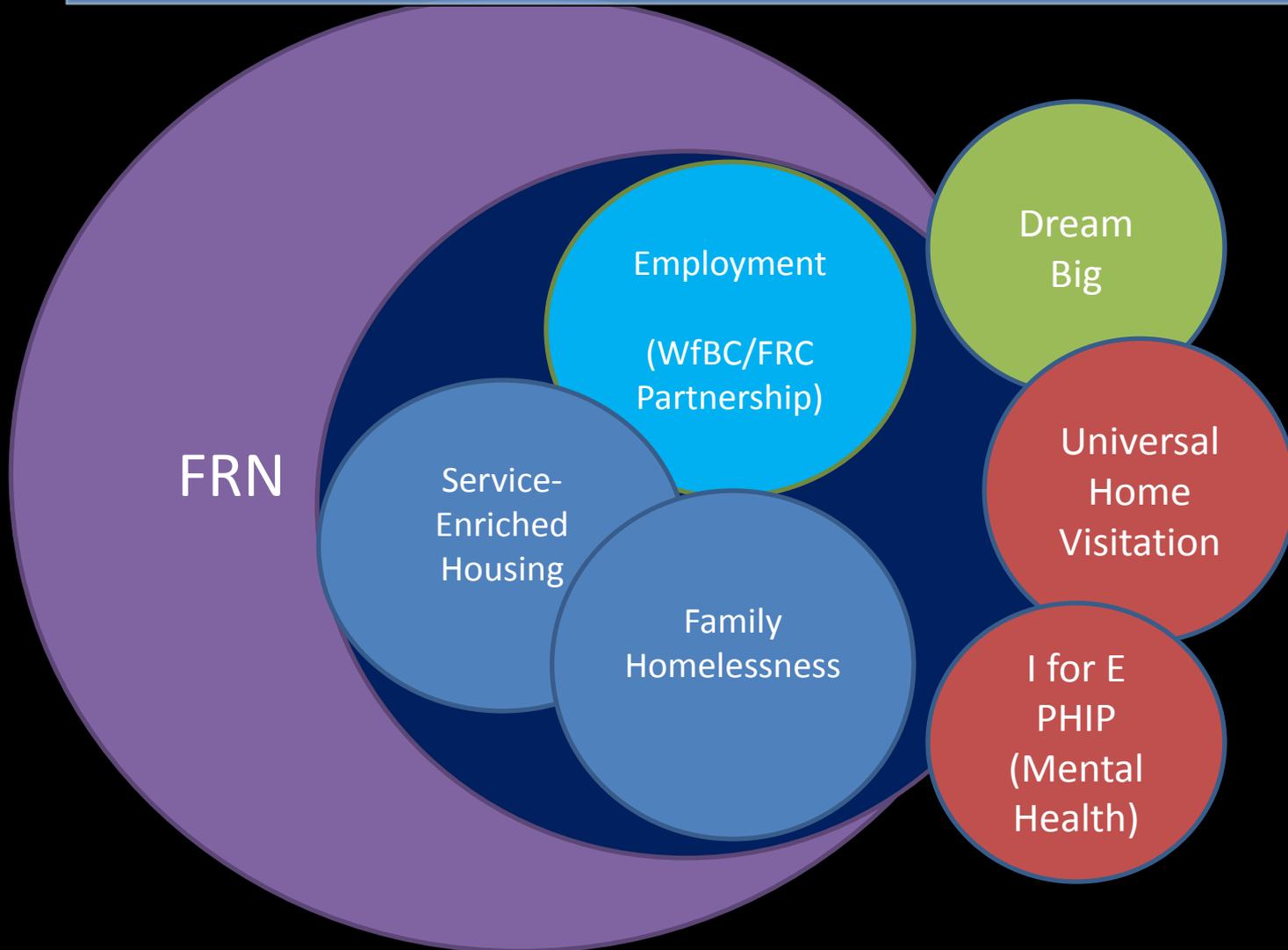
Education (Early Childhood)

Employment

Health and Wellbeing



2018 FRN Initiatives





Boulder County Family Resource Network

Primary and Adjacent Initiatives Update- July 2018



Primary Initiatives

Service Enriched Housing

Goal: Implement an integrated service delivery model grounded in common assessment, data, and linkage to best practice services for families entering onsite housing to improve family self-reliance, and social, emotional and educational outcomes of children and youth.

Scope for 2018-19: To develop and test an enriched housing program that seeks to implement a common practice grounded in ISDMC and Bringing School Home to be used in future affordable housing developments, including the Emma Street property in Lafayette.

Update: Betsey is currently meeting with BCHA staff to advise (via Bringing Schools home) on the “Moving to Work” model of housing which will allow for a more targeted approach to reaching out to families and implementation of the model.

Family Homelessness

Goal: Review findings from the Family Homelessness Summit and make recommendations for improvements to include implementation of a coordinated entry system.

Update: The Family Homelessness sub-committee has met to focus on short-term actions as well as identify a path for longer-term system design. Some early opportunities, for example, include aligning

criteria and resources and recruiting hotels for short-term vouchers for families in immediate, critical need. The sub-committee has initiated planning of how to braid existing housing panel systems as a first step. The sub-committee will work towards a work plan to coordinate the integrated system we hope to achieve.

Employment Supports

Background and Update: Workforce Boulder County has been working to reach more vulnerable populations and is partnering with the FRN as part of this effort. EFAA started a model called JUMP, which is largely for TANF eligible families and Boulder County received a grant from the state to serve TANF participants to implement essentially the same model – provide work based learning (i.e. internships) and wraparound supports to families to support successful employment. Currently, up to 40 families will be served with this funding. When a client comes to Workforce Boulder County, they are connected with an array of employment support including basic needs and support services they receive from FRCs or other service providers, to support successful employment. The national model is that people don't learn from taking a class, people learn on the job. This program provides paid internships and many people are then hired at their internship host site. Internship placements include home health care agencies, nonprofits, and county offices. In addition, Workforce Boulder County has placed a staff person a half-day a week at Sister Carmen to better understand the needs of people in East County (before this, East County residents would have to travel to Boulder or Longmont). They are working to replicate this model at the OUR Center.

Adjacent Initiatives

Dream Big

Vision: The Dream Big Vision is that by 2040 all children in Boulder County are succeeding academically and reaching their full potential. Boulder leaders in the government, education, nonprofit, community and philanthropic center are working together as part of Dream Big to tackle some of our most pressing challenges and to take advantage of some of our biggest opportunities.

Objectives: Increase academic success, strengthen family and family support networks, promote youth development, and build project sustainability.

Update: Leaders on the Dream Big Steering Committee are working to align work with the FRN and vice-versa.

Universal Home Visitation

Vision: Implement a Universal Home Visitation system that ensures ALL infants and parents in Boulder County have the opportunities for a healthy start to life by matching families with a continuum of high-quality services and supports.

Purpose: Design a universal screening and coordinated referral system to provide the opportunity for families to have a healthy start to life through a continuum of high quality services and supports.

This system will involve:

- A universal screening tool to clearly identify what supports would be most beneficial to each family.
- Partners in early childhood services to continually leverage our collective resources.
- A coordinated entry and referral system to ensure families receive the right supports at the right time.

Updates: A workgroup representing a cross section of staff from community based clinics, Public Health, Mental Health Partners and BCDHHS are convening to create a charter and work plan to execute this work.

Public Health Improvement Process (PHIP) - Mental Health

Background: Boulder County completed a [Community Health Assessment](#) in 2017. Residents, stakeholders, and partners identified increasing [mental health](#) resources as the chief priority of the Boulder County Public Health Improvement Plan (PHIP) for the next five years.

In the winter of 2017, three focus areas emerged for the PHIP: 1) Increasing access to mental health services in the community (“Access”); 2) Addressing the social and emotional needs of young children through universal home visitation (“Early Childhood”); and 3) Reducing the incidence of people who cycle through the criminal justice and emergency health care systems (“People with High Converging Needs in the System”).

Boulder County Public Health (BCPH) has adopted the following definition for “mental health”: “A state of well-being in which the individual realizes their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.”

Progress: BCPH staff has been gathering facts and data, conducting interviews, and researching best practices:

- **Interviews:** We completed more than two dozen interviews with partners in health care, human services, mental health, public health, and nonprofit or community organizations. Six additional interviews were conducted with private practitioners or mental health provider organizations in Boulder County.
- **Root Causes:** We conducted exercises to identify the root causes and drivers of poor mental health across the three identified priority areas -- Access, Early Childhood, and People with High Converging Needs in the System. These root cause analyses will sharpen our focus for the development of five-year goals that are aspirational and challenging, rather than short-term and reactive.
- **Community Outreach:** An outreach plan is under development to ensure an inclusive and community-driven process.

Update: PHIP update will be presented during the meeting. A PHIP summary document is attached.

Integrating for Equity (I for E)-

Goal: The Integration for Equity Collaborative (Collaborative) expands a proven partnership among Boulder County service providers to improve health, social-emotional, and developmental outcomes among young children and their families. The multisector Collaborative includes Boulder County Public Health (BCPH), Boulder County Department of Housing and Human Services (BCDHHS), Clinica Family Health Services (Clinica), and Mental Health Partners (MHP). The project integrates physical, behavioral, social, and public health and housing service delivery to address barriers to care that impede individuals' and families' ability to achieve health, social, emotional, basic living, and developmental goals. The Collaborative improves the capacity and quality of current programs, creates a shared care coordination and warehousing data system, and evaluates the use of the data system and program improvements across Boulder County's safety net programs of these four agencies for young children and their families.

Deliverables: The Collaborative's deliverables include:

1. *Improved experience of care* among young children and families that utilize services at the four agencies.
2. *Improved health and social-emotional outcomes* of young children and self-sufficiency outcomes of their families.
3. *Reduced cost of care* via reduction in duplicative efforts and improved, strategic investments across the safety net continuum.

Updates: There are no updates for this month.

Boulder County Maternal Child Coordinated Services System (MCCSS) Work Group Charter

*“Early experiences affect the development of **brain architecture**, which provides the foundation for all future learning, behavior, and health. Just as a weak foundation compromises the quality and strength of a house, adverse experiences early in life can impair brain architecture, with negative effects lasting into adulthood.”¹*

Vision

Implement a Universal Home Visitation system that ensures ALL infants and parents² in Boulder County have the opportunities for a healthy start to life by matching families with a continuum of high-quality services and supports.

Purpose

Design a universal screening and coordinated referral system to provide the opportunity for families to have a healthy start to life through a continuum of high quality services and supports.

This system will involve:

- A universal screening tool to clearly identify what supports would be most beneficial to each family.
- Partners in early childhood services to continually leverage our collective resources.
- A coordinated entry and referral system to ensure families receive the right supports at the right time.

Work Group Values

- **Function.** Our system design will be informed by our desire to provide timely, appropriate referrals to high-quality services with an emphasis on continuity of care.
- **Stewardship of Resources.** We will consider the efficient use of resources that ensures a high level of efficacy.
- **Cultural humility.** We will incorporate a diverse range of cultural ideas, customs, and wisdom to build a MCCSS that reflects the needs of *all* Boulder County residents.
- **Innovation.** We will consider new ideas and opportunities while honoring our historical efforts and using our past experiences to inform our work.
- **Adaptability.** We will be flexible and open-minded as we envision new systems and improved processes.
- **Solution-Focused.** Our members will frame challenges through a lens of possibility and opportunity.
- **Communication.** Our members will demonstrate clear, honest, thoughtful, and respectful communication.

¹ Center on the Developing Child (2010). *The Foundations of Lifelong Health Are Built in Early Childhood*. Retrieved from www.developingchild.harvard.edu.

² For the purposes of the MCCSS system, the term *parents* includes all birth and non-birth parents, foster and adoptive parents, kinship care providers, and legal guardians who live together with their children.

Guiding Principles

- Community need and community outcomes are the primary focus.
- Make decisions within the workgroup's purview³ based on consensus, utilizing evidence-based research and ongoing process and outcome evaluation to inform our efforts. When consensus cannot be reached, the workgroup will employ a 75% majority rule and engage in a best faith effort to explore compromises to achieve consensus with members holding alternate viewpoints. Members will revisit areas of conflict on a quarterly basis to evaluate the success of decisions where consensus was not reached.
- For decisions outside of the workgroup's purview, members will provide recommendations to the Executive Steering Committee for final decision-making.
- Prioritize the Centers for Disease Control and Prevention's (CDC) [Social Determinants of Health](#) and [Risk and Protective Factors](#) frameworks when addressing the root causes of early childhood inequities that impact health and development.
- Enlist other early childhood partners in a shared vision and leverage the experience and resources we have as a system.
- Commit to being good stewards of the resources devoted to the improvement of the home visitation continuum of supports. Where possible, seek to de-duplicate service efforts and create synergy between existing home visitation programs and other community support services.
- The best use of existing resources should be demonstrated prior to seeking new or additional investments.
- Value the experience and perspective of others and treat our peers with respect.

Membership

Workgroup membership will be comprised of a multi-disciplinary group of representatives from existing Boulder County Home Visitation Programs, Boulder County Housing and Human Services, and Boulder County maternal child health care providers.

As the work evolves, the need to recruit additional members will be determined by consensus by the existing members of the work group. Additional community organizations, Boulder County residents, government agencies, private sector businesses, and health care organizations will be invited to participate on an as-needed basis.

In the event a workgroup member cannot attend a meeting, it is the responsibility of the workgroup's Chairperson to schedule a follow-up debriefing for the member(s) to ensure progress towards the workgroup's goals.

³ The MCCSS workgroup purview includes decision-making authority for determining best practices related to public health home visitation systems, health and social service screening and referral pathways, and design of the system evaluation.

2018-2020 System Implementation Goals

Workgroup members will provide ongoing leadership, subject matter expertise, data analysis, project recommendations, and community assessment support as part of the following system-building efforts to support Boulder County children and families.

1. Research and implement a trauma-informed universal screening tool to connect caregivers, parents, and children to a spectrum of services that are designed to improve health, well-being, and prosperity through connections to timely, individualized supports in order to ensure families thrive.
2. Create and implement a comprehensive coordinated entry and referral system.
3. Research and design implementation plans to offer maternal child universal home visitation services for all Boulder County residents following the birth or adoption of an infant.
4. Design policies, procedures, marketing materials, and education/ technical assistance frameworks for the MCCSS.
5. Develop a data collection system and evaluation framework to analyze health trends, health outcomes, and inform continuous quality improvement efforts.

DRAFT



Boulder County Public Health Improvement Plan (PHIP)

Mental Health Update

May 2018

Background

Boulder County completed a [Community Health Assessment](#) in 2017. Residents, stakeholders, and partners identified increasing [mental health](#) resources as the chief priority of the Boulder County Public Health Improvement Plan (PHIP) for the next five years.

In the winter of 2017, three focus areas emerged for the PHIP: 1) Increasing access to mental health services in the community (“Access”); 2) Addressing the social and emotional needs of young children through universal home visitation (“Early Childhood”); and 3) Reducing the incidence of people who cycle through the criminal justice and emergency health care systems (“People with High Converging Needs in the System”).

Boulder County Public Health (BCPH) has adopted the following definition for “mental health”: “A state of well-being in which the individual realizes their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.”¹

Progress

BCPH staff has been gathering facts and data, conducting interviews, and researching best practices:

- **Interviews:** We completed more than two dozen interviews with partners in health care, human services, mental health, public health, and nonprofit or community organizations. Six additional interviews were conducted with private practitioners or mental health provider organizations in Boulder County.
- **Root Causes:** We conducted exercises to identify the root causes and drivers of poor mental health across the three identified priority areas -- Access, Early Childhood, and People with High Converging Needs in the System. These root cause analyses will sharpen our focus for the development of five-year goals that are aspirational and challenging, rather than short-term and reactive.
- **Community Outreach:** An outreach plan is under development to ensure an inclusive and community-driven process.

Preliminary Findings

Access

What do we know about the need? There are barriers to accessing mental health services in Boulder County communities, which include:

- A shortage of community mental health providers that address priority populations, such as monolingual Spanish-speaker, LGBTQ individuals, older adults, and others.
- A lack of psychiatrists and psychiatric beds in Boulder County.

¹ This is modeled after the definition of “mental health” from the World Health Organization, http://www.who.int/features/factfiles/mental_health/en/



Opportunity for a Healthy Life

- A lack of integration between primary care and behavioral health, resulting in barriers to accessing mental health care, stigma, and poorer mental health.
- Inadequacy of current insurance coverage of mental health care.
- A system that prioritizes acute care over prevention and promotion services.

Early Childhood

What do we know about the need? There is no coordinated and universally accessible system in Boulder County for addressing the mental health needs of and promoting the social-emotional development of young children, ages 0-5.

- There is a shortage of early childhood education professionals; they are poorly paid and poorly resourced.
- There is a shortage of mental health clinical providers specializing in early childhood mental health.
- Health care and community organizations are referring clients to home visitation programs based on familiarity and partnership history rather than a comprehensive understanding and knowledge of available programs.
- Increasing numbers of home visitation clients are experiencing mental health issues.
- Pediatric primary care settings are administering an insufficient number of social-emotional screenings for young children and maternal depression and anxiety screenings for mothers.
- There are not enough mental health providers providing treatment and services for women experiencing depression and/or anxiety during or after pregnancy.
- There is a shortage of early childhood education professionals and a shortage of mental health clinical providers specializing in mental health.

Adults with High Converging Needs in the System

What do we know about the need? Individuals with behavioral health issues who are high users of the criminal justice and emergency health care systems may lack access to adequate treatment and supportive services that address the social determinants of health.

- This population experiences lack of access to stable housing and employment or income support.
- Incarceration is used instead of treatment.
- This population has high behavioral health needs.
- There is insufficient follow-up and case management for these individuals once they leave the criminal justice system or emergency room.

Contact

Susan Motika
Megan Noel

smotika@bouldercounty.org
mnoel@bouldercounty.org

Application Detail

Applicant

Name: Janette Taylor

Physical Address: 33 Ute Way, Nederland CO , 80466

Mailing Address: 33 Ute Way, Nederland CO , 80466

Home Phone: 303-258-3586

Email: Janette.Taylor@forethought.net

Application Status: New

Application Date: 12/12/2017

Recruitment Period: 2018 Annual Recruiting

Board: Housing & Human Services Advisory Committee

Position: Member-at-Large

Employment Place: Sockwood Press

Occupation: Self-employed

Do you live in unincorporated Boulder County?

How did you hear about Boulder County Boards and Commissions? Current Board Member

If other, please specify:

Why are you interested in serving on this committee?

I am a 21 year resident of Nederland, and have been a part of the advocacy for increased human services availability to our high-elevation residents. I would like to continue that work, providing the West Boulder County perspective to this committee and to the county. The affordable housing crisis has just started cascading through the mountain areas. We need to come up with realistic solutions.

What are your qualifications related to this position?

I am in the 2017 Boulder County Leadership Fellows class, and as a result, am expanding my Nederland volunteer experience into a more county-wide perspective. I have served on six non-profit boards over the last two decades including 8 years leading Mountain Family Health Centers, re-vitalized the Backdoor Theatre Board, the Carousel of Happiness (founding member and President), and currently am highly active with the Nederland Food Pantry. I am the founder of the Human Services Task Force in Nederland as well, and served a short stint on the Board of Trustees for the town.

Please indicate and explain any potential conflicts of interest you may have in serving on this committee, including any relationships you have with HHS in Boulder County.

None at all

What are the things you feel you have to offer to this committee and what do you want to get out of this experience on this committee?

I feel that the residents of Boulder County in Nederland, Ward and the unincorporated parts of Western Boulder County have challenges that are unique but often not appreciated by those in the larger cities. I would like to learn what the county is doing to address housing and human services issues in the present and future, and see how we can all work together to serve the county as a whole.

The committee wants to ensure that we reflect a larger community that we represent. What does “diversity” mean to you?

Diversity is the acknowledgment and acceptance of the differences that humankind represents. They can be ethnic, physical, spiritual or life-experiential, such as economic. The area in which I live and work, for example, is almost all caucasian; hardly any ethnic or racial diversity at all. However, we have an extremely wide range of economic profiles in our households. As a Food Pantry volunteer, I spend a great deal of time with the folks on the bottom rungs of the economic ladder. I also know the wealthy and the families in-between. I am familiar with the challenges living up here brings, no matter what your household income.

Do you have any personal opinions about key human services issues facing the County?

Yes, but I am open-minded. I am ready to hear the challenges the county runs into when serving those in Western Boulder County. I think we have a great deal to learn both ways. However, I do consider myself an advocate for a specific population.

Janette Keene Taylor

PO Box 3198
33 Ute Way Nederland CO 80466
303-258-3586
Janette.Taylor@Forethought.net
Publishing email: Janette@Sockwood.com

Consultant, Peak to Peak Housing and Human Services Alliance, Nederland, CO
Administration, collaboration, and research for human services in the Peak to Peak region of the Colorado mountains; goal to bring more services to mountain residents.

Editor/Proofreader/Writer, Sockwood Press, Nederland, CO
Publishing Company producing retail-ready publications by local authors; high quality books. Primarily centered on the work of Jane Wodening, author, and various books and websites. Current.

Publisher, Writer, Carousel of Happiness Books, Nederland, CO
Published four books by writer/cartoonist George Blevins, and researched and wrote "Don't Delay Joy, the story of the Carousel of Happiness", currently for sale in major bookstores. Current.

Director, Carousel of Happiness, Nederland, CO General administrator of an attraction that hosts over 100,000 visitors per year. All operations including personnel, financial planning and reporting, oversee volunteers, supervise 10-15 employees, work with a non-profit board of directors, market the attraction and maintain historical records. April - August 2011.

Editor, The Mountain Ear Newspaper, Nederland CO Weekly newspaper, editorial decision-making, copy-edit entire paper, write at least one story weekly plus on-going newspaper blog on website. Circulation of 2,000 - 2,500. April 2008 - April 2009.

Copyeditor & Writer, The Mountain Ear Newspaper, Nederland, CO. April 2007 - April 2008.

Freelance Editor/Writer, Nederland, CO Features, news stories, reviews and columns for hometown newspapers, writing samples upon request. Editing clients include Colorado Strategies Institute and the Bilingual Tots Education Program. Book editing credits include: "Dark Wind" by Ron Baird, "The Flying Crossbeam" by Julian S. Taylor, "Genesis G-String" by Bill Kast, "Living Up There" by Jane Wodening, others.

Owner/Operator, Once Again Books, Nederland, CO For five years owned and managed this retail establishment, featuring primarily used books, some new books, an ice cream parlor, coffee stand

Janette Keene Taylor Resume Page Two

and seasonal bakery. Proofread and edited local authors' work for publication. Became knowledgeable regarding rare books and first editions. (Store is now Blue Owl Bookstore) April 1999 – September 2004

Non-profit positions, current:

Secretary, Board of Directors, Nederland Food Pantry, 2013 to present
President, Board of Directors, Nederland Community Center Foundation, 2016 to present.

Non-profit positions, recent history:

President, Board of Directors, The Carousel of Happiness, 4 years
Co-founder, The Nederland Area Non-Profit Alliance
President, Backdoor Theatre Board of Director (local non-profit movie theatre)
President, Board of Directors, Mountain Family Health Centers, 8 years
Organizer: The Friends of the Nederland Area Library
Founder: Nederland Human Services Task Force
Founder: Nederland Artist's Coop

Social Media:

Created and moderate Nedheads, a community Facebook page that service 2800 locals with news, events and announcements

Created and moderate the following Facebook Pages: Jane Wodening Fan Page, Sockwood Press, Carousel of Happiness Books, Voice the Constitution, Peak to Peak Human Service, Books Arts League of Lafayette

Awards:

2014 Recipient of Women Who Light the Community from the Boulder Chamber of Commerce
Community Champion "Community Service" award recipient 2012, 2009

Education:

Bachelor of Arts Degree in Speech Communication, Oklahoma City University, 1979
Graduate work in Masters Program, University of Denver, 1980-81, 20 hours completed
Currently enrolled in the Boulder Community Foundation Leadership Fellows class of 2017-18



Family Resource Network Regional Council Meeting

September 13, 2018

TABLE OF CONTENTS.....1

AGENDA2

REVIEW OF JULY REGIONAL COUNCIL MINUTES3-8

BYLAWS.....9-12

FRN WORKPLAN UPDATE13-17

FRN PRIMARY AND ADJACENT INITIATIVES UPDATES.....18-27

2GO PILOT PROGRAM RFP.....28-60

WILD PLUM 2016-2017 ANNUAL REPORT.....61-84

WILD PLUM PRESENTATION FROM JULY FRN MEETING.....85-105

BOULDER COUNTY HEAD START PRESENTATION FROM JULY FRN MEETING.....106-120

FRN PARTNERSHIP UPDATES121-123

P-TEACH FLIER124

TIMES CALL ARTICLE.....125-129

**Boulder County Family Resource Network (FRN) – Regional Council (RC)
Meeting**

**OUR Center, 220 Collyer St, Longmont, CO
September 13, 2018
3:00-5:00 p.m.**

Meeting Objectives

By the end of the meeting, members will have:

- 1) Reviewed updates to HHSAC By-laws.
- 2) More details on progress made on the Local Area Collaborative (LAC) groups and the direction of this work.
- 3) Followed up on early childhood presentation from July.
- 4) Clarity on the direction of the 2GO funding opportunity.

Decision Points for Today:

- 1) Approval of minutes from July
- 2) Approval of updates to the HHSAC By-laws

1. Welcome and introductions - **Suzanne** (3:00-3:10)
 - a. Introduction of new member- Margaret Crespo, BVSD Assistant Superintendent
 - b. FRN RC members introduce themselves
2. Review of agenda and consent items - **Suzanne** (3:10-3:15)
 - a. Approval of minutes from July
3. Membership (3:15-3:35) - **Suzanne**
 - a. Review updates to bylaws and vote
4. Discussion of FRN related work to date (3:35-3:50)
 - a. Overview and work plan update – **Melissa** (5 minutes)
 - b. LAC implementation updates and next steps - **Whitney** (10 minutes)
5. Update on 2GO funding opportunity- **Melissa** (3:50- 4:15)
6. Follow up on early childhood discussion from July- **Melissa** (4:15- 4:55)
 - a. Follow up on Head Start/Early Head Start presentation
 - i. Role of FRN in alignment and next steps
 - Questions and recommendations for the group
 - ii. Additional questions for follow up from the FRN RC
 - b. Discussion on the role of the FRN in bridging the achievement gap.
 - i. What is currently happening with this work?
 - ii. What efforts need to be taken to ensure alignment across the current work happening in this area?
7. Next Steps (4:55-5:00)- **Suzanne**
 - a. Next meeting will be November 8, 3-5pm at Sister Carmen Community Center in Lafayette
8. Adjourn



Department of Housing & Human Services

2525 13th Street, Suite 204 • Boulder, Colorado 80304 • Tel: 303.441.1000 Fax: 720.564.2283
Boulder Office • 3460 Broadway • Boulder, Colorado 80304 • Tel: 303.441.1000 Fax 303.441.1523
515 Coffman Street • Longmont, Colorado 80501 • Tel: 303.441.1000

www.bouldercountyhhs.org

BCDHHS Advisory Committee

Meeting Minutes

Thursday, July 12, 2018, 3:00-4:30pm

EFAA

Members Present: Suzanne Crawford, Julie Van Domelen, Karin Stayton, Kurt Firnhaber, Betsey Martens, Danielle Butler, Lori Canova, and Frank Alexander

by phone: Edwina Salazar

Guests: Amy Ogilve (Wild Plum), Olivia Coyne (Boulder County Head Start) Janette Taylor (Peak to Peak Human Services Alliance), and Bobbie Watson (Wild Plum)

Staff Present: Jim C. Williams, Melissa Frank-Williams, Monica Serrato, Angela Lanci-Macris, Mackenzie Sehlke, Whitney Wilcox, Angela Tomczick, Shawn Schwenke, Susan Caskey, and Susan Motika

1. Welcome and Introductions

Suzanne Crawford called the meeting to order and asked for everyone to introduce themselves.

Kurt Firnhaber will fill the membership seat vacated by Karen Rahn who retired from the City of Boulder. Kurt is the Interim Director of Housing and Human Services at the City of Boulder.

Suzanne invited Janette Taylor, prospective member to fill the vacant Peak to Peak Housing and Human Services Alliance seat, to introduce herself. Janette currently serves as the Administrative Director for the Peak to Peak Housing and Human Services Alliance (formerly known as the Peak to Peak Housing and Human Services Task Force). The Peak to Peak Housing and Human Services Task Force was launched six years ago at the request of the Nederland Mayor to bring human services to Western Boulder County in order to better connect mountain residents, who were not travelling down to the Boulder area or had access to technology to learn more about human services. A number of organizations were invited to attend meetings, which were used to learn more about services and provide updates from different nonprofits and benefits groups.

Julie Van Domelen shared that the Peak to Peak Housing and Human Services Alliance will serve as the Local Area Collaborative (LAC) for the Mountain Region for the Family Resource Network (FRN). The group recently completed a Housing and Human Services Strategic Plan for the mountain communities that will be submitted for approval in August. Julie suggested reviewing the strategic plan at a future FRN Regional Council meeting.

Janette invited members to attend a Peak to Peak meeting. Meetings begin at 9 am the third Wednesday of every month at the Nederland Community Center.

Peak to Peak Housing and Human Services Alliance members include BCDHHS, Boulder County Public Health, Boulder County Community Services, EFAA, Nederland Food Pantry, Nederland Interagency Council on Homeless Encampments (NICHE), Peak to Peak Counseling, Teens, Inc., and The Old Gallery.

2. Review of Agenda and Consent Items

Suzanne reviewed the agenda and asked for approval of May minutes. Julie moved to approve, and Karin Stayton seconded the motion.

3. Review of Family Resource Network (FRN) work to date

A. ISDMC and Boulder County Connect (BCC) roll out to partners

Melissa Frank-Williams reviewed the FRN work plan and the components of ISDMC. The Family Resource Centers in Boulder County (OUR Center, Sister Carmen, and EFAA) have been involved in the design and implementation of the practice model (ISDMC), and in the months ahead, additional providers will be trained in the practice model and have full system or referral functionality in BCC. Melissa shared the timeline and status for onboarding the remaining FRN Regional Council Members, which is anticipated to be between October 2018 and December 2019.

Melissa said that an additional component of the work will include defining and evaluating common outcomes, including process level outcomes (example: workers will ensure that all eligible participants receive an initial CFSA) and service level outcomes (participant improvements in core domains in the CFSA such as food, transportation, housing, etc.).

Melissa introduced Angela Tomczik from BCDHHS's Analytics and Reporting team. Angela shared reports she's been developing around service level outcomes using the CFSA in BCC. Angela provided an overview of the CFSA domains and the scoring matrix. She explained that using the baseline and exit CFSA scores we can understand how participants – at both the client level and in aggregate – are doing over time across all the CFSA domains. Angela pulled real data from about 350 participants across a variety of programs. The reports featured individual domains that showed the number of clients who had an improvement in score, a decrease in score, or no change in score. There was some discussion about domains where there was and was not movement, but Angela cautioned members that she still needs to validate the data and that the data is only being used to demonstrate how it can be analyzed and reported and the functionality in the reporting software.

Susan Caskey suggested sharing with members again the Transformational Collaborative Outcomes Management (TCOM) grid, which is a framework that outlines how to use assessments to measure individual client, program, and system level data. Melissa shared that the practice model includes training and coaching for resource specialists and supervisors on how to use the reports and better understand what's happening with participants and their programs.

B. LAC Implementation Updates

Whitney Wilcox provided an update on the development and implementation of the Local Area Collaboratives. She shared that the Peak to Peak Housing and Human

Services Alliance and the Mountain Human Services Collaborative have been invited to serve the Mountain Region as part of the Family Resource Network. She also reported that these groups have been meeting for a number of years and, therefore, not following the same timeline for implementation as the Boulder, East County, and Longmont LACs.

The East County, Longmont, and Boulder LACs have all convened workgroups, participated in brainstorming sessions to identify and prioritize community needs, and are currently developing work plans. Whitney said that a range of issues were identified through the brainstorm process (for example, in Longmont, the workgroup identified the new opportunities available through Longmont's HomeSteady program to help support eviction prevention to challenges to ensure safe housing for DV survivors). All issues were then prioritized by the workgroups and are being developed into a work plan that will guide the activities of the LACs for the next 12-18 months. Any issues in the work plans being addressed through other existing efforts will be identified and the workgroup will develop a liaising role to support those existing efforts (to avoid duplication).

Because of time constraints, Whitney limited updates to the Longmont and East County LAC workgroups. She also shared the workgroup membership for these two LACs.

The Longmont workgroup includes representation from City of Longmont's Children, Youth and Family Division, Longmont Housing Authority, Safe Shelter, Inn Between, Workforce, Salud, Community Food Share, SVVSD, Wild Plum, and HHS's Family and Children's Service Division.

East County's workgroup includes representation from both the Cities of Lafayette and Louisville, Clinica, Workforce, ECCBC, BVSD, MHP, and HHS's Housing Case Management programs.

Updates on the Boulder and Mountain LACs will be provided at the next Regional Council meeting.

C. Service Enriched Housing

Betsey Martens provided an update on the Service Enriched Housing workgroup, which includes I Have A Dream, EFAA, BCDHHS, BHP, and Bringing School Home. The group is focused on implementing an integrated service model of care focused on housing. The group's scope for the next year is to test a service enriched model. They are currently working on seven objectives that include mapping the current housing environment, mapping the desired housing environment, and defining what service enriched housing will look like across the County.

4. Updates on Adjacent Work

Susan Motika provided an update on mental health work and the Public Health Improvement Plan (PHIP). Susan acknowledged Frank, Robin, Susan Caskey, and Bobbie for their work in shaping the plan to date. Susan said Public Health is required to develop a public health improvement plan every five years. She said this year they conducted a community health assessment with a lot of community engagement and really focused exclusively on mental health. She said they are looking at three areas, including access, early childhood and universal home visitation, and clients in the criminal justice system that cycle in and out of the criminal justice system and emergency rooms. She said they are doing a root cause analysis to better understand why something is happening in each of these three areas. Key findings include tremendous fragmentation in the system, a lack of integration between behavioral health and primary care, and payment systems don't support mental health access. She said there are also questions about what can be done and how to deepen the work to impact children and youth. Melissa referred members to pages 27 and 28 in their packet for more information on PHIP.

5. Head Start Presentation

Amy Ogilvie, Wild Plum's Executive Director, and Olivia Coyne, Boulder County Head Start Director, shared information about Early Head Start and Head Start. Wild Plum serves low income families and their children pre-natal thru five years old. They serve over 200 children in their preschool program, infant/toddler center-based program, and home visiting program. Wild Plum provides a range of comprehensive services for children and their families, including education, meals, health services, and developmental screenings for children and case management, classes, and parent education for caregivers. Amy also shared aggregated outcomes for 3-5 year olds, which is measured three times per year and includes progress on social emotional development, language development, and literacy development, among other domains. Across all domains, there was significant improvement in meeting or exceeding outcomes. Amy also shared outcomes for 1-2 year olds.

Wild Plum has case managers that work with families to identify progress on 21 domains. These domains include health care access, safety, employment, food, and money management.

Olivia shared information about Boulder County Head Start. She said that the biggest difference between the two programs is that Wild Plum serves Longmont (SVVSD) and Boulder County Head Start serves Boulder, Lafayette, and Louisville (BVSD). She said that they also only serve children ages 3-5. Because of time constraints, Olivia condensed her presentation. She shared outcomes for children they serve. Like Wild Plum, Head Start also saw significant positive gains between the beginning and end of the school year. Olivia also shared their family outcomes, which are tracked differently from Wild Plum's. She shared the number of referrals to different service providers. They do many nutrition referrals to WIC and lots of food assistance referrals. Olivia said she would share the PowerPoint electronically.

Melissa said the family outcomes information, and the assessments being used, from both Wild Plum and Boulder County Head Start would be valuable to review at the Local Area Collaboratives.

Frank asked if the family assessments being used are mandated or if they could use the common assessment being used by other service providers in the County. Olivia said that Boulder County Head Start had used the SSM, it didn't work well in their program after many attempts, and they aligned their tool to Head Start's Parent and Community Engagement Framework, but could find crossover with the common tool.

Bobbie asked Amy to talk about any differences in outcomes between English and Spanish speaking populations. She reported that they were success in bridging the achievement gap as they saw positive outcomes of Spanish speakers who were at the same level of achievement as English speakers. Olivia said they see the same thing at Head Start and attributes it to the training of their bilingual educators.

6. Membership

A. New Member Vote

Suzanne asked Janette to leave the room while members considered her membership.

Suzanne asked for members to vote on Janette's application by saying "aye" in favor of and "no" against. Janette's application for membership was approved unanimously.

B. Domestic Violence services representation

Melissa said that domestic violence services representation is missing from the group's composition. She spoke with Anne Tapp about membership and she is very interested. She asked members if Anne should be invited to attend the next meeting as a prospective member.

Susan asked if there is also interest in having Safe Shelter join given data Whitney shared as part of the LAC update. Melissa said because of limited seats, we had been waiting to learn how many seats would be available given some questions about Mountain membership. Those questions were resolved and there is one more open seat that could be filled by Safe Shelter and Jackie List could also be invited as a prospective member to the next meeting. Melissa said she hadn't yet reached out to Jackie.

Julie Van Domelen said that food is also missing and members may want to consider adding Community Food Share, Suzanne agreed.

There was some discussion about the next meeting. Frank requested having additional time at the September meeting to discuss the updates and presentations from this meeting, their impact on the FRN, and ensure all the dots are connected. Frank suggested that the key points from today's presentations be summarized and some guiding questions developed for Regional Council members to consider and then share with the LACs. He's concerned

about losing the thread. Suzanne asked if we should allocate time for the next meeting to discuss membership further or if we should delay inviting new members, Julie asked if we should allot time on future agendas to have discussion about FRN implications based on presentations/updates shared with members. Frank said it would be good at the next meeting to discuss the early childhood presentations, follow-up on where the LAC work plans are at, and discuss how the presentations/updates fits in with the service enriched housing workgroup. Suzanne agreed with Frank and asked for clarification about how to proceed with inviting any prospective members to the next meeting. Angela Lanci-Macris said that it seemed like the group may want to wait until after the next meeting to invite new members.

7. Next Steps

Monica said the next meeting will be at the OUR Center and she will send out a reminder.

8. Adjourn

The meeting was adjourned.

BYLAWS
BOULDER COUNTY DEPARTMENT OF HOUSING AND HUMAN SERVICES
ADVISORY COMMITTEE

ARTICLE I – NAME

Section 1. Boulder County Housing and Human Services Advisory Committee (Advisory Committee).

ARTICLE II. – PURPOSE

Section 1. Serve as the Regional Council of the Family Resource Network (FRN).

Section 2. Strive to actualize the vision and mission of the FRN and to ensure that the vision and mission are aligned with the needs of the Boulder County community.

Section 3. Enable community leaders, Boulder County Department of Housing and Human Services (Department) staff, residents and clients to make recommendations on improving the effectiveness of the service delivery of the FRN and the Department.

Section 4. Serve as advisors to the Department.

ARTICLE III. – MEMBERSHIP

Section 1. Selection - Membership of the Advisory Committee shall be composed of up to 20 members. The members shall be the executive directors of each partnering agency or a manager or director assigned by the respective executive director organizations as more particularly set forth in the FRN Governance Charter (See attachment A). Changes to membership can be made by a majority vote during a scheduled Board meeting. Upon resignation, vacancies shall be filled in accordance with the membership procedure.

Section 2. Responsibilities of Advisory Committee members – The responsibilities of the Advisory Committee include but are not limited to:

A. Attend a minimum of 75% of scheduled meetings annually. If a member fails to attend 75% of scheduled meetings the member may be removed from the Advisory Committee, the Chair or Vice-Chair may consult with the Advisory Committee and the member to determine appropriate next steps.

B. Provide oversight of the FRN. The responsibilities of the Regional Council include but are not limited to:

a. Abide by the FRN Governance Charter.

b. Actively participate in policy and program development of the FRN. Participation may include: evaluating the effectiveness of programs through shared data

- reports; sharing current and emerging best practices; and identifying emerging needs/gaps in population service delivery.
 - c. Become more knowledgeable about other resources in the County and share appropriate information with the committee and the staff of the Department.
 - d. Become familiar with County, State & Federal Human Services programs and policies.
 - e. Become familiar with existing legislation at the County, State, and Federal levels and to contact legislators regarding pending and needed legislation.
- B. Provide advice and guidance to Department staff in order to better support the performance of their community responsibilities and to support alignment of their activities with community need and provide clear and effective access to the vital support services within the Department. Advisory Committee members are in an important liaison role with the community and are positioned well to enhance and strengthen two-way communication between the Department and various constituencies, as well as other activities which would provide for citizen participation in assisting the Director and/or Board of Human Services (Board of County Commissioners) in determining program and budgetary priorities.

ARTICLE IV – OFFICERS

- Section 1. The officers of the Committee shall be Chair and Vice-Chair. The Department’s Director and a subcommittee appointed by the Advisory Committee will nominate persons to fill the positions of the Chairperson and Vice-Chairperson. Nominations will be submitted for approval to both the Advisory Committee and the Board of Commissioners will be notified.
- Section 2. The Director of Boulder County Housing and Human Services shall be an ex-officio member of the Advisory Committee and shall provide a backup administrator in his/her absence.
- Section 3. The Department shall provide a secretary to the Advisory Committee.

ARTICLE V – OFFICERS AND COMMITTEES

Section 1. **Officers**

The officers of the Advisory Committee shall be the Chair and the Vice-Chair. Additional officers may be elected or appointed by the Advisory Committee. An individual may not hold more than one office at a time.

(A) Nomination Procedure, Time of Elections

A current member of the Advisory Committee may nominate any member of the Advisory Committee in good standing for Chair or Vice Chair. Nominations shall occur when there is unanticipated turnover, or as soon thereafter as practical.

(B) Election, Term of Office

Elections shall occur by majority vote of the Advisory Committee during the December Advisory Committee meeting, or as soon thereafter as practical. Terms of office shall begin at the close of the meeting at which officers are elected, and are two years in length. Officers may be re-elected to serve an unlimited number of additional terms.

(C) Powers and Duties

1) Chair. It shall be the Chair's responsibility to:

- a. Preside at each of the meetings of the Advisory Committee;
- b. Keep Advisory Committee members informed of matters pertinent to their responsibility;
- c. Approve the agenda for all meetings;
- d. Represent the Advisory Committee and be spokesperson for the Advisory Committee at governmental, community, or other meetings, or designate another Advisory Committee member in the Chair's absence; and
- e. Sign letters and other official documents on behalf of the Advisory Committee.

2) Vice Chair. It shall be the Vice Chair's responsibility to:

- a. Carry out all duties of the Chair in the Chair's absence; and
- b. Serve on subcommittees by appointment of the Chair.

(D) Removal of Officers

Any officer elected or appointed by the Advisory Committee may be removed by an Advisory Committee vote of not less than fifty percent of the members present at a scheduled Advisory Committee meeting.

The Advisory Committee shall act as a committee of the whole with the following exception:

- A. The Chair may appoint Ad Hoc subcommittees as needed whose function and duration are subject to the approval of the Advisory Committee as a whole.

ARTICLE VI – MEETINGS

Section 1. Regular meetings: There shall be **at minimum** bi-monthly meetings during the year. Members are expected to attend a minimum of 75% of these.

Section 2. Special meetings of the Advisory Committee may be called, with appropriate notification, at any time by the Chair or any two other members of the Advisory Committee.

Section 3. Quorum: A quorum to conduct business at any meeting shall consist of a majority of the members present at any meeting of the Advisory Committee. All decisions will be made

by majority vote; defined as 51 percent of the membership of the Advisory Committee present.

ARTICLE VII – AMENDMENTS

Section 1. These Bylaws may be amended at any regular meeting of the Committee by a 2/3 vote of those present and voting. A copy of the proposed amendments must have been circulated to each Advisory Committee member prior to the meeting. Both the Advisory Committee and the Boulder County Board of County Commissioners Business Meeting must approve amendments.

ARTICLE VIII – PARLIMENTARY LAW

Section 1. The rules contained in the current edition of Robert’s Rules of Order shall govern the Committee.

ARTICLE IX – RELATIONSHIP BETWEEN COMMITTEE AND DEPARTMENT

Section 1. Both the Department and Advisory Committee shall foster a constructive relationship which abides by group agreements and encourages open communication, trust, and mutual respect.

Boulder County

Family Resource Network



September, 2018

FRN Work Plan Update



The FRN Road Map

Serves as the foundation to all of our FRN initiatives

Our destination

Current Action: Onboarding FRN partners to BCC and practices for service referrals.

Current Action: Developing services matrix to be accessed through BCC.

Current Action: Identifying and refining service and process outcomes.

Current Action: Developing participant, program and community level reports to be accessed through BCC.

BCC System Onboarding-2018

| FRN Partner | Full System Access Including Referral Functionality | Trained in Common Practice model (ISDMC) | Referral Functionality Only |
|--------------------------------|---|--|-----------------------------|
| EFAA | x | x | n/a |
| OUR Center | x | x | n/a |
| Sister Carmen Community Center | x | x | n/a |
| Boulder Housing Partners | In progress | | |
| HHS Housing Case Mgt | x | x | n/a |
| HHS CO Works Case Mgt | x | x | n/a |
| HHS Early Intervention Team | x | X | n/a |
| CS- Workforce Boulder County | | x | In progress |

BCC System Onboarding-2019

Phase II Roll Out -October 2018-December 2019

(Details to be determined)

- Boulder County Public Health
- Boulder County Community Services- Area Agency on Aging
- BVSD
- City of Boulder Family Resource Schools
- City of Longmont- Children and Youth Services
- Clinica
- I Have a Dream Foundation
- SVVSD

LAC Formation

Orient local community to FRN

Post orientation planning (gaps and needs analysis)

Convene 8-10 stakeholders workgroup

Create area-specific work plan (roles, outcomes, and timeline)

LAC implementation





Boulder County Family Resource Network

Primary and Adjacent Initiatives Update

September 2018



Primary Initiatives

Service Enriched Housing

Goal: Implement an integrated service delivery model grounded in common assessment, data, and linkage to best practice services for families entering onsite housing to improve family self-reliance, and social, emotional and educational outcomes of children and youth.

Scope for 2018-19: To develop and test an enriched housing program that seeks to implement a common practice grounded in ISDMC and Bringing School Home to be used in future affordable housing developments, including the Emma Street property in Lafayette.

Update: See attached work plan

Family Homelessness

Goal: Review findings from the Family Homelessness Summit and make recommendations for improvements to include implementation of a coordinated entry system.

Update: The hotel voucher working group met on September 6th to work towards streamlining eligibility criteria and to begin combining efforts to begin recruiting hotels to add to our very small existing pool. The hope is that we can utilize hotel vouchers in such a way as to mitigate the need for an emergency family shelter. However, most hotels in this area are unaffordable, have no capacity, or are no longer willing to work with the CBO's due to negative experiences with hotelled participants. The working group will continue to meet to address these issues.

Employment Supports

Background: Boulder County current's economy of low unemployment rates but steady poverty levels generates the need to create strategies to develop a skilled workforce that can meet the demands of our fast-growing industries (Information & Technology, Healthcare, Manufacturing.)

One of the strategies that Workforce Boulder County has deployed has been to increase access of employment services to more vulnerable populations and connect them with skill assessment and development, job opportunities, training, and work-based learning in partnership with the FRN. For example, EFAA received a grant and in partnership with Workforce Boulder County started a model called JUMP (Job Update for Motivated Parents) which links low income parents to job skills. Through this model, Workforce Boulder County provided career services to 19 participants and connected 6 of them with Work Based Learning opportunities during program year 2017 (July 1 2017- June 30 2018.) With the OUR Center, Workforce Boulder County has partnered to host on-site job fairs. Last program year approximately 150 job seekers attended the job fairs organized by Workforce Boulder County in partnership with the OUR Center. Another example, Workforce Boulder County has been providing onsite Employment Services on Fridays every week at Sister Carmen to better understand the employment needs of people in East County (before this, East County residents would have to travel to Boulder or Longmont). Workforce Boulder County has also continued to provide onsite workshops at Sister Carmen on a quarterly basis.

For the program year 2018 (July 1 2018-June 30 2018) Workforce Boulder County will continue working in partnership with the FRN to serve vulnerable populations in the County through Bilingual Career Services and Financial Education Workshops.

Update:

STEP (TANF participants)

PY17 (Jan. 1, 2018-June 30, 2018)

- Referrals from HHS: **25** (Goal was 8)
- Number of participants enrolled: **11** (Goal was 8)
- Participants in WBL: **8** (Goal was 8)
- Participants referred to childcare: **2**
- Number of Employers supporting participants: **7**

**Due to clients currently still enrolled in the program we are unable to pull data on participant exit outcomes at this time.

For the JUMP program, we are just beginning the new program year so will have data to present next time. We will be holding another job fair this fall at the OUR Center. The pilot program at Sister Carmen has continued to serve a small number of participants so we will be evaluating that along with Sister Carmen staff.

Adjacent Initiatives

Dream Big

Vision: The Dream Big Vision is that by 2040 all children in Boulder County are succeeding academically and reaching their full potential. Boulder leaders in the government, education, nonprofit, community and philanthropic center are working together as part of Dream Big to tackle some of our most pressing challenges and to take advantage of some of our biggest opportunities.

Objectives: Increase academic success, strengthen family and family support networks, promote youth development, and build project sustainability.

Update: Dream Big is planning their 3rd annual Latino Parent Summit to be held on October 20th. When flyers are ready for distribution they will be sent out.

Universal Home Visitation

Vision: Implement a Universal Home Visitation system that ensures ALL infants and parents in Boulder County have the opportunities for a healthy start to life by matching families with a continuum of high-quality services and supports.

Purpose: Design a universal screening and coordinated referral system to provide the opportunity for families to have a healthy start to life through a continuum of high quality services and supports.

This system will involve:

- A universal screening tool to clearly identify what supports would be most beneficial to each family.
- Partners in early childhood services to continually leverage our collective resources.
- A coordinated entry and referral system to ensure families receive the right supports at the right time.

Updates: A workgroup representing a cross section of staff from community based clinics, Public Health, Mental Health Partners and BCDHHS are convening to create a charter and work plan to execute this work.

Public Health Improvement Process (PHIP) - Mental Health

Background: Boulder County completed a [Community Health Assessment](#) in 2017. Residents, stakeholders, and partners identified increasing [mental health](#) resources as the chief priority of the Boulder County Public Health Improvement Plan (PHIP) for the next five years.

In the winter of 2017, three focus areas emerged for the PHIP: 1) Increasing access to mental health services in the community (“Access”); 2) Addressing the social and emotional needs of young children through universal home visitation (“Early Childhood”); and 3) Reducing the incidence of people who cycle through the criminal justice and emergency health care systems (“People with High Converging Needs in the System”).

Boulder County Public Health (BCPH) has adopted the following definition for “mental health”: “A state of well-being in which the individual realizes their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.”

Updates:

- The new Community Mental Health (PHIP) plan will have two goals: one that focuses on complex policy work addressing mental health access and another that focuses on supporting a coordinated entry approach in our schools -- emphasizing primary prevention, intervention and treatment.
- The Community Mental Health (PHIP) plan will support payment reform in mental health through policy work. Primary leadership on payment reform will come from the public health and human services directors from the metro area.
- Supporting a coordinated entry approach in the schools will mean considerable coordination and negotiation with existing programs and the school systems so that there is added value. The sum of our collaboration should result in better mental health outcomes for youth.
 - Such an approach provides opportunities for parent and community engagement and student leadership.
- The governance structure of the new Community Mental Health Initiative (PHIP) is still being determined as we evaluate existing governance models. We want to ensure that we are appropriately integrating our partners’ contributions to ensure that we are not duplicating or creating work or processes that are neither efficient nor strategic.
- We meet with both school districts to gather feedback on how we can best support their efforts. Based on that feedback, we will develop a work group that can help refine key outcomes/strategies/steps in partnership with schools and school partners.
- We will assure that we have clear and frequent ways to communicate what’s happening with the PHIP’s larger group as this workgroup progresses.
- Once we are clear on the specific strategies, we’ll implement and formalize a structure to support the work for the upcoming years.

Integrating for Equity (I for E)-

Goal: The Integration for Equity Collaborative (Collaborative) expands a proven partnership among Boulder County service providers to improve health, social-emotional, and developmental outcomes among young children and their families. The multisector Collaborative includes Boulder County Public Health (BCPH), Boulder County Department of Housing and Human Services (BCDHHS), Clinica Family Health Services (Clinica), and Mental Health Partners (MHP). The project integrates physical, behavioral, social, and public health and housing service delivery to address barriers to care that impede individuals' and families' ability to achieve health, social, emotional, basic living, and developmental goals. The Collaborative improves the capacity and quality of current programs, creates a shared care coordination and warehousing data system, and evaluates the use of the data system and program improvements across Boulder County's safety net programs of these four agencies for young children and their families.

Deliverables: The Collaborative's deliverables include:

1. *Improved experience of care* among young children and families that utilize services at the four agencies.
2. *Improved health and social-emotional outcomes* of young children and self-sufficiency outcomes of their families.
3. *Reduced cost of care* via reduction in duplicative efforts and improved, strategic investments across the safety net continuum.

Updates: There are no updates for this month.

Proposed Plan of Work Outline – 2018/19

The Boulder County Service Enriched Housing Model

Project Goal: Implement an integrated service delivery model grounded in common assessment, data, and linkage to best practice services for families entering onsite housing to improve family self-reliance, and social, emotional and educational outcomes of children and youth.

Scope for 2018-19: Improve, implement and test through a cohort the Boulder County Service Enriched Housing Model (whereas “model” refers common assessment, navigation/case management and service matrix) at EFAA and BHP to include enhanced child education supports (i.e. Dream Big Model/Bringing School home) and the ISDMC practice model to create a robust two-generation approach. Scale this model to other Emma Place (BCHA Lafayette property) in 2019.

2018-19 Stakeholders- BHP, (Karin Stayton), EFAA (Julie and Michael), IHAD (Lori, Garrett), HHS (MFW, ALM, SB, WW), Bringing School Home (Betsey), Dream Big (Katie Borden), BVSD rep (TBD)

STAGE: EXPLORATION AND DEVELOPMENT

Objective 1: Ensure project goal, scope and stakeholders are accurate and agreed upon by identified stakeholders.

| Task | Work product | Who will do it | Target completion date | Status |
|--|---|----------------|------------------------|----------|
| Review goal, scope and stakeholder list as a group and make necessary refinements. | Final statement of goal, scope and stakeholders | MFW to draft | 4/1/18 | COMPLETE |
| Agree on high level objectives for outline | Final Outline | MFW to draft | 4/15/18 | COMPLETE |
| Adopt and approve project work plan | Work plan | MFW to draft | 4/15/18 | COMPLETE |

Objective 2: Conduct quantitative and qualitative data analysis of stakeholder agencies to determine areas of needs, strengths and opportunities in creation of the “to be state”.

| Task | Work product | Who will do it | Target completion date | Status |
|------|--------------|----------------|------------------------|--------|
|------|--------------|----------------|------------------------|--------|

| | | | | |
|--|---|--|--|---------------|
| Create data map of BHP-HHS clients by cross referencing BHP addresses with HHS programs | Summary in Excel of HHS program/service enrollment by BHP address | MFW | 4/15/18 | In progress |
| Review HSP data from last 2 years and identify common CFSA domains of need | Report on HSP data | SB and WW | 4/15/18 | In progress |
| Identify predictive analytics used to determine appropriate service matching | Summary of analytics | TBD | TBD | Not started |
| Objective 3: Identify current workflow for BHP/EFAA/IHAD/BSH partnership and the services provided | | | | |
| Task | Work product | Who will do it | Target completion date | Status |
| Map out current work flow at BHP and EFAA's housing sites. | Map of flow | MFW/ALM | 4/15/18 | In progress |
| Develop a repository (this is the service matrix) of current programs at sites and pair with degree of acuity and levels of navigation/case management | Matrix of services plotted along level of intensity (navigation, case mgt, high acuity) | MFW will create tools for group members to use - done Members will fill out tools. MFW will compile results | 4/15/18 4/25/18 By May mtg | |
| Review current outcomes and progress in the existing program. | Compile current outcome | TBD | TBD | |

| | | | | |
|--|------------------------------------|-----------------------------------|-----|-----|
| BHP to detail out Moving to Work approach – identify what policy changes were made to overcome regulative obstacles, lessons learned at BHP and how successes were achieved | Tbd | Tbd | Tbd | Tbd |
| Objective 4: Identify the current workflow and practices as they pertain to the core components of the ISDMC practice model | | | | |
| Create form for EFAA, IHAD and BHP to fill out which identifies the core components of the ISDMC practice model and allows them to fill in current practice where applicable | Document of current flow | MFW will create form for partners | Tbd | Tbd |
| Create final document of as is state incorporating all of the information gathered from objective | Summary document of “as is” state. | MFW, Monica | Tbd | Tbd |
| TBD for the rest of these.... | | | | |
| Objective 5: Create the desired “to be” state for the practice and services. | | | | |
| Outline the workflow according to the ISDMC practice model components. | | | | |
| Identify primary services, particularly as they relate to child education and supports and any other proposed enhancements based on Dream Big/BSH | | | | |

| | | | | |
|--|--|--|--|--|
| <p>model and experiences at HHS housing sites i.e. Casa Esperanza. Include EFAA's housing sites and BHP's.</p> <ul style="list-style-type: none"> a. Determine what services are to be on site for children and families. b. Determine what services will be off site and delivered at FRCs and other providers. c. Clarify what we mean by "package of services" | | | | |
| <p>Conduct feasibility analysis and cost models where needed.</p> | | | | |
| <p>Objective 6: Define practice and data system needs of each stakeholder.</p> | | | | |
| <p>Objective 7: Identify training and coaching needs of each stakeholder</p> | | | | |
| <p>Objective 8: Identify process and systems outcomes to be achieved</p> | | | | |
| <p>IMPLEMENTATION</p> | | | | |
| <p>Objective 9: Train stakeholders to the system and practice</p> | | | | |
| <p>Objective 10: Launch practice in Boulder</p> | | | | |

| |
|--|
| Objective 11: Test the practice- 6 months and track progress- reconvene team throughout to check in |
| Objective 12: Identify areas of process, program and policy changes needed |
| Objective 13: Revise Practice |
| STAGE 3: SCALE |
| Repeat 10-14 above in Lafayette |
| Review and revise list of stakeholders that need to be at the table (i.e. schools, BCHA reps, etc.) |



REQUEST FOR PROPOSAL

2019000039

2GO Pilot Program

TABLE OF CONTENTS

| | |
|---------------------|--|
| SECTION I: | Issue and Timeline |
| SECTION II: | Administrative Information |
| SECTION III: | Background, Overview and Goals. |
| SECTION IV: | Statement of Work /Requirements |
| SECTION V: | Response Format |
| SECTION VI: | Evaluation and Award |

EXHIBITS:

- A. State Contract**
- B. Signature Page (RETURN)**

SECTION I

ISSUE AND TIMELINE INFORMATION

A. ISSUING OFFICE:

This Request for Proposal (RFP) 2019000039 is issued for the State of Colorado (State) by the Department of Human Services (CDHS or Department), for the benefit of the Department through CDHS Division of Procurement.

B. INVITATION TO SUBMIT PROPOSALS:

The State of Colorado is posting this RFP on the Colorado Vender Self Service page (Colorado VSS) so that firms that have an interest may submit a proposal in accordance with the terms of this RFP.

C. MEANS OF COMMUNICATION:

In the event that it becomes necessary to revise any part of this RFP, a modification will be published on the Colorado VSS web site at www.colorado.gov/vss. It is incumbent upon Offerors to carefully and regularly monitor Colorado VSS for any such postings.

CDHS Division of Procurement is the SOLE point of contact concerning this RFP. **All communication for this procurement must be done through CDHS Division of Procurement point of contact indicated in this RFP and Colorado VSS.**

D. PURPOSE:

This RFP provides prospective firms with sufficient information to enable them to prepare and submit proposals for consideration to satisfy the need for expert assistance in the completion of the goals of this RFP.

E. SCOPE:

This RFP contains the instructions governing the proposal to be submitted and the material to be included therein; mandatory requirements which must be met to be eligible for consideration; and other requirements to be met by each proposal.

F. SCHEDULE OF ACTIVITIES:

| | | Time (MST) | Date |
|---|---|------------------------------|-----------------------------|
| 1 | RFP PUBLISHED ON COLORADO VSS WEB PAGE (www.colorado.gov/VSS) | | 8/29/18 |
| 2 | PROSPECTIVE FIRMS WRITTEN INQUIRY DEADLINE (NO WRITTEN QUESTIONS WILL BE ACCEPTED AFTER THIS DATE) See Administrative Information Section II-B for inquiry details. Email Inquiries: xxxxxxx.xxxxxx@state.co.us | Close of Business | 9/11/18 |
| 3 | PROPOSAL WEBINAR | 10- 11:30am | 9/11/18 |
| 4 | PROPOSAL SUBMISSION DEADLINE See Administrative Information Section II-D for submission. | 5:00 p.m. | 09/28/18 |
| 5 | PROPOSAL SELECTION (ESTIMATED/WEEK OF) | | 10/24/18 |
| 6 | CONTRACT FINALIZED (ESTIMATED/WEEK OF) | | 11/1/18 |
| 7 | CONTRACT PERIOD: ESTIMATED 11/1/18 – 6/30/19 plus 4 one-year options to renew (option of the State) | | 11/1/18- 6/30/19 |

G. BUDGET:

Proposals exceeding **\$100,000** for the initial term of the contract may not be considered.

H. TERM OF CONTRACT:

The anticipated initial term of the resulting contract is November 1, 2018 through June 30, 2019. The resulting contract may be renewed for four additional one-year periods at the sole discretion of the State, contingent upon funds being appropriated, budgeted, and otherwise made available, and other contractual requirements, if applicable, being satisfied.

Section II

ADMINISTRATIVE INFORMATION

- A. OFFICIAL MEANS OF COMMUNICATION: During the solicitation process for this RFP, all official communication with Offerors will be via notices on Colorado VSS. Notices may include any modifications to administrative or performance requirement, answers to inquiries received, clarifications to requirements, and the announcement of the apparent winning Offeror. ***It is incumbent upon Offerors to carefully and regularly monitor VSS for any such notices.***
- B. INQUIRIES: Unless otherwise noted, prospective offerors may make written or e-mail inquiries concerning this RFP to obtain clarification of requirements. No inquiries will be accepted after the date and time indicated in the Schedule of Activities.

E-mail all inquiries to: roman.hernandez@state.co.us Clearly identify your inquiries as RFP IHAA 2019000039 2Go Pilot Program

Responses to offerors' inquiries will be published as a modification on the State of Colorado -VSS web page in a timely manner.

- C. MODIFICATION OR WITHDRAWAL OF PROPOSALS: Proposals may be modified or withdrawn by the offeror prior to the established due date and time.
- D. PROPOSAL SUBMISSION: Your proposal package should include the following:
- **one hard copy original** (marked "original") of each of the technical and cost proposal
 - **eight unprotected USB drives**, using Microsoft office 2007-2010 products, with the technical and cost portions each in separate folders.

Proposals must be received on or before the date and time indicated in the Schedule of Activities. **Late proposals will not be accepted.** It is the responsibility of the offeror to ensure that the proposal is received by the Division of Procurement on or before the proposal opening date and time. Offerors mailing their proposals shall allow sufficient mail delivery time to ensure receipt of their proposals by the time specified. When sending your proposal by USPS or courier (UPS, Federal Express), provide a tracking number via email to the purchasing agent listed in this RFP.

The proposal package shall be delivered or sent by mail to:

Colorado Department of Human Services
Attn: Roman Hernandez

North/Central Procurement Office
1575 Sherman Street, 6th Floor
Denver, CO 80203

The State of Colorado Request for Proposal Signature Page **MUST** be signed in (preferably blue) ink by the offeror or an officer of the offeror legally authorized to bind the offeror to the proposal.

Proposals which are determined to be at a variance with this requirement may not be accepted.

Proposals must be submitted and sealed in a package showing the following information.

OFFEROR'S NAME

RFP # IHAA 2019000039, 2Go Pilot Program

PROPOSAL DUE: September 28, 2018 5:00 PM MST

- E. **PROPOSAL NARRATIVE LENGTH AND PAGE FORMATTING:** The Division of Procurement desires and encourages that proposals be submitted on recycled paper, printed on both sides. While the appearance of proposals and professional presentation is important, the use of non-recyclable or non-recycled glossy paper is discouraged.

Applicants should adhere to the following length and page formatting instructions.

Total proposal Length: **Maximum of fifteen (15) pages** excluding letters of support and collaboration

| | |
|----------|-----------------------------------|
| Font: | Times New Roman twelve (12) point |
| Spacing: | Double or single |
| Margins: | One (1) inch margins on all sides |
| Paper: | 8 ½ X 11 |
| Header: | Applicant Name |
| Footer: | Page number |

All acronyms in the proposal must be defined.

- F. **ADDENDUM OR SUPPLEMENT TO REQUEST FOR PROPOSAL:** In the event that it becomes necessary to revise any part of this RFP, an addendum/amendment will be published on the Colorado-VSS web site. It is incumbent upon offerors to carefully and regularly monitor VSS for any such postings. It is the offeror's responsibility to make known to the Division of Procurement its interest in any addendum/amendment if it has received the

RFP in a direct mailing from the Division of Procurement and no addendum has been received by mail.

- G. **ORAL PRESENTATIONS/SITE VISITS:** At the conclusion of evaluation and discussion of the written proposals, the State may (at the evaluation committee's sole discretion) request an oral presentation of the most favorable proposals. *Offeror should not, however, prepare the written proposal with the assumption that an opportunity for oral presentations or revisions will be offered; rather, the most favorable proposal should be submitted as their initial written submittal.*

Should the evaluation committee decide not to award solely based on initial proposals, then those proposals in the competitive range (those most responsive to the requirements and reasonably susceptible of being selected for award) will have an opportunity to make an oral presentation. The oral presentation may include a discussion for the purpose of clarification and to ensure full understanding of and responsiveness to solicitation requirements. The same criteria for evaluation will be employed and each committee member will be provided the opportunity to modify their original evaluation. Following all oral presentations, the committee will again discuss their individual evaluations.

If the evaluation committee requires such presentations, the State will schedule these sessions for the purpose of:

- Allowing the Offeror an opportunity to present its proposal to the evaluation committee;
- Allowing the Offeror an opportunity to demonstrate its background and capabilities in providing the requested services;
- Allowing the State an opportunity to obtain further clarification of proposal aspects and attempt to resolve any uncertainties;
- Resolving suspected mistakes by calling such perceived errors to Offeror's attention without disclosing information concerning other Offerors' proposals; and
- Allowing the State an opportunity to ask specific questions of the Offeror regarding its proposal offer.

Any presentations and/or site visits will be at the offeror's expense.

- H. **ACCEPTANCE OF RFP TERMS:** A proposal submitted in response to this RFP shall constitute a binding offer. Acknowledgment of this condition shall be indicated by the autographic signature of the offeror or an officer of the offeror legally authorized to execute contractual obligations. It is assumed by the offeror's response that it acknowledges all terms and conditions of this invitation for an offer. An offeror shall identify clearly and thoroughly any variations between its proposal and the State's RFP. Failure to do so shall be deemed a waiver of any rights to subsequently modify the terms of performance, except as outlined or specified in the RFP.

- I. **PROTESTED SOLICITATIONS AND AWARDS:** Any actual or prospective offeror or contractor who is aggrieved in connection with the solicitation or award of a contract may protest to Chris Frenz, Interim Procurement Director, Division of Procurement, Department of Human Services, 1575 Sherman Street, Denver, CO 80203. The protest shall be submitted in writing within ten working days after such aggrieved person knows, or should have known, of the facts giving rise thereto. Reference C.R.S. Title 24, Article 109.
- J. **CONFIDENTIAL/PROPRIETARY INFORMATION:** Any restrictions of the use or inspection of material contained within the proposal shall be requested prior to the submission of the proposal itself. Written requests for confidentiality shall be submitted, by the offeror prior to the proposal submission date. The offeror must state specifically what elements of the proposal that would be considered confidential/proprietary. The Division of Procurement will make a written determination as to the apparent validity of any written request for confidentiality, the written determination will be sent to the offeror.

Requests that are granted shall use the following format:

- Confidential/proprietary information must be readily identified marked and separated/packaged from the rest of the proposal.
- Co-mingling of confidential/proprietary and other information is NOT acceptable. Neither a proposal, in its entirety, nor proposal price information will be considered confidential and proprietary.
- Any information that will be included in any resulting contract cannot be considered confidential.

After award, the offers shall be open to public inspection subject to any continued prohibition on the disclosure of confidential data, C.R.S. Title 24, Article 72, Part 2 as amended.

- K. **RFP RESPONSE MATERIAL OWNERSHIP:** All material submitted regarding this RFP becomes the property of the State of Colorado. Proposals may be reviewed by any person after the "Notice of Intent to Make an Award" letter has been issued, subject to the terms of C.R.S. Title 24, Article 72, Part 2 as amended.
- L. **PROPOSAL PRICES:** Estimated proposal prices are not acceptable. Best and final offers may be considered in determining the apparent successful offeror. Proposals shall be firm for a period of not less than One hundred eighty (180) calendar days from the date of award.
- M. **EVALUATION:** The evaluation will identify the proposals that most effectively meet the requirements of this RFP. The work will be offered to the Offerors

whose proposals, conforming to the RFP, will be most advantageous to the State of Colorado, price and other factors considered.

The State of Colorado will conduct a comprehensive, fair and impartial evaluation of each proposal received. First, all proposals will be submitted to the Division of Procurement for acceptance. The Division of Procurement will be responsible for ensuring that:

- The Offeror's proposal complied with the due date and time.
- The Offeror's "Colorado Request for Proposal Signature Page" meets content and other requirements.
- The Offeror included the appropriate number of proposal copies.

Evaluation Process:

The Department plans an intensive, thorough, complete and fair evaluation process. Proposals will be evaluated on both the proposed service and the cost of the service. The evaluation will be performed, and an award recommendation made to the Division of Procurement by the Evaluation Committee. Evaluation Committee Members will be selected who do not have a conflict of interest in this procurement.

The Evaluation Committee will be responsible for the evaluation process that will include the following steps:

- Review proposals for any conditions that may disqualify the Offeror and to ensure that required terms and conditions have been met.
- Review proposal content contact references and assign a preliminary score to each factor for each proposal.
- Determine whether, as part of the deliberations, any Offerors will be invited to participate in discussions with the Committee. (Offerors would be those who, based on preliminary scores, are reasonably susceptible of being selected for the award.) However, proposals may be reviewed, and determinations made without discussion. Therefore, it is important that proposals be complete, and Offerors should recognize that opportunity for further explanation may not exist.
- Oral presentations, if required, for invited offerors to demonstrate their proposed service.
- Adjust points or ratings as necessary.
- Best and final offers may take place at the State's option.
- Make final selection recommendation to the Division of Procurement.

N. PROPOSAL SELECTION: Upon review and approval of the evaluation committee's recommendation for award, the Division of Procurement will issue a "Notice of Intent to Award" on Colorado-VSS. A notice will be sent to all offeror's indicating the notice of intent has been posted. A contract will be completed and signed by all parties concerned on or before the date indicated in the Schedule of Activities. If this date is not met, through no fault of the State, the State, at its sole discretion, may elect to cancel the "Notice of Intent to Award" notice and make the award to the next most advantageous offeror.

- O. AWARD OF CONTRACT: The award will be made to offeror(s) whose proposal, conforming to the RFP, will be the most advantageous to the State of Colorado, price and other factors considered.
- P. PROPOSAL CONTENT ACCEPTANCE: The contents of the proposal (including persons specified to implement the project) of the successful offeror will become contractual obligations if acquisition action ensues. Failure of the successful offeror to accept these obligations in a contract, purchase document, delivery order or similar acquisition instrument may result in cancellation of the award and such offeror may be removed from future solicitations.
- Q. STANDARD CONTRACT: After award and before Contract execution the successful Offeror must be registered to do business in the State of Colorado. This registration is maintained through the Colorado Secretary of State Office. (<http://www.sos.state.co.us/>) If Offeror is a foreign corporation (formed under a statute or common law in a jurisdiction other than Colorado) or other foreign entity transacting business in the State of Colorado, shall warrant that it currently has obtained and shall maintain any applicable certificate of authority to transact business in the State of Colorado and has designated a registered agent in Colorado to accept service of process.

Except as modified herein, the standard State Contract Terms and Conditions and the Sample Model Contract (attached separately on VSS as Exhibit A) included in this RFP shall govern this procurement and are hereby incorporated by reference. Please note this Model Contract lists the State's required legal provisions but does not include the specific scope of work and requirements for this RFP. This SOW and other specifics will be attached to the awarded offeror's contract as an exhibit.

The Offeror is expected to review the attached Model Contract and note exceptions. Offerors agreeing to abide by the requirements of the RFP are also agreeing to abide by the terms of the Model Contract. Unless the Offeror notes exceptions in its proposal, the conditions of the Model Contract will govern. It may be possible to negotiate some of the wording in the final contract; however, there are many provisions, (such as those contained in the Special Provisions pages) which cannot be changed. Offerors are cautioned that the State believes modifications to the standard provisions, terms and conditions, and Special Provisions constitute increased risk to the State and increased costs. Therefore, the scope of requested exceptions is considered in the evaluation of proposals.

- R. RFP CANCELLATION: The State reserves the right to cancel this Request for Proposal at any time, without penalty.
- S. STATE OWNERSHIP OF CONTRACT PRODUCTS/SERVICES: Proposals upon established opening time become the property of the State of Colorado. All products/services produced in response to the contract resulting from this RFP

will be the sole property of the State of Colorado, unless otherwise noted in the RFP. **The contents of the successful offeror's proposal will become contractual obligations.**

The State of Colorado has the right to retain the original proposal and other RFP response materials for our files. As such, the State of Colorado may retain or dispose of all copies as is lawfully deemed appropriate. Proposal materials may be reviewed by any person after the "Notice of Intent to Make an Award" letter(s) has/have been issued, subject to the terms of Section 24-72-201 et seq., C.R.S., as amended, Public (open) Records. The State of Colorado has the right to use any or all information/material presented in reply to the RFP, subject to limitations outlined in the clause, Proprietary/Confidential Information. Offeror expressly agrees that the State may use the materials for all lawful State purposes, including the right to reproduce copies of the material submitted for purposes of evaluation, and to make the information available to the public in accordance with the provisions of the Public Records Act.

- T. **INCURRING COSTS:** The State of Colorado is not liable for any cost incurred by offerors prior to issuance of a legally executed contract or procurement document. No property interest, of any nature shall occur until a contract is awarded and signed by all concerned parties.
- U. **PROPOSAL REJECTION:** The State of Colorado reserves the right to reject any or all proposals and to waive informalities and minor irregularities in proposals received and to accept any portion of a proposal or all items proposed if deemed in the best interest of the State of Colorado.
- V. **VENDOR IDENTIFICATION:** The tax identification number provided must be that of the offeror responding to the RFP. The offeror must be a legal entity with the legal right to contract.
- W. **NEWS RELEASES:** News releases pertaining to this RFP shall NOT be made prior to execution of the contract without prior written approval by the State.
- X. **CERTIFICATION OF INDEPENDENT PRICE DETERMINATION:**
 - 1. By submission of this proposal each offeror certifies, and in the case of a joint proposal each party, thereto certifies as to its own organization, that in connection with this procurement
 - (a) The prices in this proposal have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other offeror or with any competitor;
 - (b) Unless otherwise required by law, the prices which have been quoted in this proposal have not been knowingly disclosed by the offeror and will not knowingly be disclosed by the offeror prior to opening, directly or indirectly

- to any other offeror or to any competitor; and
- (c) No attempt has been made or will be made by the offeror to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.

Each person signing the Request for Proposal Signature Page of this proposal certifies that:

- (a) She/he is the person in the offeror's organization responsible within that organization for the decision as to the prices being offered herein and that she/he has not participated, and will not participate, in any action contrary to (1)(a) through (1)(c) above; or she/he is not the person in the offeror's organization responsible within that organization for the decision as to the prices being offered herein but that she/he has been authorized in writing to act as agent for the persons responsible for such decision in certifying that such persons have not participated, and will not participate, in any action contrary to (1)(a) through (1)(c) above, and as their agent does hereby so certify; and she/he has not participated, and will not participate, in any action contrary to (1)(a) through (1)(c) above.

3. A proposal will not be considered for award where (1)(a), (1)(c), or (2) above has been deleted or modified. Where (1)(b) above has been deleted or modified, the proposal will not be considered for award unless the offeror furnishes with the proposal a signed statement which sets forth in detail the circumstances of the disclosure and the head of the agency, or her/his designee, determines that such disclosure was not made for the purpose of restricting competition.

Y. **CONFLICTS OF INTEREST:** The holding of public office or employment is a public trust. A public officer or employee whose conduct departs from his fiduciary duty is liable to the people of the State. Rules of conduct for public officers and state employees:

1. Proof beyond a reasonable doubt of commission of any act enumerated in this section is proof that the actor has breached his fiduciary duty.

2. A public officer or a state employee shall not:

- (a) Engage in a substantial financial transaction for her/his private business purposes with a person whom she/he inspects, regulates, or supervises in the course of his official duties;

- (b) Assist any person for a fee or other compensation in obtaining any contract, claim, license, or other economic benefit from her/his agency;

- (c) Assist any person for a contingent fee in obtaining any contract, claim, license, or other economic benefit from any state agency; or

(d) Perform an official act directly and substantially affecting its economic benefit a business or other undertaking in which she/he either has a substantial financial interest or is engaged as counsel, consultant, representative, or agent.

(e) Serve on the Board of any entity without disclosure to the entity, the Secretary of State, and his/her employer.

3. A head of a principal department or a member of a quasi-judicial or rule-making agency may perform an official act notwithstanding paragraph (d) of subsection (2) of this section if her/his participation is necessary to the administration of a statute and if she/he complies with the voluntary disclosure procedures under C.R.S. 24-18-110.
4. Paragraph (c) of subsection (2) of this section does not apply to a member of a board, commission, council, or committee if she/he complies with the voluntary disclosure procedures under C.R.S. 24-18-110 and if she/he is not a full-time state employee. Reference C.R.S. 24-18-108, as amended.

Z. TAXES: The State of Colorado, as purchaser, is exempt from all federal excise taxes under Chapter 32 of the Internal Revenue Code (Registration No. 84-730123K) and from all state and local government use taxes C.R.S. 39-26-114(a). Our Colorado State and Local Sales Tax Exemption Number is 98-02565. Seller is hereby notified that when materials are purchased in certain political sub-divisions (for example - City of Denver), the seller may be required to pay sales tax even though the ultimate product or service is provided to the State of Colorado. This sales tax will not be reimbursed by the State.

AA. PUBLIC CONTRACTS FOR SERVICES. CRS 8-17.5-101 (EXCLUDED; SECURITIES, INVESTMENT ADVISORY SERVICES OR FUND MANAGEMENT, SPONSORED PROJECTS, INTERGOVERNMENTAL AGREEMENTS, OR INFORMATION TECHNOLOGY SERVICES OR PRODUCTS AND SERVICES).

Effective May 13, 2008, contractors who enter into or renew a public contract for services with Colorado state agencies or political subdivisions must participate in either the Federal ***E-Verify program***, or the Colorado Department of Labor and Employment Program. For more information see:

E-Verify Program: <http://www.dhs.gov/e-verify> or,

Colorado Department of Labor and Employment Program and notice forms: Division of Labor: <http://www.colorado.gov/cs/Satellite/CDLE-LaborLaws/CDLE/1248095356380>

AB. CRS 24-102-206 Contract Performance for Services Outside US or CO - Now

requires Contractors to give written notice in accordance with the following State Contract terms and conditions:

**If any services are performed outside the United States or Colorado:
*[Not applicable if Contract Funds include any federal funds]***

Prior to contracting or as a requirement for the solicitation of any contract from the state for services, as appropriate, any prospective vendor shall disclose in a written statement of work whether it anticipates subcontracting any services under the contract, where such subcontracted services will be performed under the contract, including any subcontracts, and whether any subcontracted services under the contract or any subcontracts are anticipated to be performed outside the United States or the state. If the prospective vendor anticipates services under the contract or any subcontracts will be performed outside the United States or the state, the vendor shall provide in its written statement of work a provision setting forth why it is necessary or advantageous to go outside the United States or the state to perform the contract or any subcontracts.

Following the Contract Effective Date, Contractor shall provide written notice to the State, within 20 days of the earlier to occur of Contractor's decision to perform, or its execution of an agreement with a Subcontractor to perform, Services outside the State of Colorado and/or the United States. Such notice shall specify the type of Services to be performed outside the State of Colorado and/or the United States and the reason why it is necessary or advantageous to perform such Services at such location or locations. All notices received by the State shall be posted on the Colorado Department of Personnel & Administration's website. Knowing failure by Contractor to provide notice to the State shall constitute a material breach of this Contract.

Noncompliance

Contractor's failure to provide reports and notify the State in a timely manner may result in the delay of payment of funds and/or termination as provided under this Contract.

Subcontracts

Copies of any and all subcontracts entered into by Contractor to perform its obligations hereunder shall be submitted to the State or its principal representative upon request by the State. Any and all subcontracts entered into by Contractor related to its performance hereunder shall comply with all applicable federal and state laws and shall provide that such subcontracts be governed by the laws of the State of Colorado.

SECTION III

BACKGROUND, OVERVIEW AND GOALS

The 2GO Pilot Program is designed to support innovative ways of ensuring Colorado families achieve educational and economic success. The 2GO Pilot will provide up to ten communities across the state a share of funds to plan and implement two-generation (2Gen) approaches to policy or programs that ensure both children and their caregivers experience positive outcomes. Communities may request up to \$100,000 for the work which is expected to start on November 1, 2018 and must be completed by June 30, 2019.

The 2GO Pilot grants must be used to build community readiness and collaboration to better serve families and ensure outcomes for the whole family. Following an initial planning stage, awardees will receive funding to pilot their ideas for proof of concept and effectiveness. CDHS anticipates that up to four years of additional funding may be available for successful projects.

[Colorado Department of Human Services](#) (CDHS) has a mission to design and deliver high-quality human and health services that improve the safety, independence, and well-being of the people of Colorado. CDHS connects people to assistance, resources and supports for living independently in Colorado through intensive work with local departments of health and human services. CDHS works to ensure that the people of Colorado are safe, healthy, and prepared to achieve their greatest aspirations. CDHS' values include their commitment to:

- Make decisions with, and act in the best interests of, the people they serve, because Colorado's success depends on their well-being.
- Share information, seek input, and explain their actions because they value accountability and transparency.
- Manage their resources efficiently because they value responsible stewardship.
- Promote a positive work environment to support and develop employees, because their performance is essential to Colorado's success.
- Meaningfully engage their partners and the people they serve because we must work together to achieve the best outcomes.
- Commit to continuous learning because Coloradans deserve effective solutions today and forward-looking innovation for tomorrow.

CDHS has undertaken an intensive and intentional effort to provide services with a [2Gen approach](#). Many approaches to serving families address the needs of children and their caregivers separately, leaving either the child or caregiver behind, and reducing the likelihood of success for all members of the family. 2Gen approaches serve children and their caregivers together, harnessing the family's full potential to put the entire family on a path to permanent economic success.

This approach (modeled after the work by Ascend at The Aspen Institute) recognizes that families include children and adults and that outcomes across generations in the family are required to break the cycle of intergenerational poverty. A 2Gen approach supports families to have the best possible parents, tracks outcomes for the adults and the children in the family, and recognizes that assets are both financial and social. Assets include the ability to earn income, have healthy children who are able to learn, and increased social capital.

The **five core components to 2Gen are:** early childhood education, post-secondary and employment pathways, economic supports, health and well-being, and social capital to improve outcomes. Foundational principles that must be included are: strengthening the workforce; fostering data integration; driving policy integration; honoring family voice and family participation; monitoring program implementation and continuous quality improvement; and a commitment to racial and gender equity.

The 2GO grants will be awarded to up to ten local community/regional collaborations seeking to address systemic challenges that impede families' abilities to reach their full potential. The mandatory criteria include:

- All proposals **must** include or be led by senior leadership from the local county departments of Social Services. If the department is not the lead applicant, a letter(s) of support and participation must be included.
- To broaden the reach to families and systemic changes available for families, rural communities that collaborate with neighboring rural communities proposing a more **regional approach** will be prioritized over singular rural community proposals.
- Awarded projects will **be provided a coach** who will work with the sites to support and identify areas for further technical assistance or peer learning.
- A **20% local match** is required, which may be accounted for with in-kind support.
- Inclusion of the **five core components to 2Gen:** early childhood education, post-secondary and employment pathways, economic supports, health and well-being, and social capital to improve outcomes. Foundational principles that must be included are: strengthening the workforce; fostering data integration; driving policy integration; honoring family voice and family participation; monitoring program implementation and continuous quality improvement; and a commitment to racial and gender equity.
- **Service strategies must:** strengthen families protective factors; utilize a 2Gen approach, include evaluation and outcomes, and have evidence of the proposed outcomes.

The RFP includes two stages of work:

1. The **Systems Building Stage** from November 1, 2018 – February 28, 2019 will focus on building community readiness and collaboration, this includes thinking carefully and critically about how to better serve families in Colorado ensuring that there are outcomes for the entire family. This stage will include the writing of a final business strategy or implementation plan for stage two. Upon successful completion of this stage, CDHS will proceed with the release of funding for the Implementation Stage.
2. The **Implementation Stage** from March 1, 2019 – June 30, 2019 will be focused on implementation of policy changes and new systems which were identified in the first stage, and piloting the ideas to demonstrate the feasibility of the concept and effectiveness. The Implementation Stage must include specific system changes, rigorous data analysis of services provided and outcomes, and memorandums of agreement or joint operating agreements to coordinate efforts in the community.

In order to support creativity and innovation, CDHS has brought together multiple funding streams to support the work and encourage new innovations across programmatic areas. The following sources and the approach to services are provided to assist communities with designing 2Gen approaches. Recognizing that families do not always align with system funding, CDHS will work with the local community to provide the appropriate blending of grant funding based on the information from this application including the profile of families being served, and level of evidence of effectiveness of desired approaches. Proposals which state which populations are being served and specifically target eligible services have a greater likelihood of being eligible for full funding.

- **Temporary Assistance for Needy Families (TANF):** The available funds are from the State Office of Economic Security and must be used to target families who meet the TANF eligibility requirements for Colorado. To be TANF eligible, families must have a household income of under \$75,000. Priority will be given to services for families who are under 200% of federal poverty levels and meet the TANF goals:
 - provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives;
 - end the dependence of needy parent on government benefits by promoting job preparation, work and marriage
 - prevent and reduce the incidence of out of wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and
 - encourage the formation and maintenance of two parent families.

- **Promoting Safe and Stable Families (PSSF)**: The primary goals of the Promoting Safe and Stable Families program are to prevent the unnecessary separation of children from their families, improve the quality of care and services to children and their families, and ensure permanency for children by reuniting them with their parents, by adoption or by another permanent living arrangement. States are to spend most of the funding for direct services that address: family support, family preservation, time-limited family reunification and adoption promotion and support.

The available funds are State dollars targeted at administration, training and planning and must focus on work to provide effective family support, family preservation, family reunification or adoption support services. For those communities already receiving PSSF funding, utilize program data from the Office of Early Childhood Salesforce data system to backup your proposal.

- **Community-Based Child Abuse Prevention Funding**: The purposes of the CBCAP program are: (1) to support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect and to support the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect; and (2) to foster understanding, appreciation, and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.

The available funds are to further local child maltreatment prevention planning efforts based on the Colorado Child Maltreatment Prevention Framework for Action. Communities which have already created local child maltreatment prevention plans are encouraged to apply to implement individualized services with a two-generation approach such as: evidence-based home visitation, parent education, mobility, mentoring and personal literacy, respite and crisis care, family development and goal setting, and screening for substance abuse, intimate partner violence, and depression. Funds may also be used for two-generation strategies to support organizational and practice change; cross-system collaboration and community capacity building; and policy reform. Communities that want to create a new local child maltreatment plan using a 2Gen approach may also apply.

- **Office of Behavioral Health, Federal Opioid Grant**: The Office of Behavioral Health's Mental Health Block Grant funds, from SAMHSA's Center of Mental Health Services (CMHS), provide core mental health services to adults and older adults with serious mental illness (SMI) and children and adolescents with serious emotional disturbances (SED).

The Office of Behavioral Health's State Opioid Response Grant addresses gaps in prevention, treatment and recovery services for opiate use disorders (OUD)

through expansion of medication-assisted treatment (MAT); crisis and emergency services; professional trainings; naloxone distribution; transitional housing support for high utilizers; media campaigns; and coordination with the criminal justice system. Funds are dedicated for the planning and delivery of these services.

The available funds are federal dollars for the prevention and treatment of opioid use. While funds can be used for local planning, there is expectation that interventions are evidenced-based.

- **Office of Behavioral Health, Federal Mental Health Funds:**The available funds are from federal mental health block grant for individuals with Serious Mental Illness or Serious Emotional Disturbances. Funds must go towards efforts for people who meet a specific definition of a mental health disorder that are significantly elevated.

Due to this innovative approach to funding, CDHS anticipates that up to four years of additional funding may be available for successful projects.

SECTION IV

REQUIREMENTS / STATEMENT OF WORK

The 2GO Pilot Program is designed to support innovative ways of ensuring Colorado families achieve educational and economic success. The goal is to help families exit the intergenerational cycle of poverty by providing them with the support that the children

and the adults in their lives need to build assets. Outcomes for families can be improved when the community comes together to identify and close gaps to services. Early childhood education, post-secondary and employment pathways, economic supports, health and well-being, and social capital, when brought together, form the essential components of the 2Gen approach and help families create pathways out of intergenerational poverty. Communities should add additional approaches and supports but must include all five core components. **Funds are designed to help build community readiness and collaboration to better serve families and ensure outcomes for the whole family.**

System-Building Components Include:

- a. Integration and coordination of the five **core 2Gen components**. Identify how you will strengthen working relationships between these supports and overcome barriers families experience in trying to obtain supports (multiple case managers, multiple intake forms and processes, waiting lists, hours of services, lack of availability, inability to work and keep required appointments, etc).
- b. A **collective impact or other collaborative approach is required** and will include as many of these community partners as possible: County Department of Social Services/Human Services (required), Workforce Centers (required), Behavior Health Centers (required), Early Childhood Councils (required), Department of Public Health, Head Start, Higher Education (including GED and technical certificates), Family Resource Centers, Community Health Centers, evidence-based home visitation, the Incredible Years, Nurturing Parents, Colorado Community Response members, providers of adoption and respite care supports, experts in family decision making, and intensive case management, first responders and medical professionals with expertise in medication-assisted treatment for opioid addiction, experts in treatment and services for youth with serious emotional disturbances, nonprofits focused on parent support and education, faith-based and nonprofit providers, business sector, and local philanthropy. Letters of support and collaboration with the names, titles, and responsibilities of the person(s) responsible for participating in the work and their commitment are required. It is understood that additional partners may be identified and added as the work progresses.
- c. How the **community will come together** to further identify and tackle the complex systemic challenges that impede families' abilities to reach their full potential and create specific action steps to overcome these barriers.
- d. When working to overcome the challenges, the proposed solutions must be **grounded in best practice and research** in child development, school

success, adult literacy, mental health, workforce development, and be parent-informed and guided. The more rigorous evidence in the work, the greater the access to potential funding streams.

- e. Build on **existing collaborative efforts** and data such as Promoting Safe and Stable Families (PSSF), local child maltreatment prevention plans, or Colorado Reading Collaboratives.
- f. Addressing and understanding the **racial and gender disparities** in the community is a core component of the work and must be included in the design and implementation process.
- g. **Family voice** and the lived experience of community members who are seeking supports should be included in the design and implementation process.
- h. Recent barriers from CDHS statewide tour to consider include:
 - How to address **transportation** needs for parents to get to work and education facilities and ensure their children are at ECE;
 - Closing the **child care gap** for parents who are wanting to work;
 - Ensuring improved **access to behavioral health services** including crisis response, maternal depression, and ongoing access to treatment; and
 - Ensuring that County Departments of Social Services, Behavioral Health, and Workforce and community providers and funding are all aligned to provide **maximum efficiency and flexibility for families.**

For each system reform which the community is considering, carefully look for outcomes and deliverables by asking questions such as:

- How can our community build readiness and collaborate better to serve families and ensure outcomes?
- Are the families in our community being “cut up” and served by funding stream and topic, rather than by need? How might we solve this challenge and make it easier for families to work and to parent while receiving support?
- How can our community bring support systems together to help the entire family thrive? Can we do this in a way that supports the development of assets including social capital?
- Are families aware of and fully accessing the current services? If not, how can we involve them in solving this challenge? What are the additional supports that families desire and need to access, and how can we improve access with their involvement?

- Are there racial or gender disparities in services which we need to address? How will we include equity in all of our thinking?
- How will our community know that we are supporting solutions to intergenerational poverty through these changes?

During the Systems Building Stage, the community is encouraged to consider pilot innovations which have clear evaluation methods and deliverables. This is the opportunity for communities to pilot innovations and test their ideas for proof of concept and effectiveness. To help with thinking and planning, and for the purpose of illustration, potential innovations are:

- Design and create 2Gen hubs linked together by a formal governance structure with shared accountability, a regional learning community, common intake forms, and the collection of common data.
- Address barriers for grandparents and other kinship providers raising grandchildren, and design a system to support these families based on data from sources such as PSSF, Family Development.
- Examine and implement a pilot universal intake process that streamlines intake and supports coordination of services for the entire family and evaluates outcomes.
- Support the development of interagency relationships that view the whole family as the client, achieving family outcomes with existing services and implement these changes throughout the community.
- Create an integrated policy for providing accessible, affordable, high-quality child care that meets the needs of low-income families work schedules, including evening and weekend care and implement the proposed changes tracking outcomes for children and for family earnings.
- Design a program that provides families with community-based education, parent employment plans, adult education opportunities, financial stability workshops and family coaching. In implementation, start providing the services at affordable housing complexes, local schools, community centers and through in-home visits.
- Create or enhance approaches to serving specific populations such as pregnant and parenting teens or parents in substance abuse treatment and their children, including medication-assisted treatment and include evaluation of outcomes for the child(ren) and parent(s).
- Dramatically improve community collaboration and case management services for TANF eligible families, which incorporate 2Gen efforts, are individualized with goal setting, and supports the entire family resulting in

improved earnings and employment for the parent(s), and improved education and health outcomes for the child(ren).

- Design, implement and evaluate new family focused treatment services and supports for families with opioid addiction or serious mental illnesses which are impeding work and stability.
- Bring together adult education, behavioral health, child care, housing, job training, transportation, public health, and other related supportive services to provide true “one-stop” shopping for the entire family and track outcomes for these families.

For maximum leveraging of funding, deliverables must specify the population to be served and desired quantifiable outcomes.

Projects must submit an interim report and **Strategic or Business Plan for the Implementation Stage** by March 15, 2019 to CDHS. Work plans are expected to be succinct summaries of the next steps including a revised, detailed budget for the remaining funds. The work plans are the opportunity to pilot new ideas for proof of concept and effectiveness.

Joint Operating Agreements or Memorandums of Cooperation/Understanding should be included with the business plan as proof of coordinated services. These written plans should be no more than 15 pages and include a request to release the second phase of funding based on achievement of stated goals and objectives in the Systems Building Stage. These written work plans must include specific tasks, timelines, and be tied to outcomes for families. It is assumed that the line items in the budget may change through the course of the community planning but must still align with the funding goals under which the award was made.

Budgets should include **the cost for key community members to attend a one day convening** on the front range.

Any savings in the System Building Stage may be approved by CDHS for use in the Implementation Stage. Any overspending in stage one **will not be** considered. All expenditures should be made before June 30, 2019.

Respond to the requirements in the same sequence as outlined in this section, and restate the requirement followed by your response. Proposals that do not follow the sequence, outline, and response format of this RFP, may be deemed non-responsive and disqualified from further consideration

The work requirements for this project are to be completed in two phases: Systems Building from November 1, 2018 – February 28, 2019; and Implementation from March

1, 2019 – June 30, 2019. It is assumed that the implementation plan will be submitted to CDHS by March 15, 2019 for release and approval of funds for implementation. The Scope of Work should focus primarily on the Systems Building Phase with the Business or Strategic Plan submitted in March of 2019 focused on the implementation and piloting of innovations.

Please add the following in the Scope of Work:

- **Desired outcomes** for the families in the community:
 - What are the demographics of the families you seek to serve?
 - How are you ensuring that these families qualify for funding available through this RFP?
 - How will this work help ensure Colorado families achieve educational and economic success?
 - Where available, have you incorporated PSSF data and gaps analysis?
 - Where appropriate have you coordinated with your community's local child maltreatment prevention plan to help fill gaps?
 - What specific outcomes are you seeking?
 - How are you measuring these outcomes?
 - If any interventions are proposed and funds requested, what is the evidence base for the intervention? Is it a promising, supported, or well-supported intervention?

- **Community Partners based on these outcomes:**
 - Who is the lead agency and what is their role?
 - Who will be working on this effort (name, organization, title, and role)?
 - How will the community building process be accountable for achieving the outcomes?
 - How do you know that in the planning process you have established reasonable goals?
 - How will you increase community awareness of or through this work?
 - What is the outreach plan to obtain additional partners as needed? How will they be incorporated into the work?
 - How will the community be engaged in fiscal sustainability?

- **Incorporation of Family Voice:**
 - How are families helping to guide and lead this work?
 - How will family voice be incorporated into the work?

- **Racial and Gender Equity:**
 - How are you incorporating and addressing racial and gender inequities?
 - How will you ensure racial, ethnic and gender equity and awareness in this work?

- **Project Timeline**
 - What is the timeline for each step?

- How will you write and ensure support for the Strategic or Business Plan?
- **Budget for System Change and For Implementation:**
 - Provide a detailed budget and line item justification for the system change work in stage one.
 - While requests can be equally spread over the two time frames, reserving a larger percentage of the budget for implementation may best meet the needs of the community.
 - Provide a general budget for the implementation work at this step with a full budget due with the Business Plan on March 15, 2019.
 - Be certain to include the costs of the statewide convening on the front range for key participants for one full day and up to two nights.
 - Identify the fiscal agent and accountability for financial management.
 - The lead applicant is responsible for all subcontracts and all work. How will the lead applicant ensure that the work is done?
 - The lead applicant will be required to provide timely fiscal reports and agree to comply with all fiscal rules.
 - This proposal requires a 20% local match which can include in-kind services including staff time. Document the match and how the match will be tracked for reporting.
 - How are you thinking about future funding and sustainability?
 - CDHS will cover the costs for the coach.

SECTION V

RESPONSE FORMAT

To facilitate an effective evaluation process, proposals must be submitted in the following format on 8 1/2 by 11-inch paper and all pages should be numbered in the following manner: page_____ of _____ pages. Please use double-sided pages. All acronyms in the proposal must be defined. Failure to provide the requested information may result in disqualification of the proposal. **Maximum of fifteen (15) pages** excluding letters of support and collaboration. ***Proposals that do not follow the sequence, outline, and response format of this RFP, may be deemed non-responsive and disqualified from further consideration.***

A. STATE OF COLORADO REQUEST FOR PROPOSAL SIGNATURE PAGE

Include the State of Colorado Request for Proposal Signature Page. An officer of the offeror who is legally authorized to bind the offeror to the proposal must sign this page in ink.

B. TRANSMITTAL LETTER

Submit a Transmittal Letter on your official business letterhead that:

1. Positively states your willingness to comply with all work requirements and other terms and conditions as specified in this RFP.
2. Identifies all material and attachments that comprise your proposal.
3. Is signed by an individual authorized to commit your organization to the proposed work.
4. States whether the Offeror is a partnership, a non-profit corporation, a Colorado corporation, a non-Colorado corporation, or some other business structure. Non-Colorado corporations must register as a foreign corporation to conduct business in Colorado and appoint a resident agent to review process. If the Offeror is a foreign corporation, a limited liability partnership or a limited liability limited partnership, state that the Offeror currently has a Certificate of Good Standing or Certificate of Existence to do business in Colorado. Proof of such certification shall be provided upon request.
5. States whether the Offeror or any of the Offeror's employees, agents, independent Contractors, or proposed subcontractors have ever been an excluded provider, convicted of any criminal charges or actions involving moral turpitude. If yes, attach an explanation.
6. States that the Offeror's Proposal shall remain valid for a minimum of one hundred eighty (180) days from the date of the award.
7. Discloses all current pending contracts with the State of Colorado and all bids or proposals submitted to the State of Colorado but not yet awarded.
8. Identifies all potential conflicts of interest related to this RFP. If any actual or potential conflicts of interest are identified, provide your plan to mitigate the

actual or potential conflict of interest.

9. Vendor disclosure of services identifying if the vendor or subcontractor will perform the services outside the state of Colorado or the United States. If this is the case, provide a brief statement explaining why the vendor believes it is necessary or advantageous to perform the services outside the state of Colorado or the United States. Contracts entered into or renewed by a government entity are subject to the following statute(s) under HB 13-1292 “Keep Jobs in Colorado Act of 2013”.
10. Service Disabled Veteran Owned Small Businesses (SDVOSBs) – Per C.R.S. 24-103-211. Vendors who are officially registered and verified as a SDVOSB by the Center for Veteran Enterprise within the U.S. Department of Veterans Affairs. (www.vip.vetbiz.gov) should disclose this information. SDVOSBs making this claim shall submit documentation of SDVOSB certification issued through the U.S. Department of Veterans Affairs in their response to the solicitation. Bid submissions without this documentation will not be considered a SDVOSB.
11. Per C.R.S. 24-103-502 Please describe your company’s accounting system. The description should state that your accounting system will permit timely development of all necessary cost data in the form required by the contract type contemplated in this solicitation and will adequately allocate cost in accordance with generally accepted accounting principles.

C. TECHNICAL/ BUSINESS PROPOSAL

Restate each requirement set forth in Section 4, Requirements/Statement of Work, followed by a response describing the approach and how the requirement will be met.

Identify the Section number of each requirement. Indicate in detail the scope of services included in your proposal and identify any items requested by the State that are not included in your proposal.

Include a risk assessment and how your firm proposes to minimize those risks including vendor self-assessment and quality control for a successful engagement meeting the goals and expected outcomes described in this RFP and RFP proposal response.

D. DEMONSTRATED EXPERIENCE AND CAPABILITIES

1. Describe how your company will manage this project and who the project lead will be, indicating experience and approximate amount of time devoted to this effort. What is their expertise in applying a 2Gen approach? What is their expertise in community problem identification and systems change?
2. Indicate key personnel who will be assigned to the project and describe their

experience. Explain how you will ensure that equally qualified persons are assigned to the project if these individuals leave the project. The state expects that the awarded Offeror will continue to make the key project personnel available through the life of the contract as long as they remain in offeror's employ. The state reserves the right to approve any replacement personnel.

3. The Offeror's proposal shall include evidence that they have the knowledge, skills, abilities, collaborative relations, and experience in the areas identified by the requirements in Section 4, Requirements/Statement of Work.

(a) Describe the lead applicant's experience with similar processes. Include specific examples for reference.

E. COST PROPOSAL

- This RFP will result in a fixed-price or NOT TOO EXCEED contract of up to **\$100,000** with the first allocation for the Systems Building Stage and final award based on submission of the Business or Strategic Plan. CDHS expects to award up to ten grants. It is anticipated that the first stage will be approximately 30% of the costs with implementation requiring the remaining funds. Costs are tied to services that meet or exceed the requirements and expected outcomes. This may include the expertise, and relevant experience of the offeror that will enhance the success of the project and provide minimal risk or need for State resources, meeting facilitation, data gathering and analysis and report writing.
- Provide in a separately sealed package identified as "Cost Proposal" all pricing and costs tied to the requirements and work being proposed. If appropriate, provide the number of hours, hourly rate by level of staffing, and deliverables.
- The proposal must state the total fixed-price fee for performance of and completion of services that will become part of a contract between the State and awarded vendor.
- The proposal should estimate the number of families who will benefit from this work.

F. DELIVERY SCHEDULE

CDHS will require regular meetings with a coach, an interim report on **January 15, 2019, and a final report including a business or strategic plan from stage one on March 15, 2019.**

G. ADDITIONAL DATA

Since the preceding sections are to contain information that is specifically

requested, the proposing party may include any additional information considered essential to the proposal in this section. If the applicant is not the County Department of Human or Social Services, proof of their extensive involvement and commitment is required. The proposing party should not include general information publications, such as marketing, directories or client lists but should include information on prior work with the County Department(s).

H. STATE RESPONSIBILITIES

The Department will appoint an individual to be a liaison to the successful Offeror. This person will serve as a contract monitor. In addition, the state will assign a coach to support the county in the planning and implementation work, and will have a required convening of all communities. The coach will attend entry/exit and assist the proposing party in understanding Department requirements and reporting guidelines.

SECTION VI

EVALUATION AND AWARD

A. EVALUATION OF PROPOSALS

The award decision ultimately is a business judgment that will reflect an integrated assessment of the relative merits of the proposals using the factors set forth in the RFP. The Department intends to award the contract to the Offeror whose proposal, conforming to the RFP, will be most advantageous to the Department – price and other factors considered.

The Department will conduct a comprehensive, fair, and impartial evaluation of the proposals received in this solicitation effort. A Proposal Evaluation will evaluate Proposals that meet the minimum general requirements. Evaluation criteria for the proposals will be used for the purpose of ranking the proposals in a relative position based on how fully each proposal meets the requirements of this RFP. Such ranking will not necessarily be conclusive in selection of a prospective Contractor but will be evaluated with other information that may come to the attention of the State, and may, in their judgment, impact the prospective Contractor's ability to perform the services.

Offerors should not assume that they would have an opportunity for oral presentations or revisions of proposals. Therefore, Offerors should submit their most favorable proposal as their initial proposal. If an award is not made based on the initial proposals, Offerors considered most competitive may be provided an opportunity to make an oral presentation. The competitive range determination will be based exclusively on the written proposals. Offerors are therefore cautioned to ensure that their proposals adequately convey a sound approach and a comprehensive understanding of the scope of work requirements. If proposal revisions are permitted after the conclusion of oral presentations and discussions, the Department will establish a date, in writing, for submission of best and final offers. The purpose of this step would be to submit revisions only, not to submit comprehensive proposal rewrites.

B. SUBMISSION CHECKLIST

Proposals that have met the minimum submission requirements outlined in this RFP will be passed on to the evaluation review committee for further review and consideration.

At a minimum, proposals are:

1. Submitted by the due date and time
2. Including a completed and signed Signature Page
3. Including a completed and signed Transmittal Letter
4. Organized, tabbed, and formatted per instructions contained within the RFP and all other documents considered to be a part of the RFP
5. Compliant with packaging instructions and designated number of copies

Proposals that do not meet the criteria of the Submission Checklist and initial review may be disqualified.

C. MANDATORY CRITERIA

Successful applicants will have the following:

- All proposals **must** include or be led by senior leadership from the local County Departments of Human or Social Service. If the department is not the lead applicant, a letter(s) of support and participation must be included.
- To broaden the reach to families and systemic changes available for families, rural communities that collaborate with neighboring rural communities proposing a more **regional approach** will be prioritized over singular rural community proposals.
- Awarded projects will **be provided a coach** who will work with the sites to support and identify areas for further technical assistance or peer learning.
- A **20% local match** is required which may be accounted for with in-kind support.
- Inclusion of the **five core components to 2Gen**: early childhood education, post-secondary & employment pathways, economic supports, health and well-being, and social capital to improve outcomes. Foundational principles that must be included are: strengthening the workforce; fostering data integration; driving policy integration; honoring family voice and family participation; monitoring program implementation and continuous quality improvement; and a commitment to racial and gender equity.
- **Service strategies must**: build strengthening families protective factors; utilize a 2Gen approach, include evaluation and outcomes, and have evidence of the proposed outcomes.

D. GENERAL CRITERIA

Proposals will be rated/scored in the following categories detailed in this RFP:

Category 1 – Business Proposal

- Technical criteria - (a) comprehensiveness and appropriateness of the work plan, proposed outcomes and population need and (b) realistic time estimates to complete each segment of the work based on staff to be assigned (c) ability to facilitate community engagement and family engagement work (d) understanding of data from the community and trends (e) commitment and expertise in implementing a 2Gen approach (f) outcomes for families including increased assets from earning, brain development, and learning for children, and (g)

- commitment to addressing racial and gender inequities.
- Adequacy and completeness of the proposal with regard to the requirements specified in the RFP.

Category 2 – Cost Proposal

- Costs are clearly tied to services and activities that meet or exceed the requirements and expected outcomes.
- Demonstrate how the 20% match is being leveraged with this funding.
- Proposed price/costs tied to the requirements, and statement of number of hours by level and hourly rate.
- Costs are differentiated between Systems Building and Implementation Stages of the work.
- Costs for community convenings are realistic and included.
- Costs for engaging families and obtaining family voice are realistic and included.
- Costs for creating an interim report and business plan are realistic and included.
- Plan for community engagement in sustainability.
- Affordable and within budget.
- Cost for attendance at the statewide convening.

Category 3 – Demonstrated Experience and Capabilities

- Breadth and depth of relevant experience of the applicant organization and key partners.
- Ability to bring together large system funders including TANF, CCAP, WIOA, Behavioral Health, and Public Health.
- Coordination with existing community efforts where applicable, including PSSF and local child maltreatment prevention plans.
- Qualifications and experience of staff, including specialists and consultants to be assigned to the project, minimizing the risks and having the greatest potential for meeting or exceeding goals and outcomes.
- Organization, size, stability, and ability to manage this additional effort.
- Expertise in system change.
- Commitment and staff experience utilizing a 2Gen approach.

Category 4 – Letters of Support and Collaboration 20%

This work requires a commitment to community involvement, system and policy change, and new ways of working together. Letters of Support and Collaboration should specify the commitment to developing a 2Gen approach for the community, identify a decision-making participant, and ensure that all key members are prepared to work together to create positive outcomes for children and their parents together. Prior to release of implementation funding, submission of the Business or Strategic Plan is required and with that plan, joint operating agreements or memorandums of understanding are required for stage two.

E. BASIS FOR AWARD

The business and technical factors will be assessed based on the soundness of the

Offeror's overall approach and the Respondent's understanding of the requirements. The experience and/or demonstrated capabilities factor will be assessed by considering the extent to which the qualifications, experience and past performance are likely to foster successful, on-time performance. Strategies for meeting expedited implementation timeframes will be assessed based on their reasonable likelihood of success. Assessments may include a judgment concerning the potential risk of unsuccessful or untimely performance, and the anticipated amount of State involvement necessary (beyond that reasonably necessary) to ensure timely, successful performance.

The State may contact references provided, and, in addition, obtain information concerning the Offeror's performance on other work performed for the State of Colorado. Client references will be used as a verification of information provided by the Offeror and as a means to validate the performance of the Offeror on prior work and will have a bearing on the scoring of Proposals. The State cannot assume any liability for statements made by client references provided by Offerors.

The Offeror recommended for an award must provide (upon request) documentation of financial responsibility, financial stability, and sufficient financial resources to provide the services sought in this RFP. This response must include financial information by which the State may reasonably formulate an opinion about the relative stability and financial strength of the Offeror and a credit rating by a rating service. These statements shall include at least a balance sheet and income statement (including footnotes). These statements must be certified by a certified public accountant (CPA).

The State may disqualify from consideration any Offeror who is involved in bankruptcy proceedings or whose financial condition is deemed to pose a risk to the State for successful performance of the contract.

F. PERFORMANCE OF AWARD

Proposed changes or exceptions to any requirement, or State's Contract Terms and Conditions, may disqualify Offeror's proposal response from consideration. A completed contract is expected within 30 days following the letter of intent to award. In the event a contract is not signed (through no fault of the State) by the awarded Offeror within 30 days and barring any protest that may delay the completion of a contract, the State may elect to cease negotiations, withdraw the award, and award to the next most advantageous Offeror.

ANNUAL REPORT 2016–2017

WILD
PLUM
CENTER

FOR YOUNG
CHILDREN &
FAMILIES

**Nourishing Minds.
GROWING FUTURES.**



INFANT CARE • TODDLER CARE • PRESCHOOL

Contents

| | |
|---|----|
| Message from the Executive Director | 3 |
| Services | 4 |
| School Readiness Plan | 7 |
| Outcomes | 8 |
| Transitions | 11 |
| Demographics | 12 |
| Federal Reports | 14 |
| Parent Involvement | 16 |
| Community Partnerships | 17 |
| Financials | 18 |
| Budget Information | 20 |
| Board of Directors | 22 |
| Thank You to Our Supporters | 22 |
| Make a Difference to a Child | 23 |



Message from the Executive Director

Important gains for Wild Plum Center children, families, and staff define the 2016-2017 school year. Our time was dedicated to improving child and family outcomes, planning for service enhancements for families, and raising the level of staff involvement toward moving the program's goals and objectives further.

For the past several years, increasing parent engagement in their child's education has been a key goal. Specifically the work focused on increasing the number of families:

- Reading to their children daily
- Engaging in language-rich conversations with their children
- Practicing positive discipline
- Implementing routines to provide structure and consistency in the home

It has been satisfying to witness the impact of our 2016-2017 efforts, which include significant increases in the number of families engaging in the targeted practices with high quality levels. Child outcomes improved as a result with over 90% of the children in the program reaching age appropriate developmental and academic milestones by the end of the year.

Also this year, Wild Plum entered full implementation of its five-year program goals. Staff committees developed in 2015-2016 began the implementation of parent self-sufficiency methods, best practices in the education field, parental health literacy, and the improvement of classroom space in order to increase the duration of services to children. Through committee work, Wild Plum achieved:

- The purchase, fundraising and beginning renovations to a new center located at 851 Meeker St.
- Implementation of UCLA Health Care Institute parent training on the topic of "What to do When your Child is Sick". Resulting in a 28% decrease in the number of families who would take their child to the Emergency Room as a first choice when their child is sick (from 29% to 1%).
- The introduction of a literacy fair for parents so that parents are more able to engage in their child's education.
- Increase in science and math in classrooms through the use of robots.

Looking forward, Wild Plum's plan is to provide the highest quality services to children and families in the community. Through partnership, planning, and a commitment to continuous improvement, we believe we can move more Wild Plum families closer to self-sufficiency and solidify our reputation as Longmont's leader in the field of early childhood education.



Amy Osime
63

Services

Early Head Start—0 to 3 years

Early Head Start developmental services are provided to 0- to 3-year-old children from low-income families, including prenatal and post-partum support for pregnant women and children with disabilities. Parents/guardians may select from either a home-based or center-based service model, each provided at 100% scholarship. All services are offered in both English and Spanish.

- Home-based services involve Family Mentors working with parents one-on-one in a home setting for 1.5 hours each week. This option is supplemented by group-delivered parent education and parent/child socialization activities with Family Mentors.
- Center-based services provide a curriculum-based setting for children while parents work or go to school. Service elements are intended to address any and all aspects of need within a child's life, allowing for significant developmental experiences.

Preschool Programs—3 to 5 years

Two comprehensive preschool programs are available to low-income 3 to 5 year olds including children with disabilities: Head Start and Head Start-modeled (non-Head Start funded) preschool. Preschool service elements mirror those of Early Head Start, addressing all aspects of need and allowing for meaningful and impactful educational experiences.

**STRONG,
HEALTHY
FAMILIES**
lead to successful,
self-sufficient
families and
children.





Creative Curriculum

Research-based Creative Curriculum is used in all 13 Wild Plum classrooms, including three Early Head Start classrooms. Creative Curriculum focuses on all areas of children's growth:

- Physical
- Cognitive
- Social/emotional
- Language and literacy
- Approaches to learning

Creative Curriculum allows each teacher to incorporate and address the specific interests, characteristics, and needs of the children and families in their classrooms. Teachers integrate a study anywhere from a week to a month and immerse students in that topic through classroom materials, books, and activities—all sparked by student interest.

Family Engagement

Wild Plum Center regards parents as the first, the best, and most important teachers of their children. Similarly, we believe the family unit, in whatever form it may take, is the foundation for a child's early development and learning. Wild Plum Center places parental engagement, the parent/child relationship, as well as the mental health of both caregivers and children as the highest priorities because strong, healthy families lead to successful, self-sufficient families and children.

Wild Plum Center offers numerous opportunities to foster the health and well-being of program children and families, including:

- Mental health services
- Family support and case management
- Parent education and socialization activities

Transportation

Wild Plum Center provides transportation to and from school for families that need help with transportation.



Nutrition and Health



In order for children to be ready to learn, they need proper nutrition. Wild Plum Center provides as much as two-thirds of a child's nutritional requirements

each day they are in school. Using USDA guidelines for healthy nutrition ("My Plate"),

breakfast, lunch, and a snack are provided depending on full- or part-day schedules. To reinforce healthy eating at home, nutrition classes are offered at no cost to program families.

Wild Plum Center works with parents and caregivers to access healthcare screenings and services for their children. Our health services include:

- Hearing and vision screenings
- Well-child support, including care and vaccines
- Prenatal, postpartum, and breastfeeding support and education
- Nutrition information for the entire family, such as helping families access supplemental food items

We also provide referrals to health providers and other community resources as appropriate and help families understand and navigate complicated medical situations to ensure they get proper treatment.

Also, Wild Plum parents can participate in First Aid and CPR classes at no cost to them.

Wild Plum Center provides as much as

2/3

of a child's
NUTRITIONAL REQUIREMENTS
each day they are in school.

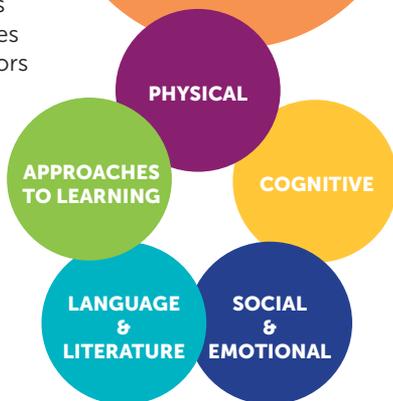
School Readiness Plan

Wild Plum Center has a School Readiness Plan following this basis:

- Children and families that are school ready when entering kindergarten will have a higher level of future success in school and life
- A child's achievement in five domains determines school readiness
- Comprehensive, organizational goals and objectives are required in each of the five domains
- Analysis of school readiness data collected by the program informs staff's need for professional development
- Analysis of school readiness data helps us individualize plans for children and families that promote parents as life-long educators
- Parent engagement is a critical element of school readiness success

Wild Plum Center works closely with each child and his/her family members throughout the year. Teachers send individualized activities home for the child to work on with a parent's support. Family Service staff partner with families to support their goals, work toward self-sufficiency, and family wellness.

A child's achievement in **FIVE DOMAINS** determines school readiness.



Head Start Outcomes

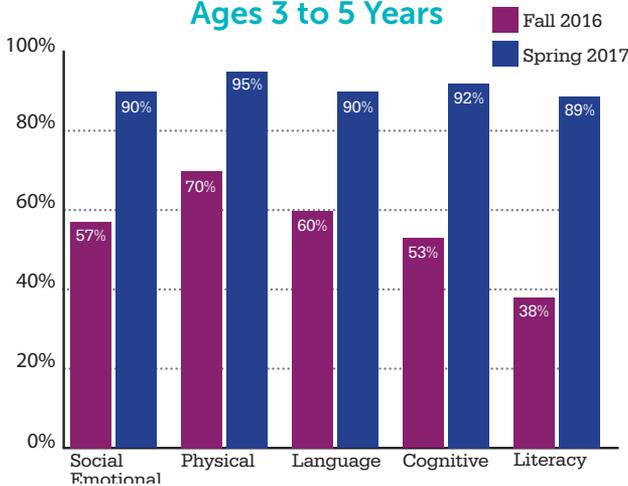
Wild Plum Center uses the Teaching Strategies Gold assessment system for all children. In the fall, winter, and spring the teachers compare each child's skills and behaviors to research-based indicators of learning and development. Early Head Start and Family Mentors complete a fourth assessment in the summer for the 0 to 3 year olds. These comparisons indicate for each domain, whether a child's skills and behaviors are below, at, or above expectations for their age.



The graph below shows the percentage of children meeting or exceeding expectation in areas of targeted skills when they started at Wild Plum Center in the fall of 2016 and where they were in the spring of 2017. Children in all categories showed improvement across the school year and there was significant growth in children exceeding expectation overall. Numbers of children exceeding expectations were greater than 30% in several domains by spring; social/emotional achieved 33%, physical 25%, literacy 51%, and cognitive was 39%. The significant growth in all areas proves the effectiveness of Wild Plum Center's positive impact on children's development and kindergarten readiness.

The approaches to learning areas fall in the cognitive domain and during the 2016-2017 school year children showed a significant increase in growth.

Percentage of Children Meeting & Exceeding Expectations
English/Spanish Speaking
Ages 3 to 5 Years

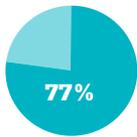


Early Head Start Outcomes

Young children engage in learning in individually unique ways, which is why Wild Plum individualizes care and nurturing, intentionally teaching to a child's strengths and preferences. Through this approach, Early Head Start teachers and home visitors expose children to an array of learning opportunities designed to improve growth in each of the five developmental domains.

Percentage of Children Meeting & Exceeding Expectations at Final Program-Year Checkpoint

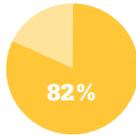
English/Spanish Speaking
Ages 0 to 3 Years



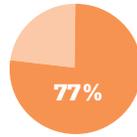
**Social
Emotional**



Physical



Language

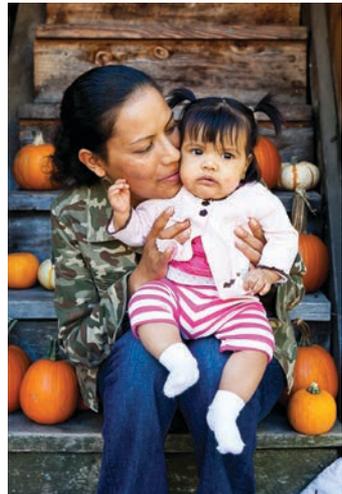


Cognitive



Literacy

Wild Plum uses data to inform instruction allowing us to understand how our efforts are working and the developmental areas in which Wild Plum children may need more support. Data is gathered in the areas of social-emotional, physical, language, cognitive, and literacy with a subset of data related to approaches to learning being gathered in the cognitive development area. The pie charts above show the percentages of Wild Plum children meeting and exceeding expectations compared to children of the same age nationwide. At the final spring 2017 checkpoint, the Wild Plum Early Head Start children are shown to be on track developmentally.



Family Outcomes

Wild Plum believes that strong family engagement leads to strong child outcomes. In addition to monitoring children's progress, Wild Plum Center assesses self-sufficiency, connections to peers and community, and parent/child relationships.

Areas of measure include:

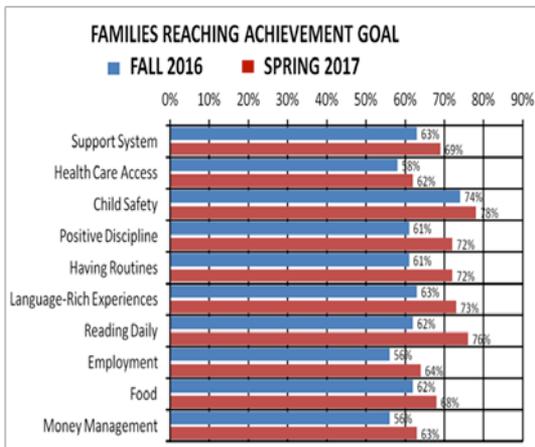
- Food and nutrition
- Housing
- Employment
- Adult education
- Parenting education
- Mental health
- Domestic violence
- Child abuse
- Need for emergency services



Every Wild Plum Center family participates in a Self-Sufficiency Analysis, as well as a review of progress made toward goals as outlined in an individualized Family Partnership Agreement. The graph below shows outcomes from the analysis, which shows increases in several areas of self-sufficiency for program families during the 2016–2017 school year.

Parent, Family, Child Engagement Outcomes

Wild Plum's data shows significant increases toward achievement in 10 areas of family outcomes for the 2016-17 School Year



Transitions

All transitions are opportunities for children's growth, as they lay the foundation on which to develop the skills that are necessary for weathering change throughout life. Transitions from Early Head Start to Head Start and Head Start to kindergarten are crucial times for decision-making about children's services. The transition process ensures service continuity, reduces family disruptions, prepares children for their program placements, and meets legal requirements (IDEA and ADA).

Transition plan for Early Head Start

For children transitioning from the home-based and center-based programs, there are several conversations that take place between Wild Plum Center staff and parents that begin six months in advance of the actual transition. First, the family is educated on the community preschool options available to them, including Head Start. If the family selects and qualifies for Head Start, staff begins to prepare the child for school by utilizing a "transition kit" that includes materials and supplies to help familiarize him/her to the preschool classroom. Early Head Start and preschool staff, together with parents, meet in the classroom for an orientation and exchange of necessary paperwork.

Our Transition Plan is designed to help children who are transitioning from one setting to the next. In order to make these transitions as seamless as possible, Wild Plum Center staff maintains close and consistent contact with the child and family through every step of the process. The transition process is individualized for each child and family.

Transition plan for 4 and 5 year olds going to kindergarten

Throughout the school year, we have on-going discussions about kindergarten with children and their parents. We encourage parents to continue to advocate for their children's education and Wild Plum Center staff talk with families about the registration process, supporting them through enrollment, filling out scholarship requests, and with translation. Transition meetings with the school district are scheduled as needed and families are encouraged to visit the new school.

We encourage parents to continue to **ADVOCATE** for their children's education



Demographics

Early Head Start

Enrollment year: September 1, 2016 – August 31, 2017

Total cumulative enrollment: 126 children from 99 families

| | |
|---------------------|----|
| Under one year old: | 30 |
| 1 year old: | 33 |
| 2 years old: | 31 |
| 3 years old: | 20 |
| Pregnant women: | 12 |

Number of children:

| | |
|-------------------------------------|----|
| Early Head Start funded enrollment: | 76 |
| Center-based, 5 days a week: | 24 |
| Home-based: | 44 |
| Pregnant women: | 8 |



AVERAGE
MONTHLY
ENROLLMENT
for both
Early Head Start
and Head Start:
99%



Head Start

Enrollment year September 1, 2016–August 31, 2017

Total cumulative enrollment:
171 children from 162 families

| | |
|--------------|-----|
| 2 years old: | 9 |
| 3 years old: | 62 |
| 4 years old: | 100 |

Number of children:

| | |
|---|-----|
| Head Start funded enrollment: | 155 |
| Funded enrollment from non-federal sources: | 0 |

Federal Reports

Total amount of public and private funds received and amount from each source:

| | |
|----------------------------------|----------------|
| Foundations | \$235,809.89 |
| City of Longmont | \$140,982.03 |
| Boulder County | \$313,036.00 |
| St. Vrain Valley School District | \$125,280.00 |
| Individuals | \$14,845.88 |
| Churches | \$205,433.39 |
| USDA | \$114,399.00 |
| CCAP | \$19,057.31 |
| Guaranty Bank and Trust | \$37,671.60 |
| Head Start Grant Revenue | \$2,328,160.00 |

Percentage of eligible children served:

| | Early Head Start | Head Start |
|-----------------------------|------------------|------------|
| Below Income | 87% | 88% |
| Receiving Public Assistance | 1% | 0 |
| Homeless | 5% | 9% |
| Over-Income | 7% | 2% |
| Foster Care | – | 1% |

Percentage of enrolled children receiving medical and dental exams:

| | Early Head Start | Head Start |
|------------------------------------|------------------|------------|
| Medical exams at enrollment | 75% | 29% |
| Medical exams at end of enrollment | 90% | 96% |
| Dental exams | 65% | 94% |

Average monthly enrollment for both Early Head Start and Head Start: 99%.

OFFICE OF HEAD START EVALUATION

Wild Plum Center was reviewed by the Office of Head Start in spring of 2015 on its compliance with over 2,000 performance standards and regulations. There were zero non-compliance issues.

RESULTS OF
MOST RECENT
AUDIT: In 2017
zero
concerns were
identified.



Parent Involvement



**PARENT
SUPPORT**
.....
SELF-SUFFICIENCY
.....
**LIFELONG
LEARNING**

Wild Plum Center makes every effort to support parents through their own journeys in parenthood and paths to self-sufficiency and lifelong learning. We create many opportunities for all parents and caregivers of children who are enrolled in our programs to become more engaged with their children and involved with their education. These include:

- Participation in Parent Policy Council. This is one of Wild Plum Center's two governing bodies.
- Participation on the Health Advisory Committee. This is a group of medical and healthcare professionals and parents who work to ensure that all Wild Plum Center children receive the health care they need.
- Parent/Child activities. These events include parent educational activities and workshops, gatherings in the local parks, dance performances, visits to museums and children's fun centers, recreation centers, and other community events.
- Parenting Classes are offered both in-house and in the community. These programs teach skills and strategies to raise children who are happy, well-behaved, have good relationships, and are successful in school and in life.
- Infant/Child and Adult CPR and First Aid classes.
- Kindergarten transition support.
- In-home learning opportunities.
- Male Involvement Group. These are monthly gatherings for children and their fathers (or other significant male family members).

Community Partnerships

Wild Plum Center has a long history of effective collaborative relationships with a variety of local non-profits, Boulder County/Colorado organizations, and foundations.

Non-profits & Organizations

Boulder Day Nursery
Boulder County divisions—
Community Services
Housing and Human Services
Justice Center
Public Health
Boulder County Head Start
Breast Feeding Coalition
BrightEYES
City of Longmont
City of Longmont Housing and Human Services Board
COFI (Community Organizing and Family Issues)
Colorado State University
Community Food Share
Community Justice Services
Denver Museum of Nature and Science
Denver Zoo
Early Childhood Council of Boulder County (ECCBC)
First Lutheran Church of Longmont
First United Methodist Church of Longmont
Foothills United Way
GOCO Inspire Initiative Coalition
HEAL (Healthy Eating and Active Living) Coalition
Health Services Advisory Committee
Home Visit Collaboration
Inn Between
Kiwans Club of Longmont
Knit and Pearl Senior Knitters
Latino Chamber of Commerce

Live Well Longmont
Longmont Chamber of Commerce
Longmont Public Library
Longmont Senior Center
Meeker Neighborhood Center
OUR Center
Raising of America Partnership
Safe Shelter of St. Vrain Valley
SCORE
Social Venture Partners
St. Vrain Valley Early Education Council
St. Vrain Valley School District
TLC Learning Center
Twin Peaks Rotary
YMCA

Funders & Foundations

Boulder Community Foundation
Caring for Colorado Foundation
Community First Foundation
Gates Family Foundation
Kingsbery Friends and Family Fund
Longmont Chamber of Commerce
Longmont Community Foundation
Lynn and Helen Clark Fund
Molina Foundation
Norris Family Foundation
Temple Hoyne Buell Foundation
Qualistar



Financials

Statements of Financial Position

| | Years Ended August 31, | |
|---|------------------------|------------------|
| | 2017 | 2016 |
| ASSETS | | |
| CURRENT ASSETS | | |
| Cash | \$ 349,305 | \$ 233,934 |
| Grants receivable | 75,871 | 41,914 |
| Prepaid insurance and refunds | 7,960 | 13,678 |
| Lease deposit | 2,800 | 2,800 |
| Total current assets | 435,936 | 292,326 |
| PROPERTY AND EQUIPMENT | | |
| Building | 850,590 | 850,590 |
| Furniture and equipment | 422,850 | 417,125 |
| Construction in progress | 283,007 | - |
| Computer equipment | 144,013 | 149,084 |
| | 1,700,460 | 1,416,799 |
| Less accumulated depreciation | (828,247) | (782,516) |
| Net property and equipment | 872,186 | 634,283 |
| TOTAL ASSETS | \$1,308,122 | \$926,609 |
| LIABILITIES AND NET ASSETS | | |
| CURRENT LIABILITIES | | |
| Accounts payable | \$36,478 | \$27,444 |
| Deferred revenue | 40,150 | - |
| Payroll liabilities | 32,764 | 18,196 |
| Accrued vacation | 68,748 | 67,652 |
| Current portion of long-term debt | - | - |
| Total current liabilities | 178,140 | 113,292 |
| TOTAL LIABILITIES | 178,140 | 113,292 |
| COMMITMENTS AND CONTINGENCIES | | |
| NET ASSETS | | |
| Without donor restrictions | 636,880 | 594,817 |
| With donor restrictions (Note 9) | | |
| Worthy Cause Awards | 380,000 | 130,000 |
| Building renovations | 113,102 | 88,500 |
| Total net assets with donor restrictions | 493,102 | 218,500 |
| Total net assets | 1,129,982 | 813,317 |
| TOTAL LIABILITIES AND NET ASSETS | \$1,308,122 | \$926,609 |

Statements of Activities

| | Years Ended August 31, | |
|--|------------------------|---------------------|
| | 2017 | 2016 |
| UNRESTRICTED REVENUE AND SUPPORT | | |
| Head Start grant proceeds received | \$ 1,349,719 | \$ 1,225,814 |
| Early Head Start grant proceeds received | 978,446 | 961,555 |
| Contributions | 70,000 | - |
| Use of contributed facilities | 333,215 | 322,404 |
| Non-Head Start income | 183,793 | 211,528 |
| USDA reimbursements | 114,399 | 129,161 |
| Colorado preschool income | 125,280 | 125,280 |
| Net assets released from restrictions | 15,633 | - |
| Total revenue and support | \$ 3,343,055 | \$ 3,116,548 |
| EXPENSES AND LOSSES | | |
| Head Start part year/part day program | \$ 1,451,885 | \$ 1,333,461 |
| Early Head start full year services program | 963,934 | 972,968 |
| Non-Head Start program | 247,522 | 243,576 |
| Head Start general and administrative expenses | 177,025 | 152,675 |
| Early Head Start general and administrative expenses | 162,313 | 143,260 |
| USDA School Lunch program | 127,695 | 140,765 |
| Head Start training and technical program | 26,820 | 29,054 |
| Early Head Start training and technical program | 24,517 | 24,076 |
| Non-Head Start general and administrative expenses | 59,240 | 74,621 |
| Total expenses | \$ 3,240,951 | \$ 3,114,456 |
| Depreciation expense | 59,501 | 62,397 |
| Loss on disposition of fixed assets | 540 | 2,364 |
| Total expenses and losses | \$3,300,992 | \$3,179,217 |
| Total changes in net assets without donor restrictions | 42,063 | (62,669) |
| Changes In Net Assets With Donor Restrictions | | |
| Building contributions (Note 9) | 290,235 | 88,500 |
| Net assets released from restrictions | (15,633) | - |
| Total changes in net assets with donor restrictions | 274,602 | 88,500 |
| CHANGE IN NET ASSETS | \$ 316,665 | \$ 25,831 |

2016–2017 Budget Information

SCHEDULE OF FEDERAL BUDGET VS. ACTUAL REVENUES AND EXPENSES

Year Ended August 31, 2017

| | Approved Budget | Actual | Variance Favorable (Unfavorable) |
|---|--------------------|--------------|--|
| REVENUE | | | |
| OHHS funds— | | | |
| Amount awarded | \$ 2,328,160 | \$ 2,328,160 | \$ - |
| Grantee's non-federal share— | | | |
| In-kind contributions | | 644,875 | |
| Reimbursement— | | | |
| USDA (School Lunch Program) | | 114,399 | |
| Total revenues | \$ 2,328,160 | \$ 3,087,434 | |
| EXPENSES | | | |
| OHHS share— | | | |
| Head Start Part Year/Part Day | | | |
| Early Head Start /Full Year Services | | | |
| Direct costs: | | | |
| Personnel | \$ 1,714,347 | \$ 1,848,613 | \$ (134,266) |
| Fringe benefits | 364,205 | 97,845 | 266,360 |
| Supplies | 53,025 | 68,825 | (15,800) |
| Contractual | - | 60,567 | (60,567) |
| Other direct costs | 150,887 | 200,973 | (50,086) |
| | 2,282,464 | 2,276,823 | 5,641 |
| Training and technical assistance | | | |
| Other direct costs | 45,696 | 51,337 | (5,641) |
| | 45,696 | 51,337 | (5,641) |
| Total OHHS share | \$ 2,328,160 | \$ 2,328,160 | |
| Grantee's non-federal share— | | | |
| Head Start Part Year/Part Day | | | |
| In-kind contributions— | | | |
| Facilities, professional services, supplies | | \$ 505,790 | |
| Volunteer services | | 139,085 | |
| Total in-kind contributions | | 644,875 | |
| Total grantee's non-federal share | | 644,875 | |
| Reimbursable expense— | | | |
| USDA reimbursement for meals | | 127,695 | |
| Total reimbursable expense | | 127,695 | |
| Total expenses | | 3,100,730 | |
| Excess of expenses over revenue | | \$ (13,296) | |

2017–2018 PROPOSED BUDGET

REVENUES

| | |
|----------------------------|----------------|
| Grant revenue | 2,773,648.53 |
| Colorado Preschool Program | 151,380.00 |
| In-kind Income | 592,349.00 |
| USDA Income | 136,866.32 |
| Total Income | \$3,654,243.85 |

EXPENSES

| | |
|-----------------------------------|--------------|
| Personnel | 2,121,821.28 |
| Fringe benefits | 422,136.07 |
| Supplies | 141,225.89 |
| Contractual | 110,781.06 |
| Other direct costs | 813,483.55 |
| Training and Technical Assistance | 44,796.00 |
| Total Expense | 3,654,243.85 |



Board of Directors 2016–2017

| | |
|----------------|---|
| President | Bobbie Watson, Executive Director, Early Childhood Council of Boulder County |
| Vice President | Holly Kammerer, Attorney, Burg Simpson |
| Treasurer | Karissa Becklund, Vice President, Guaranty Bank |
| Secretary | Kenda Vaughan, Therapist, Private Practice |
| Member | Don Horton, Retired, Boulder County Public Health |
| Member | Eileen Smith, Community Advocate |
| Member | Stephen Hoel, Principal, Blue Mountain Elementary |
| Member | Rodrigo Salas, Bilingual Educator |
| Member | Ericka Leon, Community Advocate |
| Member | Wildfire Garman, Parent; President, Wild Plum Center Policy Council |

Thank You

Thanks to the following groups, businesses, and top individual donors who financially supported our program in 2016–2017

| | | |
|-----------------------------------|----------------------------|-------------------------------------|
| Ace Hardware | Food Stuff Etc. | Menchie's Mainstreet Marketplace |
| Altavita Memory Care | Guaranty Bank and Trust | Primrose School |
| Atria Senior Living Center | Home Depot | Safeway |
| Bagz by the Bag Lady | Hyatt Place | Salud Family Health Center |
| Book Nook | In Reach | Starbuck's |
| Bridge Center for Play Therapy | Lexmark International | Subway |
| Budget Home Center | Lifetouch | Veronica Dewey Design |
| Chick-fil-a | Lucky's Market | Wild Tree Naturals |
| Dizzy's Family Fun Center | Longmont | Xilinx |
| Domino's Pizza | Mariposa Center | |
| EcoCycle | | |

Top-10 Individual Donors

| | | |
|------------------|-----------------|----------------|
| Don Horton | Nieves Juarez | Barb Keppler |
| Linda McLaughlin | Daniel Carrales | Gene Thoele |
| Dennis Berry | Jeff Korringa | Veronica Dewey |
| | | Renee Valdez |

Additionally, many thanks to the hundreds of other individuals who donated cash, goods, and services. **You are so important!**

Make a Difference to a Child

Make a donation

In 2015, Wild Plum began a capital fundraising campaign to purchase and renovate a building in the Longmont community with the goal of adding classrooms and expanding the program to accept more children. To date, Wild Plum has purchased a building adjacent to the Meeker Center site and renovations have begun. Funds are still needed for start-up operations, classroom supplies, and program costs.

Please consider contributing to the Wild Plum Center with a monetary donation. Without these gifts of financial support we would not be able to provide essential services to Longmont's low-income families and their children.



Become a
DONOR
or
**COMMUNITY
VOLUNTEER!**

Become a community volunteer

Community volunteers are an important part of the Wild Plum Center! Volunteers help with classroom activities; assist with educational, health, and administrative projects; become "classroom readers"; organize Wild Plum Center community events; and more!

We appreciate all volunteer hours!

To find out more about becoming a donor or volunteer, contact us today!

Keri Davis, Community Partnership Director
kerir@wildplumcenter.org

Call: 303-776-8523 | **Fax:** 303-485-0468

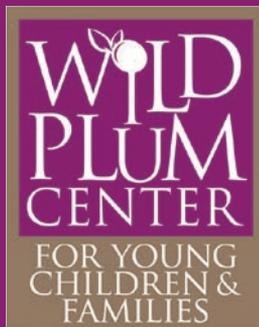
Mailing address: 82 21st Avenue, Longmont, CO 80501

www.wildplumcenter.org



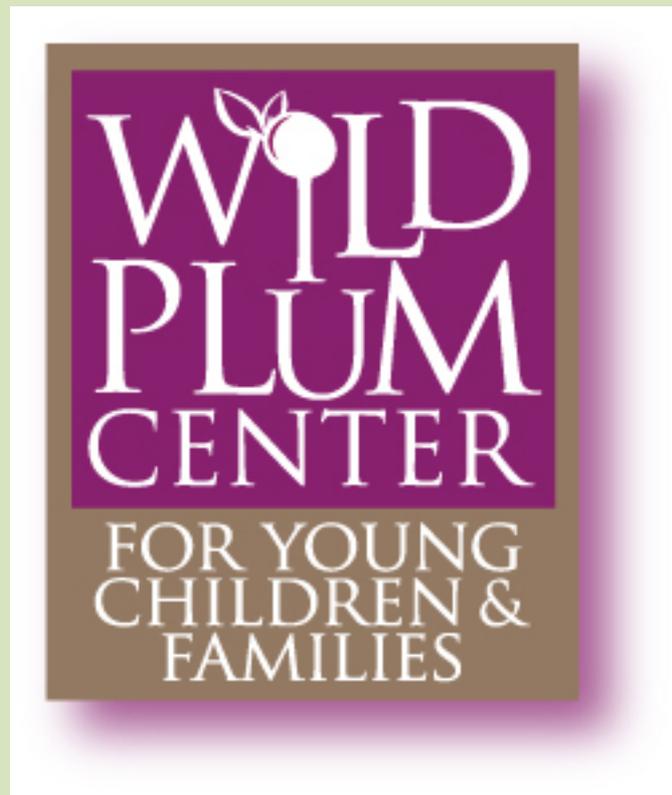
Wild Plum Center

is Longmont's leader in early childhood education and developmental services, empowering families and readying children ages zero to 5 years for the future.



303-776-8523

www.wildplumcenter.org



Child and Family Outcomes



Wild Plum Background

- Serve low-income families and their children ages prenatal through five
- 155 children in preschool program
- 32 in infant/toddler center-based program with the capacity to add 16 more
- 36 prenatal to 3 year olds in home visiting program

Wild Plum Background

- Funded through various funding streams
 - Head Start/Early Head Start
 - Private foundations
 - CCAP/Boulder County
 - City of Longmont
 - St. Vrain Valley School District
- Funds are blended to provide a mix of full and part day and full and part year programming

Wild Plum Background

- Full range of comprehensive services are provided that are focused on a multi-generation poverty reduction model
- Children receive – education, nutritious meals, health services, developmental screenings, special education supports
- Caregivers receive – goal-focused case management, a variety of classes, advocacy training, home visits, education on how to support the child's education

Wild Plum Background

- All educational and parent support services are curriculum based.
 - Creative Curriculum: center-based
 - Growing Great Kids and Families: home-based
 - Other supportive curricula – Food Friends, Safety Sam, Talk About Touch, Second Step, Partners for a Healthy Baby

Wild Plum Background

- Teachers have a minimum of a bachelor's degree in preschool
- 3 to 16 classroom ratio in preschool – 1 teacher and 2 CDA level assistants
- Teachers have a minimum of a CDA in infant/toddler and home visit programs
- 2 teachers to 8 children in infant/toddler

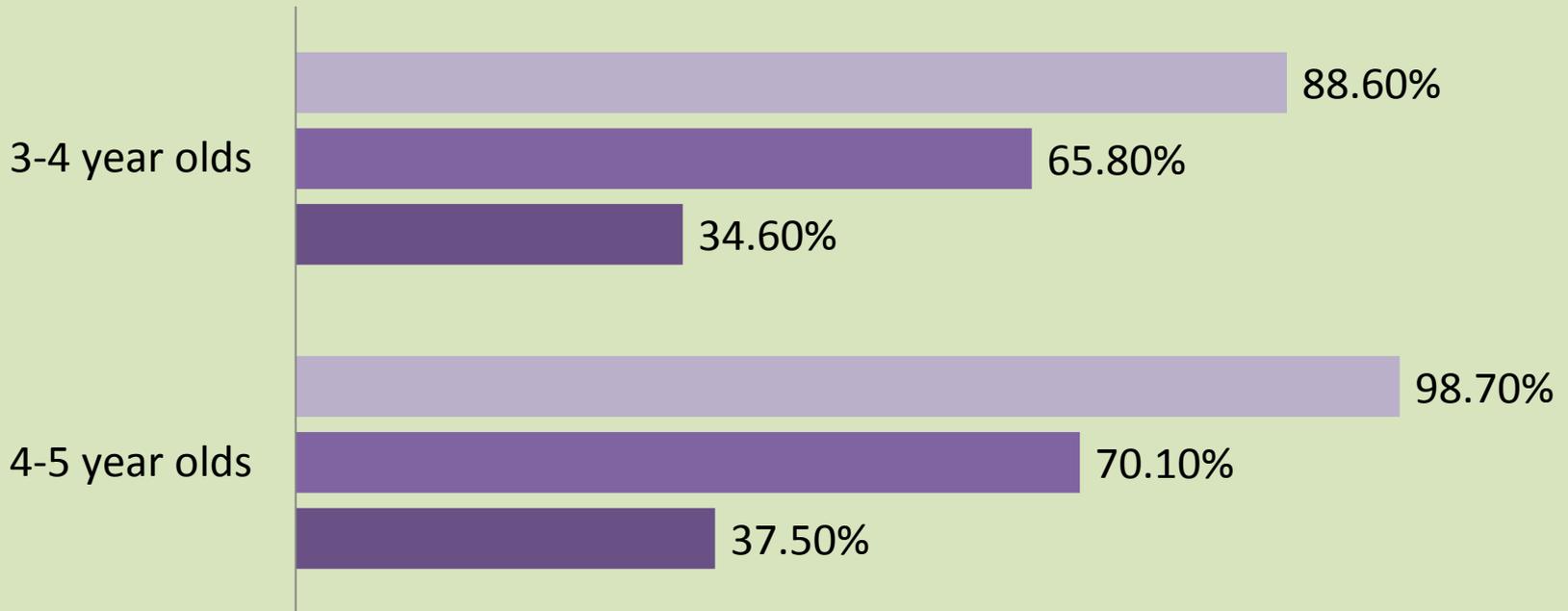
Child Outcomes

- Each child's progress is rated 3 times per year on a variety of objectives
- Teacher observation is used to validate progress and is recorded using Teaching Strategies GOLD assessment
- Teachers are fully trained and have completed reliability testing in the system

Preschool Outcomes - Overall

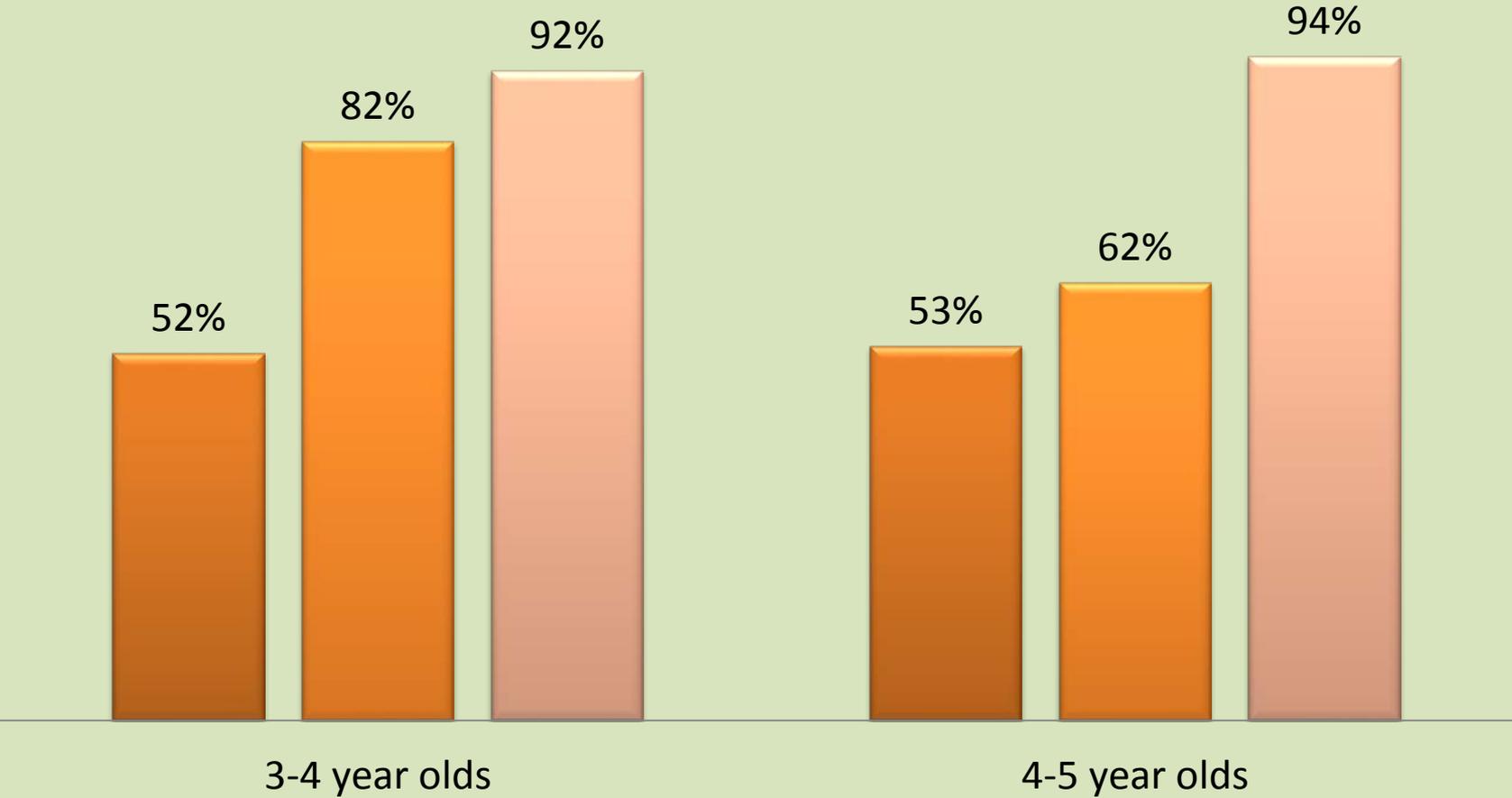
Percent of Children Meeting or Exceeding Widely Held Expectations

Spring Winter Fall



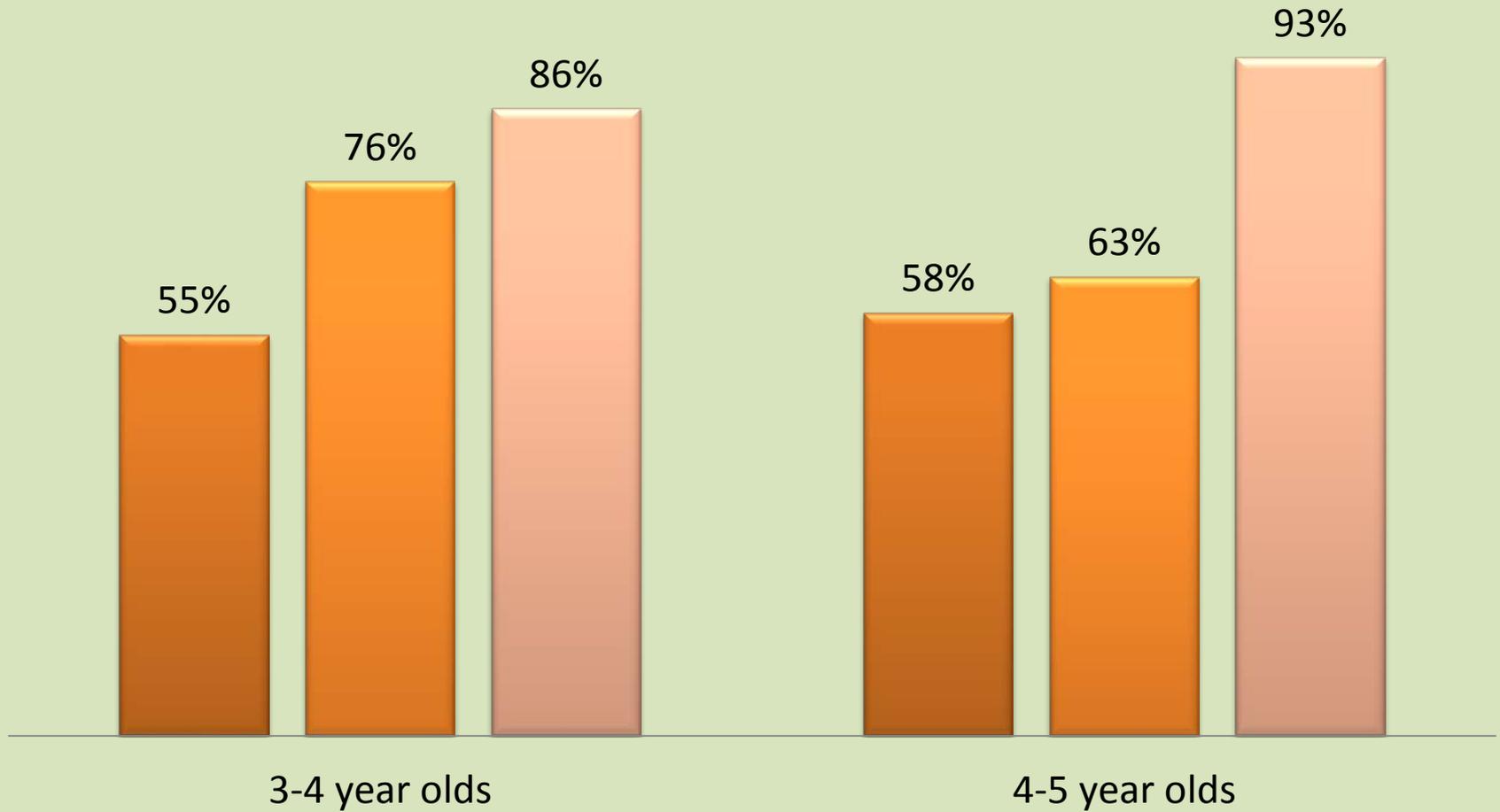
Preschool Social Emotional Development

Fall Winter Spring



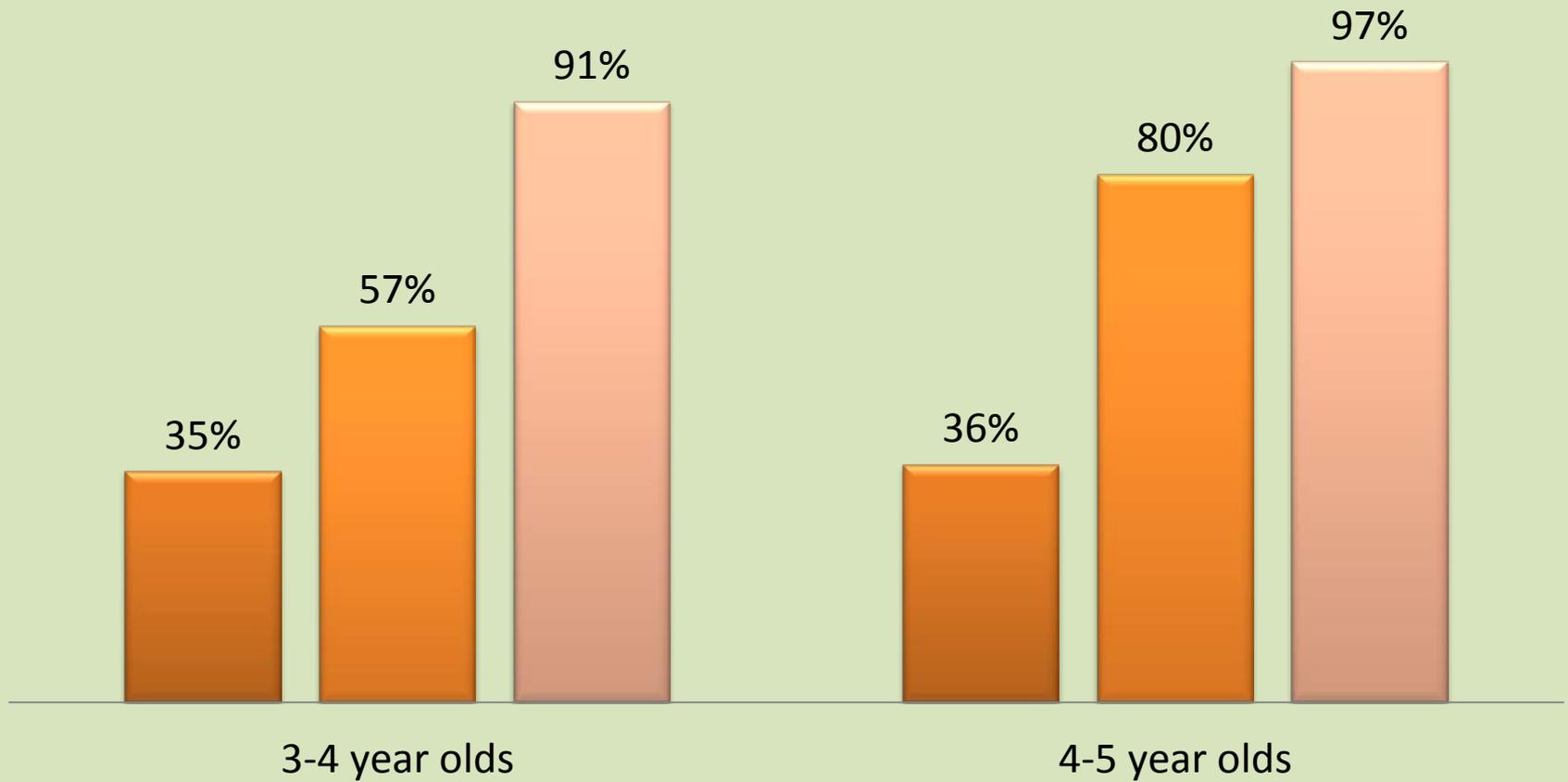
Preschool Language Development

■ Fall ■ Winter ■ Spring



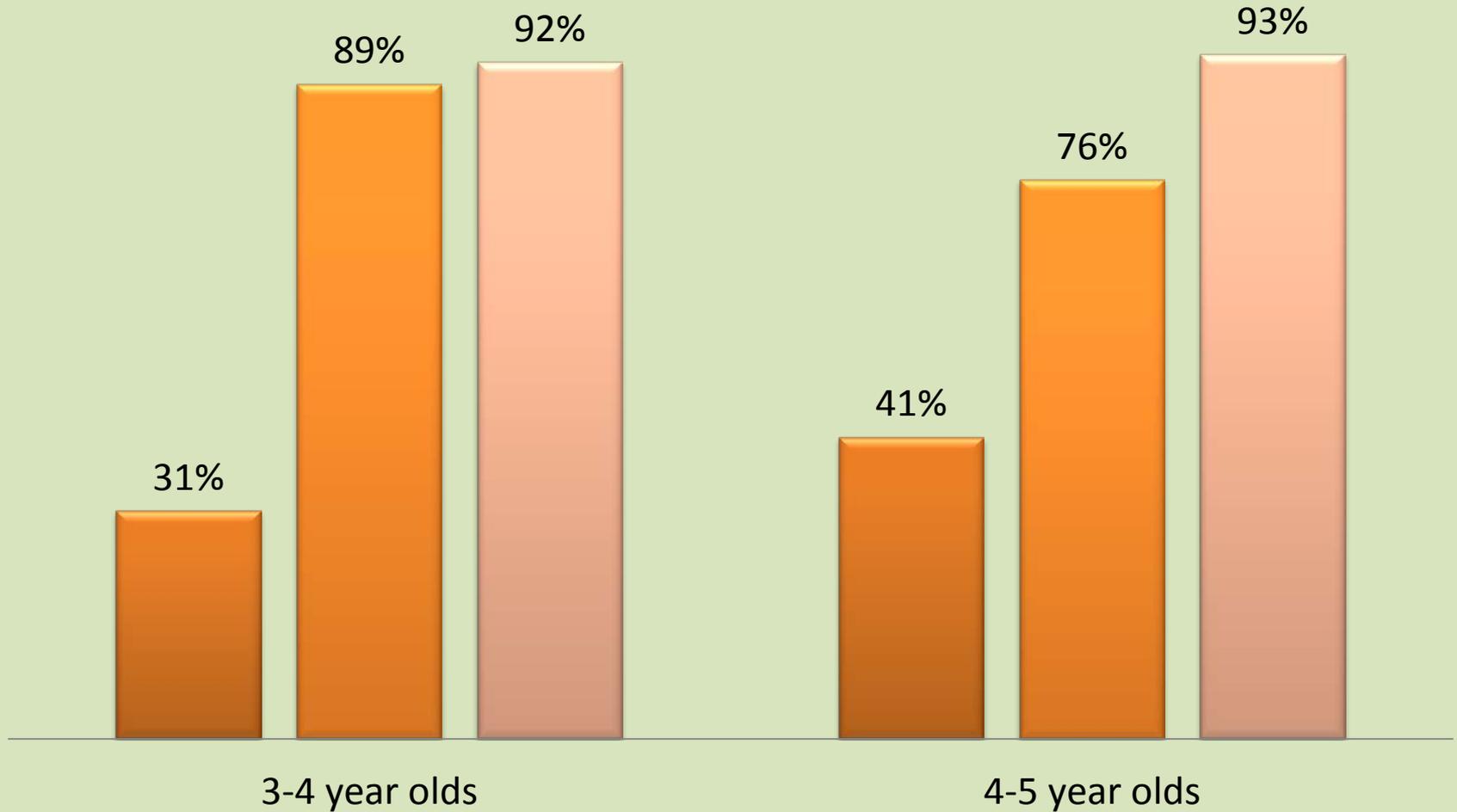
Preschool Literacy Development

■ Fall ■ Winter ■ Spring



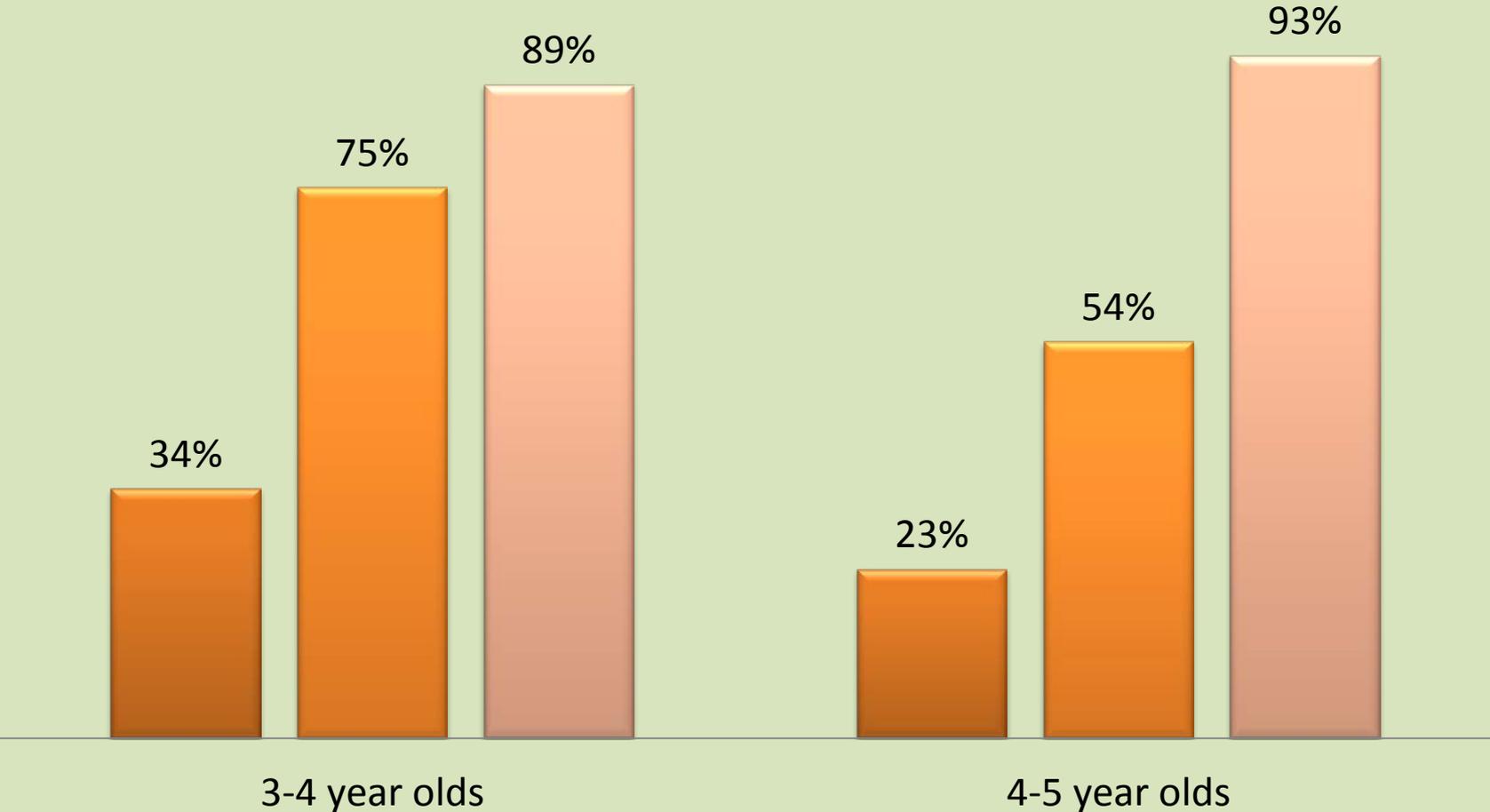
Preschool Cognitive Development

■ Fall ■ Winter ■ Spring



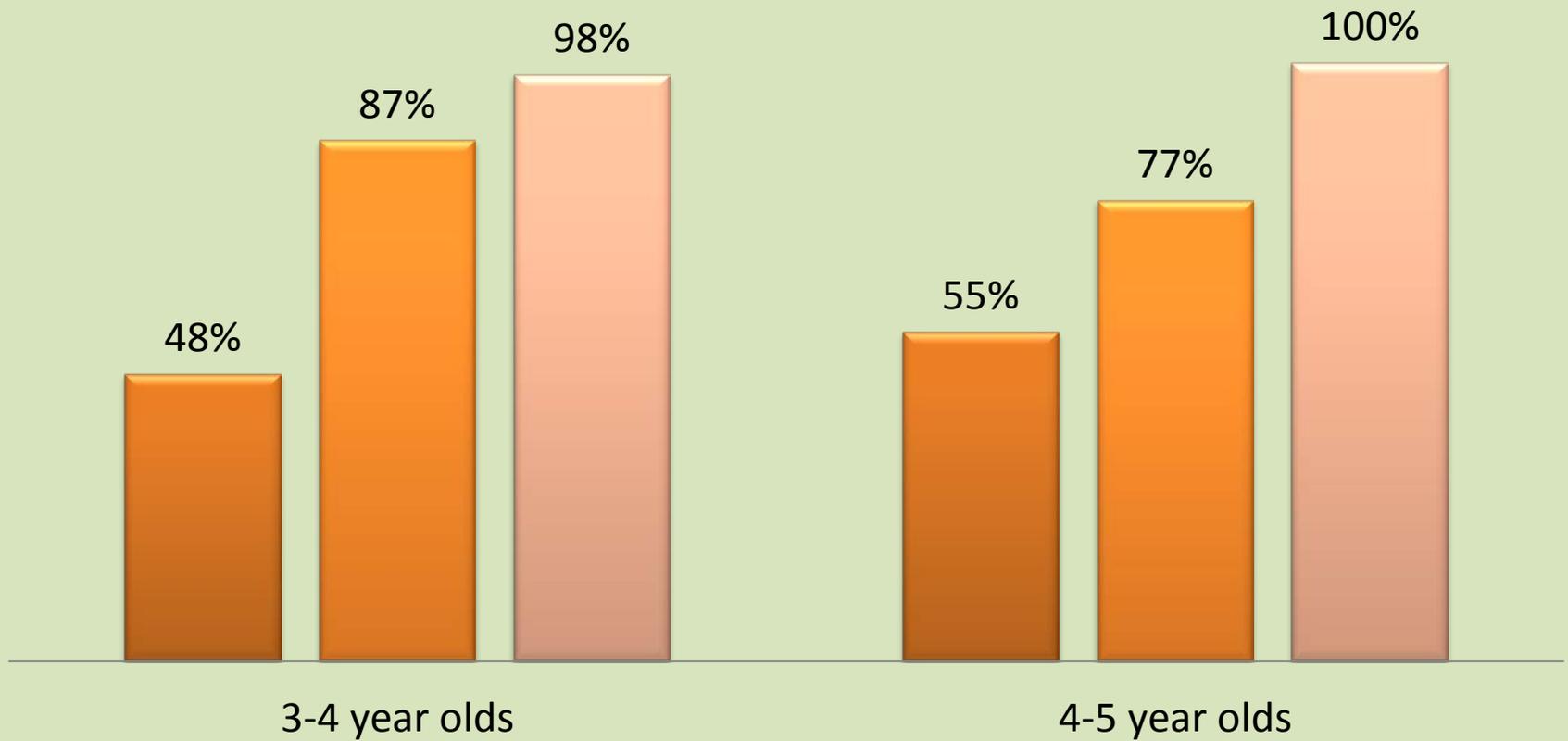
Preschool Math

■ Fall ■ Winter ■ Spring

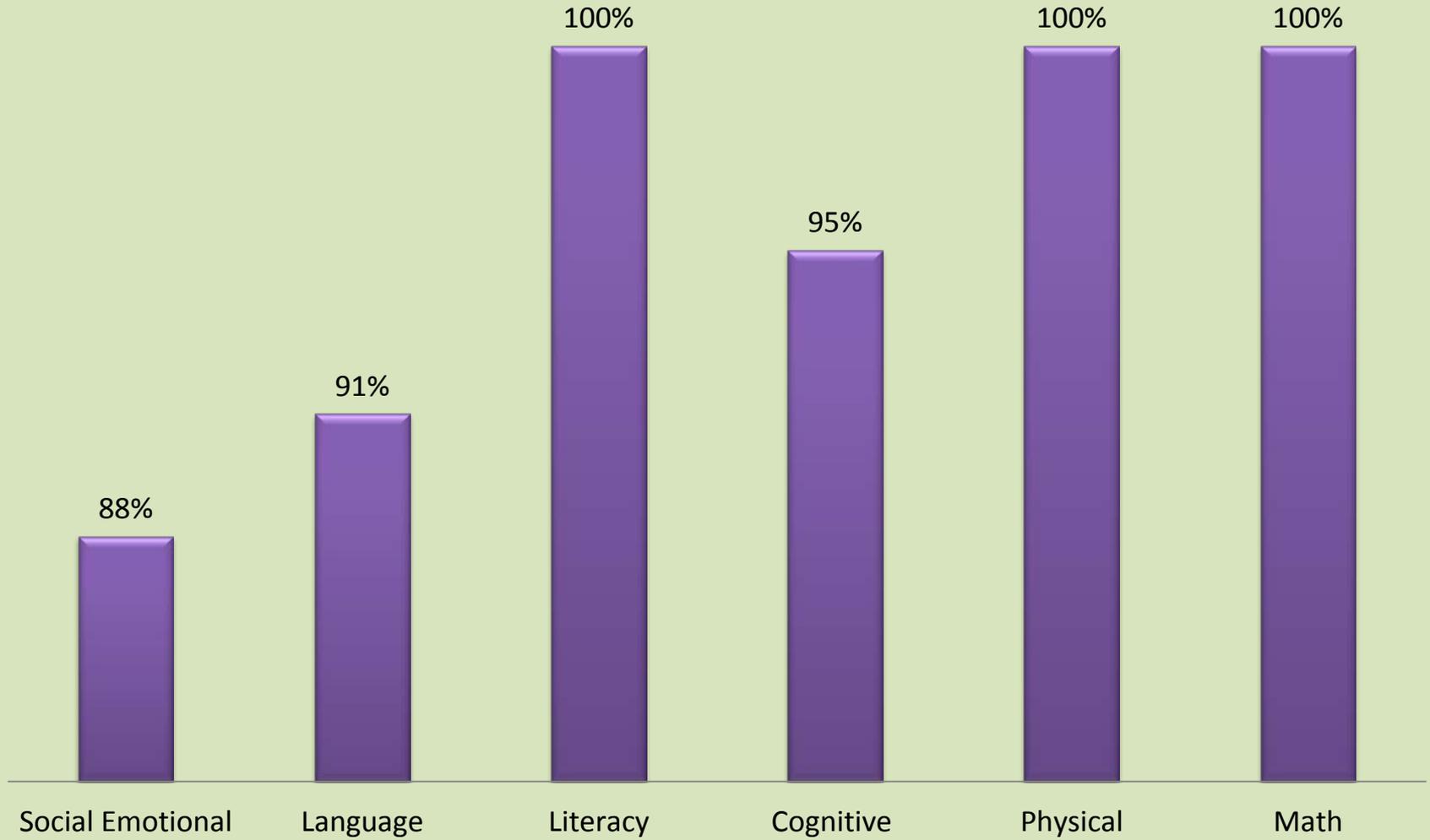


Preschool Physical Development

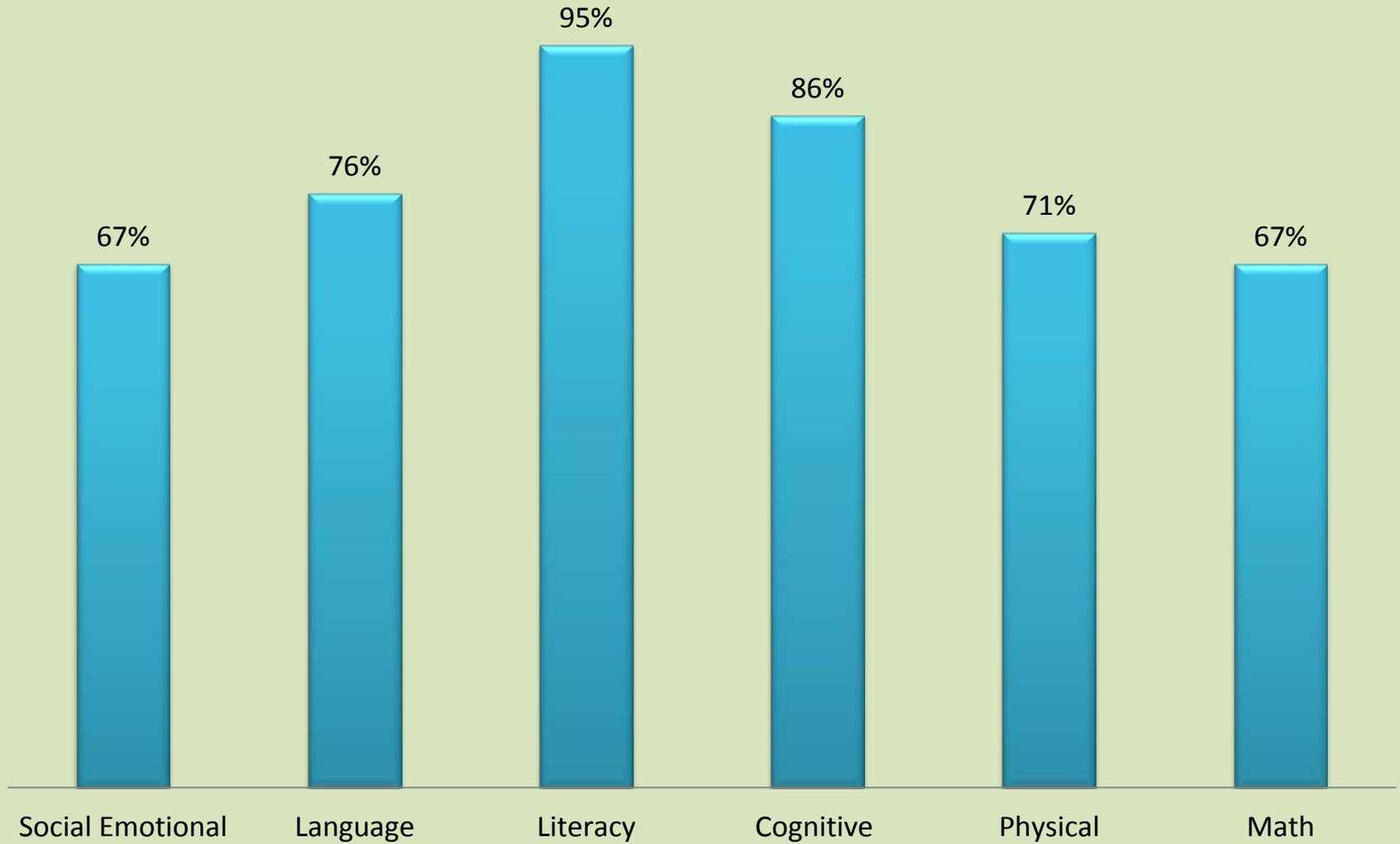
■ Fall ■ Winter ■ Spring



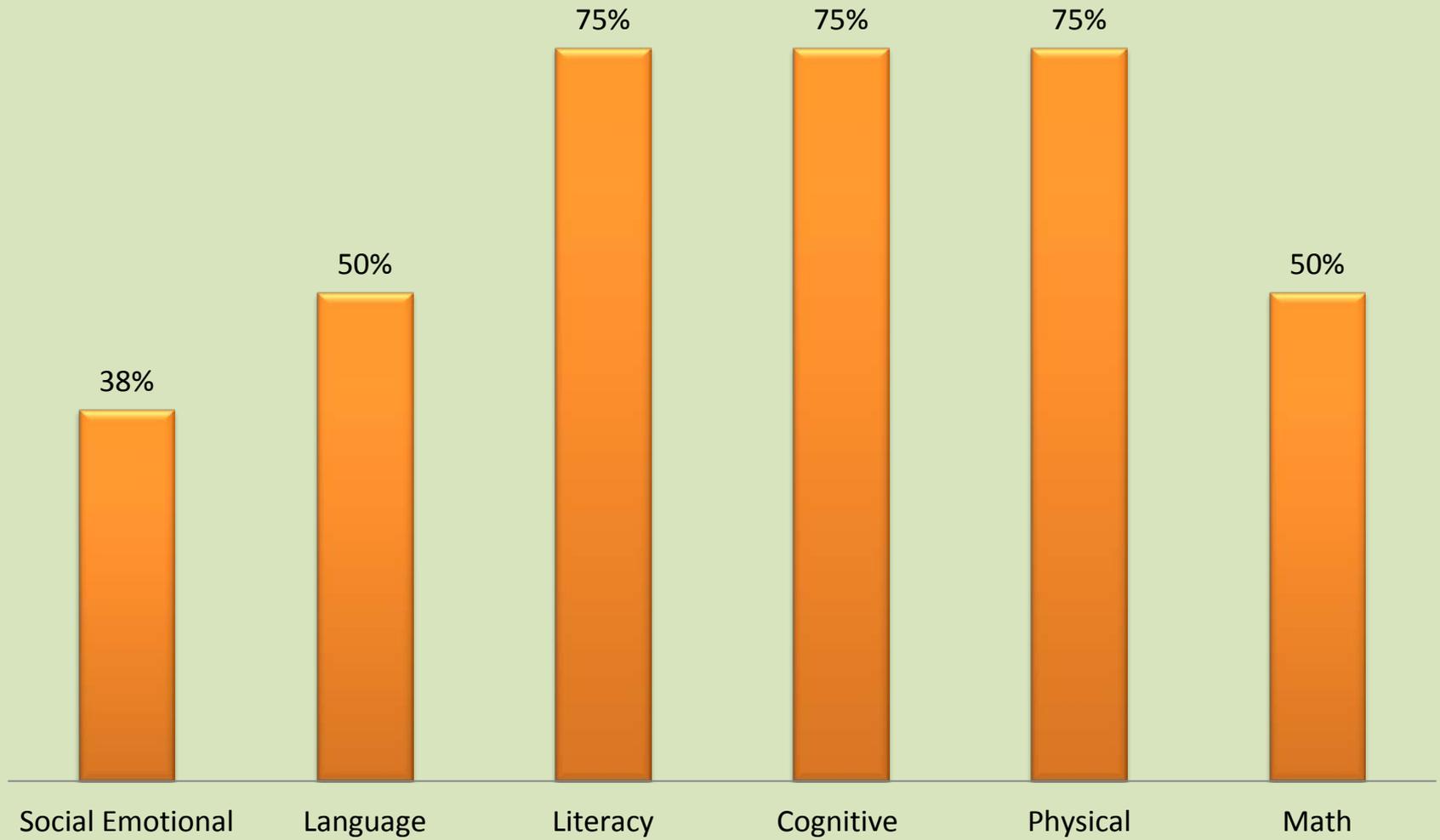
Spring Checkpoint Birth - 1 year olds



Spring Checkpoint 1-2 year olds



Spring Checkpoint 2-3 year olds



Family Outcomes

- Two evaluation periods during the year
- Focus specifically on 3 impact areas
 - Family Connection to Peers and Community
 - Parent-Child Relationships
 - Family Well-Being
- Measure 21 different factors within these 3 impact areas

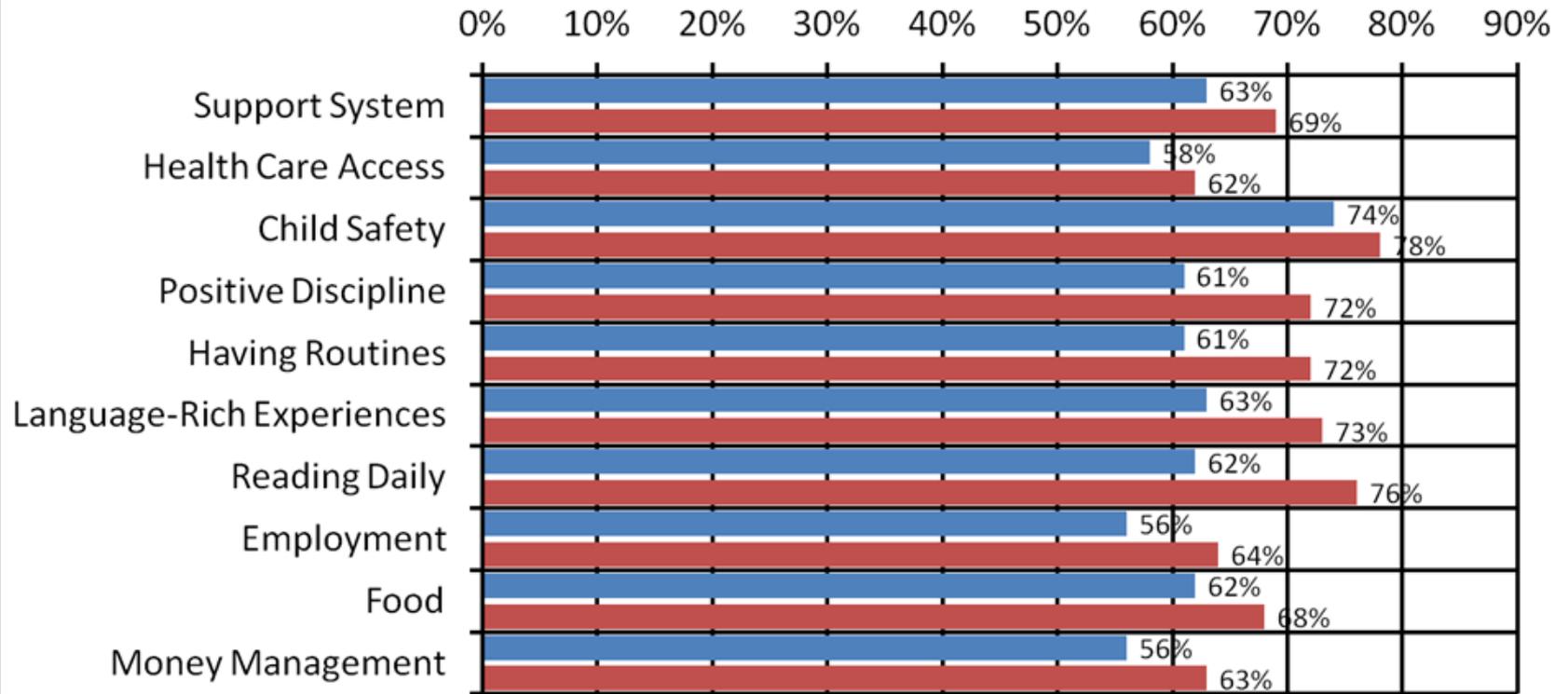
Family Outcomes

- Case managers work with families to identify each family's progress on meeting/achieving each of the 21 areas and provides supports to help families achieve success on more of the 21 areas throughout the year
- Center-based program – 3 home visits per year to work on these goals as well as office meetings and phone/in person contact
- Home visit program – 1.5 hours per week that includes case management, child education, family health and nutrition

Family Outcomes

FAMILIES REACHING ACHIEVEMENT GOAL

■ FALL 2016 ■ SPRING 2017





Boulder County
**Head
Start**

CHILD AND FAMILY OUTCOMES



BOULDER COUNTY HEAD START BACKGROUND

- **Serve low-income families and their children ages three through five**
 - 70 4-5 year olds (kindergarten bound 18-19)
 - 64 3-4 year olds (eligible to return 18-19)
- **134 children in preschool program**
 - 48 Colorado Child Care Assistance Program recipients
 - 12 half-day Colorado Preschool Program recipients

BOULDER COUNTY HEAD START BACKGROUND

- Funding streams, in order of contribution
 - ACF: Head Start
 - Boulder County BOCC Subsidy
 - CCAP
 - Temple Hoyne Buell Foundation*
 - CPP
 - Caring for Colorado*

Funds are layered to provide all children with full day, school year programming

* These funding streams are dedicated to Early Childhood Mental Health Consultation

BOULDER COUNTY HEAD START BACKGROUND

- Full range of comprehensive services are provided that are focused on a multi-generation poverty reduction model
- **Children receive** – education, nutritious meals, health services, developmental screenings, special education supports, early childhood mental health supports
- **Caregivers receive** – goal-focused case management, a variety of classes, home visits, parent teacher conferences, school readiness focused education on how to support the child's education, early childhood mental health consultation and parenting classes

BOULDER COUNTY HEAD START BACKGROUND

- All educational and parent support services are curriculum based.
 - Primary Curriculum: Creative Curriculum for Preschool
 - Other curricula:
 - Second Step
 - Preschoolers for Peace
 - I am Moving, I am Learning

BOULDER COUNTY HEAD START BACKGROUND

- Ratios:
 - 1 classroom: 1 to 15
 - 7 classrooms: 1:17
- All classroom staff with 1 lead Teacher, 1 Bilingual Teacher's Assistant (Spanish-English), 1 Classroom Assistant
- Seven out of eight teachers have a minimum of a bachelor's degree in preschool
 - One promoted from a TA position after 9+ years of service, received AA in May.
- All eight TAs have a CDA or AA/AAS in ECE

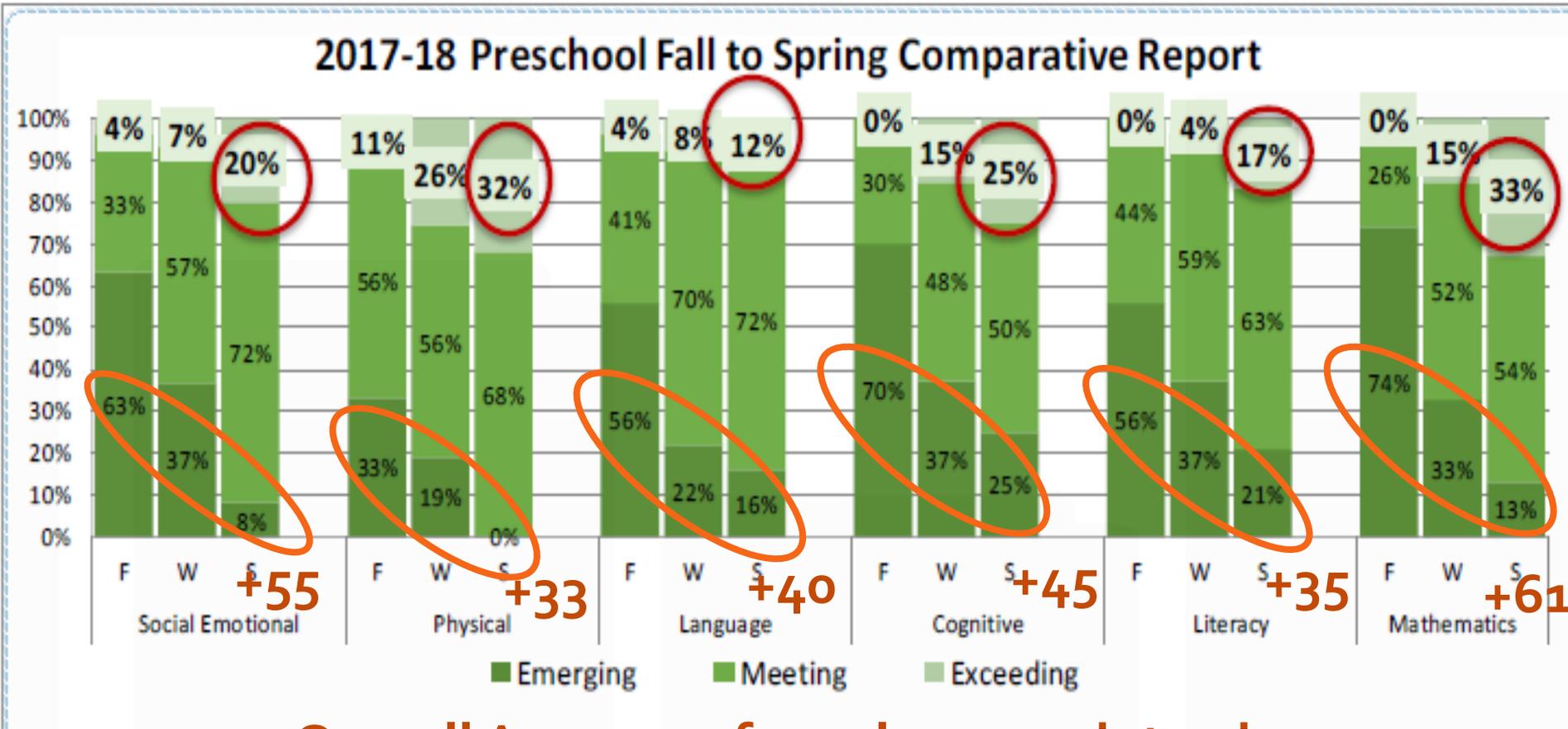
CHILD OUTCOMES & SCHOOL READINESS

- Each child's progress is rated 3 times per year on a variety of objectives (dates set by the CDE Results Matter Program)
- Teacher observation is used to validate progress and is recorded using Teaching Strategies GOLD assessment
- Teachers are fully trained and have completed reliability testing in the system

6 DOMAINS OF SCHOOL READINESS

- Social Emotional
- Physical
- Language
- Cognitive
- Literacy
- Mathematics

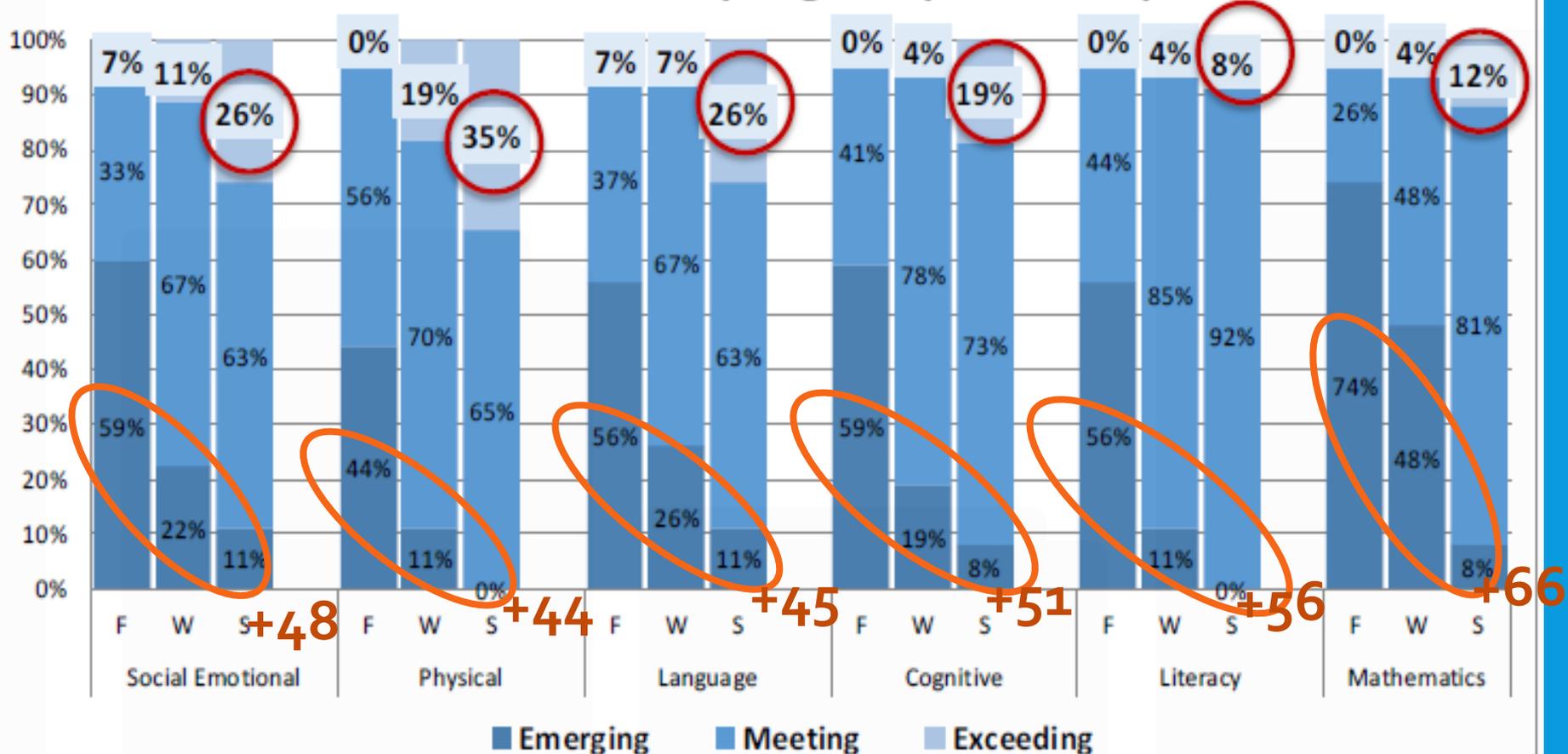
3YO Fall - Winter - Spring Data



Overall Average of nearly a 45point gain

4YO Fall - Winter - Spring Data

2017-18 PreK Fall to Spring Comparative Report



Overall Average of nearly a 52point gain

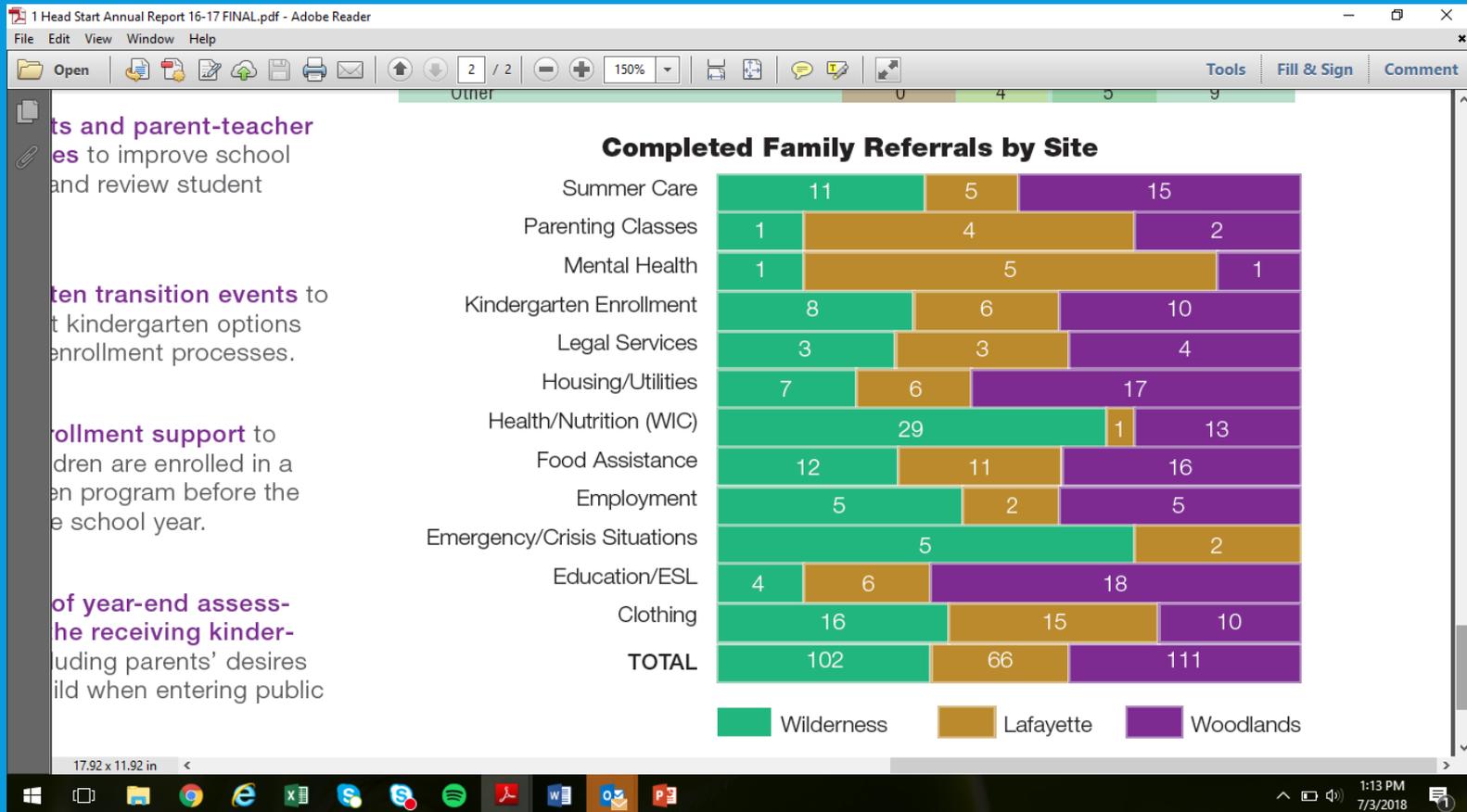
FAMILY OUTCOMES

- Two evaluation periods during the year
- Focus specifically on 3 impact areas
 - Family Connection to Peers and Community
 - Parent-Child Relationships
 - Family Well-Being
- Measure 21 different factors within these 3 impact areas

FAMILY OUTCOMES

- Case managers work with families to identify each family's progress on meeting/achieving each of the 21 areas and provides supports to help families achieve success on more of the 21 areas throughout the year
- Center-based program – 3 home visits per year to work on these goals as well as office meetings and phone/in person contact
- Home visit program – 1.5 hours per week that includes case management, child education, family health and nutrition

FAMILY OUTCOMES



FAMILY OUTCOMES

For Our Parents

As families work toward their Family Partnership Agreement goals, they are often referred to area social service agencies. The majority of parents also express interest in educational and job training, English as a Second Language (ESL), and parenting classes. 190 family partnership agreements (FPAs) were created with families, of those 166 were completed.

Families are assessed for strengths and vulnerabilities upon enrollment.

| CATEGORY | Emergency | Need | Interested | Strength |
|----------------------------|-----------|------|------------|----------|
| Basic Needs | 4 | 33 | 75 | 83 |
| Legal Services | 0 | 12 | 9 | 12 |
| Parent Education | 0 | 10 | 41 | 33 |
| Employment Services | 2 | 9 | 19 | 32 |
| Child Development & Health | 0 | 5 | 37 | 47 |
| Social Support | 0 | 3 | 10 | 42 |
| Other | 0 | 4 | 5 | 9 |



Boulder County Family Resource Network

Partnership Updates- September 2018

City of Longmont Department of Children, Youth, and Families:

CYF has hired a new bilingual counselor, his name is Luis Diaz de Sandi and he started on August 27. He will be coming to the next Longmont LAC to introduce himself. He replaced Olga Bermudez who is our new Community Coordinator for Early Prevention / Early Childhood. Luis is also bilingual English/Spanish and comes to us from MHP's crisis walk in center.

Our Lashley Street Station opened the end of July. It is located at 1200 Lashley Street and is a remodeled fire station that will house services for CYF, the Senior Center and can be rented out on weekends by Recreation. Here's a before and after comparison.



Sister Carmen Community Center

Bringing Digital Divides (Collaborative Effort to Promote Digital Equity in Boulder County)

High-speed internet has become essential to full participation in today's economy and is increasingly considered the "fourth utility," joining the more commonly recognized vital goods water, electricity, and heat. Knowing how to use technology productively and innovatively is an essential 21st century skill in the workplace and beyond. It should not come as a surprise that our most marginalized populations, like low-income Latinos, the unemployed and the elderly, make up a large part of the digital divide. When individuals or communities are not starting from the same societal position targeted strategies must be used to achieve universal goals. Per U.S. Census Bureau's 2016 American Community Survey (ACS) there are at least 2,474 city of Boulder Residents without a computer or Internet subscription in their home and 11,899 in Boulder County. Real numbers are probably higher given that the category "Has a computer" includes desktop, laptop, smartphone or tablet, and "Internet subscription" includes cellular data plans. We must also be aware that many of the most vulnerable of our community avoid

participation in Census and other surveys. ACS data does show that the populations most impacted by Digital Inequity are High School Graduates who are unemployed or not in the labor force, particularly those who identify as Hispanic or some other race, and residents 65 years or older. Prior to the formation of Bridging Digital Divides, each partner organization recognized the urgency of this issue and had been chipping away at this digital divide in their own way, working with the target population and providing individual assistance with navigating the increasingly digital world for years. Individual and Family Advocates at Sister Carmen Community Center help individuals with online bill paying and applying for benefits, Intercambio de Comunidades constantly has requests for basic computer skills classes and graduates of their citizenship classes are directed to fill out form N-400 (Application for Naturalization) online. BVSD has been aggressively moving to a digital interface; printed report cards are no longer sent home, school communication is primarily via email, Free and Reduced Lunch applications are online, and all parents to update their records online at the start of each year. The large number of parents (primarily in the Latino communities) who are unable to complete this update at home without assistance has led to clinics at the schools, where school employees circulate in the computer labs, walking the parents through the process. Obviously this is an appreciated service, but a bit like handing out fish. We want to give these people access to the pond, a functional rod, and instruction on how to use it. This is the population with the most urgent need, and where we have started to address the issue with 8 week long evening Digital Literacy classes (in Spanish), offering graduates a deeply discounted Chromebook to take home at the end. Our intention is to support every participant with connectivity by removing barriers to access either through the class itself or in consultation with the Program Coordinator. We also offer assistance that may include help with past debt, equipment replacement, or temporary bill pay assistance. The final and perhaps most important piece of the fine-tuning of the program will be the participation of the alumni in future classes. We will aim to make volunteering in future classes an expectation, stressing the importance to the growth of the program and offering incentives such as Intermediate classes, gift cards and other acknowledgements to encourage investment in the program. The end goal would be to have alumni who have continued to participate lead the class and be paid to do so.

This collaborative effort would not be possible without the time, resources and facilities use given by BVSD, the childcare provided by EFAA, expertise and support from Boulder Housing Partners, Intercambio, and CU Boulder Outreach, funding and administrative support from Sister Carmen Community Center, City of Boulder and a grant from Foothills United Way, enabling SCCC to hire a Program Coordinator responsible for administering the program, supporting students with enrollment, developing curriculum, teaching, researching new sites and connectivity options, and managing data. SCCC acts as fiscal lead, purchasing Chromebooks and managing the budget and funding requests, as well as hosting at least one of the Fall classes.

All six classes are presently full; however there is a wait list for another round of classes next spring if funding is secured. Please contact Lara Van Metre, Digital Divide Program Coordinator for more information or to be placed on the wait list: info@bridgingdigitaldivides.org or 720-425-4170 (call or text, English and Spanish)

Peak to Peak Housing and Human Services Alliance

- Name officially changed to Peak to Peak Housing and Human Services Alliance;
- Adopted a strategic plan for the next two years;
- Preparing an emergency response plan for the human service agencies for helping with more common, everyday problems, and for when the next disaster hits;
- Working to hire a Mountain Resource Liaison for the Northern portion of Boulder County that is overlaid by the St Vrain School District.
- Working towards a joint meeting with the IMA and Boulder County Department Heads to address to sometimes conflicting rules and regulations and how we can provide assistance helping to identify and, hopefully, resolve those in a manner that doesn't negatively burden homeowners.

St Vrain Valley School District

SVVSD is building a pipeline for teachers and focusing our energy on recruiting students into the fields of Early Childhood Education, Special Education, Bilingual & Culturally Diverse Learning, and Science, Math & Engineering through their P-TEACH Program (see attached flyer).

P-TEACH

Pathways to Teaching



Earn College Credit!



Be Career Ready!



Get Hands-on Experience!

P-TEACH PROGRAM @ SVVSD

Inspiring the Next Generation of Teachers!

P-TEACH introduces St. Vrain high school students to a career as an educator by offering a variety of concurrent enrollment courses in for education pathways.

**Early Childhood & Elementary
Math, Science & Engineering
Bilingual & ESL
Special Education**

P-TEACH students engage in hands-on field experiences and have opportunities to apply their skills in authentic workplace settings with professionals in the field.

P-TEACH students who successfully complete the two-year program, earning 12 college credits with a 3.0 or higher, are guaranteed admission to the University of Colorado Denver



Want more information?

Contact Wendy Howenstein, P-TEACH Coordinator
howenstein_wendy@svvsd.org

Longmont police optimistic about new programs for diversion

By Madeline St. Amour

Staff Writer

POSTED: 07/14/2018 08:00:00 AM MDT | UPDATED: ABOUT A MONTH AGO



Clinician Jessica Hall talks with a woman Wednesday outside the Safety and Justice Center in Longmont. Hall is part of the Crisis, Outreach, Response and Engagement team, which pairs clinicians with police officers who respond to mental health and welfare calls and try to keep those people out of jail or the emergency room. *(Lewis Geyer / Staff Photographer)*

The Longmont Department of Public Safety is optimistic about two new programs aimed at improving diversion and connecting people with services, but both officers and administrators say the lack of resources in Boulder County is a large barrier.

Both the LEAD (Law Enforcement Assisted Diversion) and CORE (Crisis, Outreach, Response and Engagement) programs should be fully staffed by the end of the month after the [department received state grant funding in January for the initiatives](#).

"We are, I think, dramatically short of places to take people, especially with co-occurring issues," Assistant Public Safety Chief Dan Eamon said.

The county has no crisis stabilization units, which are small inpatient facilities for those in crisis who cannot safely be in a residential service setting, or acute treatment units, which can involuntarily hold those with mental illnesses, according to Eamon.

Officers will often take people 35 miles away to North Range Behavioral Health in Greeley for treatment, which can make the coordination of care and funding more difficult.

Still, Eamon thinks the programs are the right move for the department as it tries to ease the burden on patrol officers and shift the issues of mental health and substance abuse from the criminal justice system to the health care system.

"The Department of Public Safety deals with these issues on a daily basis, but we're not a solution to the problem," Eamon said.

'Avoid jail and the emergency room'

Jessica Hall moved to the Longmont area from Chicago in May. She's been a social worker for 10 years, working for state departments of housing and in a number of hospital departments. In all of her positions, many of the people she served had mental health and substance abuse problems.



Longmont Police Officer Tash Petsas and clinician Jessica Hall leave the Safeway in south Longmont after meeting with a person inside the store Wednesday. The two are members of the Crisis, Outreach, Response and Engagement team, which pairs clinicians with police officers who respond to mental health and welfare calls and try to keep those people out of jail or the emergency room. *(Lewis Geyer / Staff Photographer)*

Hall said she saw firsthand the need for greater community outreach while working inside health institutions.

"I don't think it's going to get better inside," she said.

Now, Hall is one of three clinicians who respond to mental health and welfare calls with Longmont police officers.

Tash Petsas, an officer assigned to the CORE team, said he and Hall will follow-up with previous clients and then hit the street each day to help with calls.

"Their primary job is to avoid (sending people to) jail and the emergency room," Eamon said. Once the team has paramedics, they will also be able to medically clear people before taking them to a treatment facility.

The CORE team had a "soft launch" April 1 and has been operating with officers and clinicians since then. They should be fully staffed with clinicians, officers and paramedics by Aug. 1.

From its start through June, the team has responded to more than 300 calls for service in the community. Of those, Eamon said they documented 29 times where they diverted individuals away from arrest or a hospital hold.

The department defines a diversion as cases where an on-scene officer agrees that the person would have been taken to jail or the hospital if the CORE team hadn't intervened, so not every call is a diversion.

'Be ready when they're ready'

Petsas, who has worked in law enforcement for 21 years, said the work he's doing now isn't new to him.

"I've always tried to look at the human," he said. Now, the difference is the clinician in the cruiser, which sometimes means the pair have to find a way to compromise on what approach to take.

For example, Petsas knows that when a certain person is in town, it means that he is struggling, so Petsas usually tries to check on him. However, Hall advises against that because it could pathologize the person and reinforce the pattern rather than prevent it.

The CORE team also has more time to spend with each person they encounter. Before, patrol officers only had minutes they could spend on these difficult calls, often ending in mental health holds at the hospital for the individual if they seemed to pose a threat.

"Now, with the clinician, she can engage longer and if there's no cause for a hold, we can leave," Petsas said. "But we can check back up."

Hall said they probably spend an average of 20 to 45 minutes with each person.

For "high utilizers," or those who may spur calls or make calls for service to the police often, the CORE team can also use "therapeutic stalking" to check on the person and see how they are doing.

Petsas said he has used a similar strategy when working at previous departments. A woman who was paranoid and afraid would call the police every night, he said, and the local mental health facility wouldn't work with her. So Petsas developed a system where he would stop by her apartment building every night and sign a sheet on her door so she would know that he came by.

"I don't think it was healthy, but she felt safe," he said. "And the calls went away."

In another situation, Petsas would always find a drunk man when he was sober and talk with him. Years later, Petsas received a letter from the man thanking him for the time he spent with him.

The point is, Eamon said, to "show people that somebody cares, build a relationship and be ready when they're ready."

CORE in action

Just before noon Wednesday, Petsas and Hall headed out to search for a man who was suffering from delusions and paranoia.

He had been hospitalized in another city before ending up in Longmont after a number of taxi rides. He called Petsas frequently and described some of his fears, which include the KGB coming after him.

Petsas was driving around the man's usual haunts when he got a phone call --- it was the person he was looking for. He parked, and repeated what the man said over the phone as Hall scribbled notes next to him. The conversation didn't last long, and Petsas still didn't know where the man was.

He swung around to a park, saying he heard children in the background during the call, but found nothing. When he pulled into a grocery store parking lot, he finally spotted the man sitting alone at a table outside.

"Alright, he could be dangerous," Petsas said. Hall put on her bulletproof vest, then buttoned a black cardigan over it, and the two got out and headed toward the man as he ducked into the store.

The interaction wasn't successful, but Petsas and Hall will try again later.

This man's situation is just one of a variety that the CORE team encounters. Most people the team interacts with are housed, Petsas said, though they have also worked with homeless and transient clients. Some have substance abuse issues, some have severe mental health issues and others just call because they don't have the coping skills to navigate a situation they're facing.

While driving around the city, Hall calls a veteran who went into shock on July 4 because of fireworks. Hall responded to the call and helped get her to the hospital, but the woman could barely say more than "yes" or "no" at the time. Hall said the veteran doesn't remember the incident at all.

The woman already had a therapist, but didn't know about the peer support groups she could join, despite her trip to the hospital.

"That's one of the gaps I think," Hall said. "People can go to the hospital ... but the discharge unit can be hit or miss."

The woman also had been to the hospital two weeks before the holiday, but no one asked if she was a veteran and so she didn't get any assistance in planning how to cope with the coming holiday.

People don't know what to ask for, so often they just never learn about what's out there. Hall said she found that, while working at hospitals, she was most helpful to people when she just kept asking them questions.

Treating the underlying addiction

The LEAD program launched last week after officer training, Eamon said. So far the department has two case managers and hopes to be fully staffed with four by the end of July.

The goal is the same as CORE: to keep people out of the criminal justice system. Officers can use their discretion to do prearrest diversions, where they offer the LEAD program to the person they would otherwise charge.

Officers can divert low-level offenders who struggle with substance abuse to LEAD, as well as people they deal with frequently on patrols who would be better served getting treatment rather than entering the criminal justice system and jail.

If the person agrees to let a case manager assess them within two weeks, the charge goes away, Eamon said.

Officers can also make social referrals, where they refer people who have a criminal history in Longmont and a substance abuse problem to LEAD without a probable cause for arrest. There is no punishment if the person refuses in this case.

In other LEAD programs around the country, departments have found that it's unlikely people won't take the assessment deal. Eamon hopes Longmont will find the same results.

"It's kind of an acknowledgment that the war on drugs failed," he said. "(...) We want to treat the underlying addiction so we can get people away from committing crimes."

Diverting people away from jails and the hospital will save money and prevent stress on those institutions, he said, and he hopes it will help the patrol division as well.

A community issue

While the programs are beginning to improve diversion, Eamon said the teams aren't yet big enough to take on the majority of mental health calls. They would need to at least double the size of the CORE staff to cover calls from 8 a.m. until midnight, he said.

The programs also aren't permanent. Both are funded by grants from the state Department of Human Services' Office of Behavioral Health.

Longmont police received \$362,500 per fiscal year for a five-year period to run the CORE program, and it's entering its second year now with no plans for alternative revenue sources, Eamon said.

The department also received \$574,000 per fiscal year for a three-year period to fund the LEAD program, which the state is evaluating as a pilot program and may continue funding in the future.

However, the department currently has no plans to pick up the funding on its own if and when the state grants sunset in the future.

Another issue the programs face is the lack of community resources. There are no overnight mental health facilities in Boulder County. While nonprofit Mental Health Partners has a number of outpatient centers and one 24-hour location, it can only hold people at a "certain acuity," Eamon said.

The problem exists statewide, he said. In Longmont, it forces officers to take people to North Range Behavioral Health in Greeley, which can strain all those involved.

"It would be better to have something locally," he said.

The lack of local resources also can leave police with little options other than a mental health hold at a hospital if a person appears to pose a threat to themselves or others, which is something Petsas said he hates doing.

"When we take someone to the emergency room, we collect data, the hospital takes some data, the individual's clothes get taken away and they get hospital clothes, and they get placed in a cell with a security guard," he said. "All of that, to me, looks like a jail."

According to Eamon, the community needs to come together to find a solution for these issues. He hopes the new programs will raise awareness about mental health problems and substance abuse.

"We need to have the difficult conversation about how everybody can help," he said. "(...) This is not something that government is gonna solve."

Madeline St. Amour: 303-684-5212, mstamour@prairiemountainmedia.com



Family Resource Network Regional Council Meeting

November 8, 2018

TABLE OF CONTENTS.....1

AGENDA2

SEPTEMBER REGIONAL COUNCIL MINUTES3-8

BYLAW UPDATES.....9-12

2GO GRANT APPLICATION13-27

FRN INITIATIVES AND OUTCOME FRAMEWORK28

FRN PARTNER UPDATES29-30

FRN PRIMARY AND ADJACENT INITIATIVE UPDATES.....31-33

EAST LAFAYETTE HOUSING34-58

PUBLIC CHARGE KEY MESSAGES59

2019 OPEN ENROLLMENT60

**Boulder County Family Resource Network (FRN)
Regional Council (RC) Meeting**

November 8, 3-5pm

Sister Carmen Community Center in Lafayette

Meeting Objectives

Discuss the following updates:

- 1) Revision to HHSAC By-laws;
- 2) 2GO grant award;
- 3) Next steps with the FRN Initiatives and Outcomes Framework;
- 4) East Lafayette Housing Project; and
- 5) Public Charge.

Decision Points for Today:

- 1) Approval of minutes from September;
- 2) Approval of updates to the HHSAC By-laws;
- 3) Approval of the 2GO work group; and
- 4) Approval of work group to create recommendations for FRN Initiatives and Outcomes framework.

1. Welcome and introductions- **Suzanne** (3:00-3:10)
 - a. Introduction of new member- Margaret Crespo, BVSD Assistant Superintendent
 - b. FRN RC members introduce themselves
2. Review of agenda and consent items- **Suzanne** (3:10-3:15)
 - a. **Decision point:** Approval of minutes from September
3. Membership- **Suzanne** (3:15-3:25)
 - a. Update on BOCC feedback to by-laws, revisions and vote
 - i. **Decision point:** Approval of updates to the HHSAC By-laws
4. Discussion of FRN related work to date and next steps (3:25-3:55)
 - a. Update on Service Enriched Housing- **Melissa** (10 minutes)
 - b. 2GO Update and next steps- **Melissa** (20 minutes)
 - i. **Decision Point:** Approval of 2GO work group
5. Discussion on the FRN Initiatives and Outcomes Framework – **Christina and Suzanne** (3:55-4:10)
 - a. **Decision Point:** Approval of a work group to create recommendations for FRN Initiatives and Outcomes Framework
6. Updates on Dream Big’s Strategic Planning Sessions- **Lori and Karin** (4:10-4:25)
7. Updates on East Lafayette Housing Project- **Jim Williams** (4:25- 4:40)
8. Policy Discussion: Public Charge- **Jim Williams** (4:40-5:00)
9. Adjourn (5:00)- **Suzanne**
 - a. Next meeting will be January 10, 2019 at OUR Center



Department of Housing & Human Services

2525 13th Street, Suite 204 • Boulder, Colorado 80304 • Tel: 303.441.1000 Fax: 720.564.2283
Boulder Office • 3460 Broadway • Boulder, Colorado 80304 • Tel: 303.441.1000 Fax 303.441.1523
515 Coffman Street • Longmont, Colorado 80501 • Tel: 303.441.1000

www.bouldercountyhhs.org

BCDHHS Advisory Committee

Meeting Minutes

Thursday, September 13, 2018, 3:00-5:00pm

BCDHHS

Members Present: Suzanne Crawford, Julie Van Domelen, Edwina Salazar, Robin Bohannon, Jeff Zayach, Diane Lauer, Karin Stayton, Betsey Martens, Danielle Butler, Lori Canova, Dennis Whalen (designee for Janette Taylor), and Frank Alexander

by phone: Christina Pacheco Sims

Staff Present: Jim C. Williams, Melissa Frank-Williams, Monica Serrato, Angela Lanci-Macris, Whitney Wilcox, Susan Caskey, and Sarah Buss

1. Welcome and Introductions

Suzanne Crawford called the meeting to order and asked for everyone to introduce themselves.

2. Review of Agenda and Consent Items

Suzanne reviewed the agenda and asked for approval of July minutes. The minutes were approved.

3. Membership - Review updates to bylaws and vote

Suzanne asked if members had questions or concerns about changes made to the bylaws. There were no questions. Suzanne asked for a motion to approve the changes to the bylaws, the bylaws were approved unanimously.

4. Discussion of FRN-related work to date

A. *Overview of work plan update.* Melissa provided several updates about the FRN, including:

- a. FRN partners are being onboarded to BCC and practices for services and referrals (ongoing through 2019).
- b. A services matrix is being developed that will be able to be accessed through BCC.
- c. Service and process outcomes are being identified.
- d. Participant, program, and community level reports (using the CFSA) are being developed and will be accessible through BCC in the next few months.

Melissa shared that WorkForce Boulder County is next to come on to BCC. She reported that HHS teams are identifying agencies interested in coming on to the system, meeting with them to identify their needs, and then developing a project plan and timeline for onboarding to BCC. Jeff asked about next steps and timeline for this work, Melissa shared that she didn't have more information at this time. Frank, Sarah and Melissa shared that the MIS team has been onboarding additional organizations participating in Coordinated Entry (including Boulder Shelter and Bridge House) on to the system and performing ongoing maintenance of both BCC and HHSC systems. HHS staff will meet to

better understand staff capacity and timeline for onboarding additional organizations and report back to the Regional Council.

Karin asked about SPAN's status as it relates to BCC. Melissa shared that there have been several discussions about SPAN and Safe Shelter's confidentiality and security requirements around the data system. The same process Melissa outlined above is being used to determine SPAN and Safe Shelter's use and participation in the data system.

- B. *LAC implementation updates and next steps.* Whitney provided an update on the Mountain and Boulder Local Area Collaboratives (LACs). The Peak to Peak Housing and Human Services Alliance, and its workgroup the Mountain Human Services Collaborative, has been engaged in much of the work envisioned by the FRN for several years. The Peak to Peak has formally agreed to represent the mountain region as the Mountain LAC of the FRN.

The Mountain Human Services Collaborative was implemented to increase access to services by mountain residents. Members include the Nederland Food Pantry, LEAF, the Old Gallery, EFAA, OUR Center, BCDHHS, and Foothills United Way.

Over the past year or two, the Mountain Human Services Collaborative developed, finalized, and approved a strategic plan. The strategic plan included six focus groups in mountain communities to better understand from residents the needs, gaps, strengths, and opportunities across different social determinants of health. The Mountain Human Services Collaborative was also successful in securing funding for two Mountain Resource Liaisons to provide case management and navigation support to vulnerable mountain residents. One of the positions is currently being recruited by the OUR Center. Finally, the Mountain Human Services Collaborative executed an MOU in the past month that outlines the roles and responsibilities of the Collaborative as well as the individual members. Betsey asked for the position announcement to be distributed and there was some additional discussion by members about the position responsibilities and needs.

Angela acknowledged and thanked Dennis for his leadership as the Peak to Peak Chair and his role in the progress made through Peak to Peak. Julie said that the Peak to Peak work is impressive. It meets monthly, includes all the public and private service providers, is very operational, and discusses how to get services to mountain residents. Dennis said he's most excited about their Disaster Response Plan for human service agencies. Dennis said this is critical because when a disaster hits, it can be challenging for aid organizations, such as the Red Cross, to reach their community and residents impacted by a disaster want local people to talk to. Dennis said they've worked with emergency management staff Jocelyn Fankhauser, Tiernan Doyle, and Voluntary Organizations Active in Disaster (VOAD) on the development of the plan. Dennis also said that Peak to Peak is meeting with Department Heads and Commissioners on Oct. 12.

Whitney also provided an update on the Boulder LAC. The Boulder LAC membership includes representation from Boulder Housing Partners, BVSD, Boulder County Head Start, SPAN, the YWCA, Attention Homes, I Have a Dream, El Centro Amistad, City of Boulder Family Resource Schools, EFAA, and Boulder County Housing and Human Services. Whitney shared that the Boulder LAC completed its brainstorm process and is currently developing its work plan. Issues the group has identified include: the area's lack of affordable housing, the ripple effects caused by lack of accessible and affordable transportation (including missing case management meetings, medical appointments, and picking up prescriptions), lack of and conflicting communication about the availability of mental health services, particularly around MHP, and link between the availability of accessible and affordable child care and maintaining sustainable employment. Julie shared there is a lot to be gained from this work, that it is one of the only forums that brings together service agencies in Boulder.

Frank said that the Boulder County Housing Authority (BCHA) presented its application on the Nederland housing community (to be called Tungsten Village) to CHFA. He said the strongest part of the application was the community work done by the Peak to Peak members. He thanked Dennis for his and the team's work, and said that it wouldn't have been possible without the Peak to Peak's efforts. Frank added that 15% of Nederland residents wrote letters of support for the housing development. Dennis said he's excited about the project, but that it's just a beginning and the community needs more affordable housing.

5. Update on 2GO funding opportunity

Melissa said the Colorado Department of Human Services is seeking proposals to fund two-generation approaches of working with families. She shared information about the proposal requirements and summary of proposed concept based on conversations with multiple partners. The group has yet to agree about how to move forward and wanted to further discuss and agree to an approach.

Melissa walked the group through the current proposal concept, which is to develop a coordinated entry system that screens and matches families with children ages 0-5 living in low income housing with appropriate services across the social determinants of health, with the Family Resource Centers acting as the core service and referral agencies.

The group discussed the RFP timeline, requirements, partner organizations, budget, process and outcomes evaluation, and proposal ideas that would support the group's current work.

There was also discussion about the current capacity of the County's home visitation programs and extent to which families are referred to additional services for which they may be eligible. Jeff said the Home Visitation Collaborative is looking at ways to improve coordination between programs, and that a universal home visitation approach would help facilitate this, and that there may be additional demand for services, but he sees opportunities to find/restructure funding to meet the potential increased demand given that there is more alignment now

between the federal and state level. Melissa added that there isn't currently an evidence based practice to address lighter touch needs, so will want to explore adding this to our existing home visitation programs.

The discussion concluded with an ask for volunteers to support the writing and review of the application, in addition to Community Services staff that have already volunteered. Suzanne and Danielle volunteered to help. Melissa will follow-up with them about next steps.

6. Follow-up on early childhood discussion from July

Melissa wanted to follow-up with members about the Early Head Start and Head Start presentations from the July Regional Council meeting. Melissa shared that both are members of the LACs and are part of discussions around common assessments and Boulder County Connect (BCC). Melissa added that both Early Head Start and Head Start have been successful in bridging the achievement gap. She asked members to discuss next steps in working with these programs, in addition to those Regional Council members working to close the achievement gap, and the role of the Regional Council in this work.

The group discussed Dream Big, which is meeting to develop its strategic plan and discuss expansion efforts with additional organizations. Suzanne said she was unclear as to the extent to which the groups addressing the achievement gap were coordinated and which group, if any, was seen as the lead organization. These groups may include Dream Big, ECCBC, Raising of America, and the Colorado Preschool Program. Betsey said it was her understanding that it's the intent of Dream Big to be the lead organization in this work and that all groups are represented with the exception of Raising of America.

There was also discussion about Dream Big's Early Childhood work group, which was disbanded and members now attend ECCBC's meeting to ensure alignment between these groups and reduce duplication.

Suzanne asked if the communication between Dream Big and the Regional Council needed to be strengthened in order to ensure that all groups are aligned and headed in the same direction. She proposed creating a subcommittee to ensure all these efforts are better connected and coordinated, given that the Regional Council meets bi-monthly and there isn't enough time to discuss in depth.

The group discussed clarifying the role/relationship between Regional Council and current subcommittees (i.e. primary initiatives) and adjacent initiatives, including the Universal Home Visitation program and Dream Big. Melissa said that the expectation has been to provide updates on adjacent initiatives to this group. She said there may be more opportunity to share with Regional Council members the Dream Big strategic plan, and opportunities within that strategic planning process for increased planning and coordination with the Regional Council.

Angela asked about creating a stronger linkage between ECCBC and Dream Big, or a subcommittee that included representation from those two groups, that would act as a bridge between that work and the Regional Council, as opposed to creating a subcommittee of Regional Council members. Frank said closing the achievement gap is impossible for one person or entity or a couple of entities, that everyone has a role in this work. Frank said that as an example, HHS is preferencing 0-3 in to CCAP, a result of the Department's partnership with ECCBC and child care providers. He added that because of the preference of 0-3 in to CCAP, other HHS programs and resources are being aligned to support this population.

Danielle said she sees early childhood, schools, cultural competency, and poverty as key barriers to address in order to close the achievement gap.

Karin said Dream Big looks at the cradle to career continuum, taking a two generation approach, and that there are more opportunities available for stakeholders to work together. She added that she appreciated today's discussion and hears that people are asking about how to align with Dream Big and how it can actively engage more people.

Danielle said she met with the new BVSD superintendent, and that closing the achievement gap is his number one priority.

The group reviewed the 2018 FRN Initiatives slide and discussed the adjacent initiatives, including Dream Big, Universal Home Visitation, and IforE/PHIP/Mental Health.

- Betsey asked how adjacent initiatives could become primary initiatives. Melissa said it's for the membership to decide what the FRN has oversight of and what projects are aligned with and connected to the FRN.
- Jeff said IforE is narrow, defined, and short-term with the intention of scaling it up, but recommended an Early Childhood adjacent initiative that includes the other projects.
- Sarah asked if the FRN would become the governing structure for Dream Big if it were to become a primary initiative of the FRN. Robin said the bigger question is to define what it means to be an initiative of the FRN and then identify which programs are managed by the FRN and which remain independent partners.
- Suzanne suggested rethinking the graphic. She identified the Digital Divide work as missing. Melissa said that the three primary initiatives (supportive employment, service-enriched housing, and family homelessness) were identified in the graphic because once piloted, would scaled up to other FRN members. She added that the group voted that the FRN would be the governance structure over that work. The adjacent initiatives identified in the graphic are projects that are outside of the FRN governance structure but have been part of discussion about whether or not they should be governed by the FRN.
- Julie said criteria might include that if a project involves all the FRN members, it should be linked to the FRN. She said that as Dream Big expands, from IHAD in schools and housing sites, to include ECCBC and the FRCs, all of whom are HHSAC/FRN members, what is the most efficient way to organize?

- Betsy said that FRN adopted Dream Big as a pilot, and that though there was agreement about that, no one probably knew what that meant.

7. Next Steps

Melissa said there are some steps to sort out yet about how to increase communication between Dream Big and FRN, and that that can be discussed further at the Dream Big meeting the next day. She said that at a minimum, Dream Big plans and documents could be shared with this group for comments, questions, and discussion. There are currently updates included the packet about the adjacent initiatives, including Dream Big.

The next meeting will be from 3-5pm, November 8 at Sister Carmen.

8. Adjourn

BYLAWS
BOULDER COUNTY DEPARTMENT OF HOUSING AND HUMAN SERVICES
ADVISORY COMMITTEE

ARTICLE I – NAME

Section 1. Boulder County Housing and Human Services Advisory Committee (Advisory Committee).

ARTICLE II. – PURPOSE

Section 1. Serve as the Regional Council of the Family Resource Network (FRN).

Section 2. Strive to actualize the vision and mission of the FRN and to ensure that the vision and mission are aligned with the needs of the Boulder County community.

Section 3. Enable community leaders, Boulder County Department of Housing and Human Services (Department) staff, residents and clients to make recommendations on improving the effectiveness of the service delivery of the FRN and the Department.

Section 4. Serve as advisors to the Department.

ARTICLE III. – MEMBERSHIP

Section 1. Selection - Membership of the Advisory Committee shall be composed of up to 20 members. The members shall be the executive directors of each partnering agency or specified designee (manager or director) assigned by the respective executive director of the partnering agency as more particularly set forth in the FRN Governance Charter (See attachment A). Changes to membership can be made by a majority vote during a scheduled Board meeting. Upon resignation, vacancies shall be filled in accordance with the membership procedure.

Section 2. Responsibilities of Advisory Committee members – The responsibilities of the Advisory Committee include but are not limited to:

A. Attend a minimum of 75% of scheduled meetings annually. If a member fails to attend 75% of scheduled meetings the member may be removed from the Advisory Committee. The Chair or Vice-Chair may consult with the Advisory Committee and the member to determine appropriate next steps.

B. Provide oversight of the FRN. The responsibilities of the Regional Council include but are not limited to:

- a. Abide by the FRN Governance Charter.
 - b. Actively participate in policy and program development of the FRN. Participation may include: evaluating the effectiveness of programs through shared data reports; sharing current and emerging best practices; and identifying emerging needs/gaps in population service delivery.
 - c. Become more knowledgeable about other resources in the County and share appropriate information with the committee and the staff of the Department.
 - d. Become familiar with County, State & Federal Human Services programs and policies.
 - e. Become familiar with existing legislation at the County, State, and Federal levels and to contact legislators regarding pending and needed legislation.
- C. Provide advice and guidance to Department staff in order to better support the performance of their community responsibilities, support alignment of their activities with community need, and provide clear and effective access to the vital support services within the Department. Advisory Committee members are in an important liaison role with the community and are positioned well to enhance and strengthen two-way communication between the Department and various constituencies, as well as other activities which would provide for citizen participation in assisting the Director and/or Board of Human Services (Board of County Commissioners) in determining program and budgetary priorities.

ARTICLE IV – OFFICERS

- Section 1. The officers of the Committee shall be Chair and Vice-Chair. The Department’s Director and a subcommittee appointed by the Advisory Committee will nominate persons to fill the positions of the Chairperson and Vice-Chairperson. Nominations will be submitted for approval to both the Advisory Committee and the Board of Commissioners will be notified.
- Section 2. The Director of Boulder County Housing and Human Services shall be an ex-officio member of the Advisory Committee and shall provide a backup administrator in his/her absence.
- Section 3. The Department shall provide a secretary to the Advisory Committee.

ARTICLE V – OFFICERS AND COMMITTEES

Section 1. Officers- The officers of the Advisory Committee shall be the Chair and the Vice-Chair. Additional officers may be elected or appointed by the Advisory Committee. An individual may not hold more than one office at a time.

A. Nomination Procedure, Time of Elections

A current member of the Advisory Committee may nominate any member of the Advisory Committee in good standing for Chair or Vice Chair. Nominations shall occur when there is unanticipated turnover, or as soon thereafter as practical.

B. Election, Term of Office

Elections shall occur by majority vote of the Advisory Committee during the December Advisory Committee meeting, or as soon thereafter as practical. Terms of office shall begin at the close of the meeting at which officers are elected, and are two years in length. Officers may be re-elected to serve an unlimited number of additional terms.

C. Powers and Duties

a) Chair. It shall be the Chair's responsibility to:

- i. Preside at each of the meetings of the Advisory Committee;
- ii. Keep Advisory Committee members informed of matters pertinent to their responsibility;
- iii. Approve the agenda for all meetings;
- iv. Represent the Advisory Committee and be spokesperson for the Advisory Committee at governmental, community, or other meetings, or designate another Advisory Committee member in the Chair's absence; and
- v. Sign letters and other official documents on behalf of the Advisory Committee.

b) Vice Chair. It shall be the Vice Chair's responsibility to:

- i. Carry out all duties of the Chair in the Chair's absence; and
- ii. Serve on subcommittees by appointment of the Chair.

D. Removal of Officers

Any officer elected or appointed by the Advisory Committee may be removed by an Advisory Committee vote of **2/3 of the members present in person or by phone** at a scheduled Advisory Committee meeting.

Section 2. Committees: The Advisory Committee shall act as a committee of the whole with the following exception:

- A. The Chair may appoint Ad Hoc subcommittees as needed whose function and duration are subject to the approval of the Advisory Committee as a whole.

ARTICLE VI – MEETINGS

- Section 1. Regular meetings: There shall be at minimum meetings **every other month** during the year. Members are expected to attend a minimum of 75% of these in person or by phone.
- Section 2. Special meetings: Special meetings of the Advisory Committee may be called, with appropriate notification **by email and phone with not less than 24 hours notice**, at any time by the Chair or any two other members of the Advisory Committee.
- Section 3. Quorum: A quorum to conduct business at any meeting shall consist of a majority of the members of the Advisory Committee. All decisions will be made by majority vote, defined as 51 percent of the membership. Membership includes **designated representatives, who** are considered voting members. Members may vote **during meetings in person or by phone.**

ARTICLE VII – AMENDMENTS

- Section 1. These Bylaws may be amended at any regular meeting of the Committee by a 2/3 vote of those present **in person or by phone**. A copy of the proposed amendments must have been circulated to each Advisory Committee member **five business days** prior to the meeting. Both the Advisory Committee and the Boulder County Board of County Commissioners Business Meeting must approve amendments.

ARTICLE VIII – PARLIMENTARY LAW

- Section 1. The rules contained in the current edition of Robert’s Rules of Order shall govern the Committee.

ARTICLE IX – RELATIONSHIP BETWEEN COMMITTEE AND DEPARTMENT

- Section 1. Both the Department and Advisory Committee shall foster a constructive relationship which abides by group agreements and encourages open communication, trust, and mutual respect.

EXHIBIT B

STATE OF COLORADO
DEPARTMENT OF HUMAN SERVICES
REQUEST FOR PROPOSAL SIGNATURE PAGE

DATE: August 29, 2018 **RETURN RFP TO:**
RFP NO: IHAA 2019000039 DEPARTMENT OF HUMAN SERVICES
DIRECT INQUIRIES TO: Roman Hernandez North/Central Procurement Office
PHONE: 303-866-3227 1575 Sherman Street, 6th floor
E-Mail: roman.hernandez@state.co.us Denver, CO 80203

DATE DUE: September 28, 2018 **AT** 5:00 PM **(Local)**

Proposals properly marked as to RFP NO., DATE and HOUR of opening, subject to the conditions herein stipulated and in accordance with the specifications set forth and/or attached hereto, will be accepted at the address listed above, prior to the date and time listed for the RFP opening. All proposals shall be quoted F.O.B. destination, unless otherwise specified, to the delivery location or jobsite listed herein.

REQUEST FOR PROPOSAL # IHAA 2019000039

TITLE 2Go Pilot Program
AGENCY Department of Human Services

SEE ATTACHED PAGES FOR TERMS AND CONDITIONS AND PROPOSAL REQUIREMENTS.

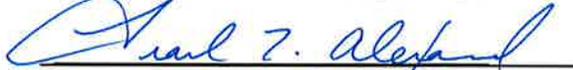
IMPORTANT: Proposals submitted in response to this RFP **MUST** be accompanied by this "REQUEST FOR PROPOSAL" sheet.

Offerors should read the entire RFP document before submitting a proposal.

Vendors must be registered with Colorado VSS by the proposal submission due date and time.

PROPOSALS MUST BE SIGNED IN INK

FRANK L. ALEXANDER
TYPED OR PRINTED SIGNATURE


Handwritten Signature by Authorized Officer or Agent of Vendor

TITLE DIRECTOR

DATE 09.25.2018

Confirm that you are aware that the award notice will be published on Colorado CORE-VSS.

TERMS 30 net
Payment Terms of less than 30 calendar days will not be considered.

Pricing shall be effective for 180 days after award.

VENDOR NAME Boulder County
ADDRESS Housing & Human Services
IMPACT Care Management Division
3400 Broadway
Boulder CO **ZIP** 80304-1824
PHONE 303 441 3825

E-Mail mfrank-williams@bouldercounty.org

FAX 846000748

FEIN or SSN

My Company is registered on Colorado CORE-VSS Yes No Enter your FEIN or SSN as registered on Colorado VSS.
Include your VSS Vendor Code (VC#) if known: VC 070999 000 14242

RETURN THIS PAGE



Department of Housing & Human Services

Housing Office: 2525 13th Street, Suite 204 • Boulder, Colorado 80304 • Tel: 303.441.1000 Fax: 720.564.2283
Human Services: Boulder Office • 3460 Broadway • Boulder, Colorado 80304 • Tel: 303.441.1000 Fax 303.441.1523
Longmont Office • 515 Coffman Street, Suite 100 • Longmont, Colorado 80501 • Tel: 303.441.1000

www.bouldercountyhhs.org

September 26, 2018

Colorado Department of Human Services
Attn: Roman Hernandez
North/Central Procurement Office
1575 Sherman Street, 6th Floor
Denver, CO 80203

Dear Mr. Hernandez,

Please accept this Transmittal Letter from Boulder County Department of Housing and Human Services (BCDHHS) as confirmation of the following:

- BCDHHS is willing to comply with all work requirements and other terms and conditions as specified in the 2Generation Opportunities (2GO) Pilot Program Request for Proposal (RFP) (#2019000039).
- Attached you will find a complete proposal package consisting of the completed and signed signature page, proposal narrative, timeline, budget and letters of support per the RFP requirements.
- Signatures are from the individual authorized to commit BCDHHS to the proposed work.
- The Offeror is a County Government entity in the State of Colorado.
- None of BCDHHS's employees, agents, independent Contractors, or proposed subcontractors have ever been an excluded provider, convicted of any criminal charges or actions involving moral turpitude.
- This proposal shall remain valid for a minimum of one hundred eighty (180) days from the date of the award.
- BCDHHS has no pending contracts or awards with the State of Colorado.
- There are no potential conflicts of interest related to the 2GO RFP.
- Vendor disclosure is not required as BCDHHS will not be performing services outside the State of Colorado or the United States.
- The Service Disabled Veteran Owned Small Businesses (SDVOSBs) confirmation/ disclosure is not applicable.
- BCDHHS' accounting system will permit timely development of all necessary cost data in the form required by the contract type contemplated in this solicitation and will adequately allocate cost in accordance with generally accepted accounting principles. BCDHHS assigns awards a unique grant identifier in our accounting system, Integrated Financial and Administrative Solution (IFAS), with budget line item detail. The identifier is used as the foundation for reporting and monitoring award fiscal activity and our policies ensure compliance with award reporting requirements.

Thank you for the opportunity to respond to this RFP. If you have questions, please contact me at 303-441-1405.

Sincerely,

Frank Alexander, MPA
Director, Boulder County Department of Housing and Human Services

Page 2 of 15

Section 1: Business Proposal

The Boulder County Department of Housing and Human Services (BCDHHS) is pleased to submit this proposal for \$100,000 in funding to support planning and development of its *2Generation Opportunities (2GO) Pilot Project to Ensure Economic and Educational Success of Families with Young Children* in our community. The overarching goal of this project is to develop and implement effective prevention and early intervention strategies for identifying and matching the needs of families living in poverty with the right supports, thereby reducing the potential for child welfare systems involvement and improving the overall well-being and success of caregivers and their children.

In Boulder County, we strongly believe in implementing preventive whole family/two-generation (2Gen) supports which address the root causes of crisis and instability across the social determinants of health (employment and income, food, safety, education, health and well-being, and housing). Our commitment is to integrate our services to ensure families receive the full range of supports they need to thrive at the earliest point possible. Research is clear that the well-being of parents and caregivers impacts their children and when children are thriving, this has a positive impact on parents.

The Need (Data-informed trends in Boulder County)

In Boulder County, best practice early childhood supports for families are fragmented, resulting in missed opportunities for effective early intervention and prevention strategies that promote family stability and school readiness, and that pose risk for deeper systems involvement.

In Boulder County, according to U.S. Census data:

- The number of people living in poverty is 34,841¹.
- The poverty rate for single mother families with children under five is 36.2%.
- Families with children under 5 are more likely to experience poverty than other families.
- Latino families with children are more than five times as likely to live in poverty than white non-Hispanic families with children.

In addition, 31% of renters are considered severely cost burdened, meaning housing costs consume more than half of total household income.

Researchers find that stress from factors associated with poverty increases the risk of parenting difficulties and can affect parents' abilities to meet their children's needs. When parents struggle to provide the day-to-day necessities of their children, they can feel anxious, depressed, fearful, and overwhelmed and experience increased risk for child neglect and family instability (Duva, J., & Metzger, S. (2010). Addressing poverty as a major risk factor in child neglect: Promising policy and practice. *Protecting Children*, 25(1), 63–74). Between July 2015 and June 2016, Boulder County received nearly 5,000 child welfare referrals, a 22% increase in reports from three years prior. Increasing a low-income mother's economic supports reduces by 79% the probability of her child living in out-of-home care.

¹According to the Economic Policy Institute, a Boulder County family of two adults and two children must earn \$76,017 per year, or three times the Federal Poverty Level, to "attain a secure yet modest living standard." (Economic Policy Institute, Family Budget Calculator, www.epi.org.)

According to the Casey Family Programs, “We also know that infants and toddlers are at highest risk for child abuse and neglect fatality. In federal fiscal year 2016, children younger than 3 years accounted for more than two-thirds (70 percent) of maltreatment fatalities. More than 40 percent (44.4) of victims died before their first birthday.” Furthermore, “Research demonstrates that a prior report to a Child Protective Services (CPS) agency, even if it was not investigated, is the single strongest predictor of a child’s injury or death before the age of 5. Children with a prior report to CPS have a six times greater risk of dying from an intentional injury than children without a report. Despite these facts, approximately 40 percent of reports to CPS agencies are screened out before anyone sees the child,” (The Casey Family Programs. “How Should we handle hotline calls for our most vulnerable – infants and toddlers?” Strategy Brief: Safe Children. Retrieved from: <https://www.casey.org/screening-hotline-calls-infants-toddlers>).

Our Proposed Plan

Child abuse prevention and early intervention supports are critical to ensuring the safety and health of children and families in our community. Shifting funding and 2Gen supports upstream through evidence-based practices aimed at identifying crucial needs and assisting families at the earliest point possible is proven to be effective in promoting overall well-being and preventing serious problems and involvement in high acuity interventions such as the child welfare and criminal justice systems.

Goal: In efforts to reduce child welfare systems involvement and improve the overall well-being of families and our community, every child between the ages of zero and five and their immediate caregivers living in low-income households in Boulder County will have the opportunity to be screened and matched appropriately to best practice and evidence-based services and supports that address the five core components of 2Gen at the earliest point possible.

2GO Scope Summary

Guided by the *Colorado Opportunity Framework* and the *Colorado Child Maltreatment Prevention Framework for Action*, improve well-being of families living in poverty in Boulder County by developing and implementing a two-generation screening and service matching protocol, grounded in Boulder County’s Integrated Services Delivery Model of Care (ISDMC) to ensure families with children ages zero to five accessing our three local Family Resource Centers (FRCs) are matched to the appropriate high-quality family supports (employment, education, housing, etc.) at the earliest point possible. We will then develop a plan to scale this approach to schools, housing sites, child care sites and other entry points for children in families in subsequent years.

To this end, we envision a system whereby partners with expertise from across the social determinants of health - in this case, staff from our FRCs and the BCDHHS Colorado Community Response (CCR) team - identify a need or interest on the part of a family for home visitation supports and facilitate referral for a deeper assessment by a Universal Home Visitation Navigator to determine the appropriate fit. Our common practice protocols and shared data system will be fully functioning whereby the navigator, FRC, and CCR staff communicate progress and additional needs which then aid in continued coordination and reduced duplication or gaps in service delivery. In addition, our home visitation continuum will be staffed to the degree necessary to address the needs of families screened. FRCs are well-positioned to address

a wide range of additional needs across the social determinants of health including accessing employment and income supports, housing, transportation, mental health counseling and more. Details of this approach will be developed through the planning process (see attached timeline).

The Boulder County Family Resource Network (FRN)

Our collective impact approach focuses on strengthening the workforce through training and common practice, fostering data integration and continuous quality improvement through a shared data system and reporting framework, driving policy integration through executive level representation and decision making, and honoring family voice and family participation through proven practices grounded in the Standards of Quality for Family Strengthening and Support. Below are the details of these efforts.

The governance structure under which the proposed 2GO pilot will be coordinated is the Boulder County Family Resource Network (FRN), which has as a purpose to create and maintain a fully integrated system of service delivery that is supported by a county-wide governance structure comprised of citizens, schools, community-based entities (including the county's three Family Resource Centers), and city and county government. Taken together, these stakeholders work to improve self-sufficiency outcomes of families and social, emotional, and academic outcomes of children and youth through integrated policy, practices, and shared data systems.

The FRN will serve as the backbone entity and be responsible for stewardship of the project proposed. Member service providers work with families to co-create policies and programs that address the needs of children and their caregivers together, to harness the family's full potential, and to put the entire family on a path to permanent economic security. FRN members represent a wide cross section of experts and institutions from across the social determinants of health at both a policy and service delivery level, and include executives and staff from BCDHHS (including CCR and child welfare staff), Boulder County Community Services (including Workforce Boulder County (WfBC) and Head Start), Boulder County Public Health (BCPH), the Early Childhood Council of Boulder County (ECCBC), St. Vrain Valley School District, Boulder Valley School District, Clinica Family Health, housing authorities, local community members, and our local Family Resource Centers, Sister Carmen Community Center in Lafayette, Outreach United Resource (OUR) Center in Longmont, and Emergency Family Assistance Association (EFAA) in Boulder.

Established in 2016, the FRN is founded on a collective impact approach and provides a governance structure and backbone entity through which it facilitates a rich cross-collaborative learning, development, and implementation environment to optimize our research and experience, and create the most comprehensive coordinated entry and service linkage system to support families.

FRN partners are helping build a comprehensive service model referred to as Boulder County's Integrated Services Delivery Model of Care (ISDMC), which includes common screening and assessment protocols with a 2Gen lens, structured planning and service matching grounded in use of a shared data system known as Boulder County Connect (BCC), and standard client and program-level reporting. The model includes protocols to identify a primary worker when multiple case managers are involved with a family, and allows for comprehensive sharing of

information on the participant/client level. Staff from many of the FRN partner agencies (including the FRCs) have been trained in this approach and are implementing it.

In addition, the work is guided by protocols outlined in the Standards of Quality for Family Strengthening and Support practiced by FRCs whereby clear steps are outlined for ensuring the voice of the family - including those from historically marginalized populations - is central in services and programming. Details on this work are outlined later in this proposal.

Our FRCs are key members of the FRN and serve as community-based hubs oriented to serving the needs of the entire family grounded in the ISDMC model. Driven and supported by the community and FRC participants, Boulder County FRCs provide services to thousands of children and families each year including food assistance, help paying rent and utility bills and covering medical expenses, housing, mental health counseling, evidence-based parenting programs, and referrals to a wide variety of supports provided across the FRN and the community. Their role is also integral in **increasing social capital among families**, including providing gathering places for community members to connect through pro-social activities, workshops and events. For instance, Sister Carmen Community Center is spearheading a local health challenge partnership with Clinica. The effort focuses on helping Latino parents identify and implement goals to improve the health of the community.

The work of the FRCs is driven by Participant Advisory Boards, which ensure the voice, need and participation of the centers guides all aspects of the FRC programming and service delivery. In addition, FRCs are the homes for the Family Leadership Training Institute (FLTI) in Boulder County. Led by peers, FLTI consists of a series of classes over several weeks whereby participants learn essentials in civic engagement, advocacy, data analysis and networking. Participants design and implement a service improvement or policy change in the community. FLTI members are invited to be members of the FRN to inform policy and practice throughout the county.

Addressing the Five Core Components of the 2Gen Model

The FRN is working to develop a truly integrated services delivery system. Current efforts are reflective of the “Five Core 2Gen Components,” which are highlighted in this section (in addition to “increasing social capital among families” addressed above), and includes early childhood education in partnership with ECCBC and the Maternal Child Coordinated Services System (MCCSS), which will utilize Universal Home Visitation (UHV) services. The initiative, led by BCPH, will design a coordinated system that ensures infants and parents in Boulder County have the opportunities for a healthy start to life by matching them with appropriate, evidence-based home visitation programs (such as Nurse Family Partnership and Parents as Teachers). This system will involve:

- A universal screening tool to be provided to new and expecting parents that can clearly identify what home visitation and community supports would be most beneficial to each family; and
- FRN partners in early childhood services and family supports to continually leverage collective resources.

Currently, a 2019 screening and referral pilot has received initial grant funding from the City of Boulder's Health Equity Tax. The pilot is scheduled to launch in January 2019 with Clinica Family Health, one of our local Federally Qualified Health Centers. Clinica obstetric staff will receive trauma-informed screening and referral training during the first two quarters of 2019, followed by Plan-Do-Study-Act (PDSA) cycles of the screening and referral system in the third and fourth quarters of 2019. **This 2GO proposal seeks to expand the work of this group to include coordination with our FRCs and the BCDHHS CCR Team to identify and target families at risk for deeper systems interventions (i.e. Child Welfare) as a priority.** The coordinator of the UHV system will serve on the planning workgroup of the 2GO pilot (see attached timeline for details).

BCDHHS' CCR program provides outreach and support to families with a child zero to age five who have been screened out of child welfare referrals (calls coming into our child abuse reporting hotline). CCR staff are members of the FRN and have expertise in implementing ISDMC with vulnerable families. They work closely with our FRCs and partner to address the 2Gen needs of families. They will serve on the workgroup implementing the proposed project.

Addressing the Five Core Components of the 2Gen Model

The primary focus of the scope of this proposal will be on developing a strong 2Gen-oriented prenatal and early childhood screening, service-matching, and follow-up process in which the needs of families with children age zero to five are matched with appropriate supports for the whole family. Programs and services to which families will be matched include home visitation programs (i.e. Parents as Teachers, Nurse Family Partnership, and Community Infant Program), employment supports at WfBC, financial coaching through the BCDHHS Housing and Financial Counseling Team, mental health counseling through Mental Health Partners (MHP), case management at our FRCs, and housing assistance through our Community Housing Resource Panel (CHRP), among other supports.

Below are some of the initiatives currently underway with FRN members. Although not an exhaustive list, they highlight efforts across the five core components of 2Gen, which are essential to family success. These will be leveraged in our planning process to serve the needs of families in the 2GO Pilot Project.

- **Post-secondary and employment pathways.** A subgroup of FRN partners, including WfBC and the three county FRCs, are working to implement a common practice for improving employment outcomes for Temporary Assistance for Needy Families (TANF) eligible families. WfBC is currently working with our FRCs to develop and implement a model for increasing employment and self-reliance of low-income participants. Modeled in part on the Job Update for Motivated Parents (JUMP) program implemented by EFAA, low-income parents are connected to on-the-job training opportunities, on-site job coaching, and case management. Currently, WfBC is in various stages of implementing this approach with Sister Carmen Community Center and the OUR Center.
- **Economic supports.** A subgroup of FRN members are working to implement a comprehensive 2Gen approach to working with children and families at our public housing sites in Boulder County. The approach will be grounded in the ISDMC practice model, and merges the work of FRN members (I Have a Dream Foundation, Boulder Housing Partners, BCDHHS, and our FRCs) to improve outcomes for children and families.

- **Affordable Housing.** Members of the FRN also serve on Boulder County’s CHRP, which pools housing resources and, through weekly meetings, works to match the housing needs of community members in need with existing resources. The stock of affordable housing is limited, and members of this group are also active at a policy level to improve the number of and access to affordable rentals and sites, including the design and implementation of Boulder County’s Regional Affordable Housing Plan, which seeks to achieve 12% of affordable housing stock throughout the county by 2035 (a total of 18,000 affordable homes).
- **Sharing data to improve health outcomes.** Boulder County’s Integration for Equity Collaborative includes BCPH, BCDHHS, Clinica, and MHP. The primary focus of this work has been to create a shared care coordination and warehousing data system. This work is expected to be completed by April 2019, resulting in pathways for our various systems to share client level and program information more robustly. This work will greatly enhance our effectiveness in implementation the 2GO pilot between our FRCs and Clinica.
- **Closing the Achievement Gap.** Dream Big is a local partnership focused on ensuring that school-age youth, kindergarten through college, succeed academically and reach their full potential. The work is a perfect dovetail with the proposed 2GO pilot, through which we will strengthen the continuum from early childhood to school-age through leveraging the experience of this group. In addition, I Have a Dream staff members and volunteers coordinate the annual Boulder County Latino Parent Summit. We anticipate that participants in this effort will be a part of the planning workgroup for the 2GO pilot.

Bringing the Community Together

A planning workgroup consisting of FRN members and program participants will be formed to craft and implement a forum to discuss development of a coordinated entry and service delivery system for home visitation and family supports. We will reach out to current and past graduates of FLTI, Parent Advisory Boards, parent-/consumer-led groups, and subcommittees of our FRN. In addition, we will work with local organizers of the annual Latino Parent Summit to garner input and feedback on the approach. We will also ensure representatives from these groups are at the forum (see the attached timeline for more details).

Services Grounded in Best Practice Research

Core components of the proposed coordinated and service linkage approach for families with children under five will leverage the work underway in the Maternal Child Coordinated Services System (MCCSS). This 2GO proposal seeks to expand the work of this group to include coordination with our FRCs and the BCDHHS CCR team to identify and target families at risk for deeper systems interventions as a priority. We will utilize the foundational concepts of the ISDMC practice model and our common data system, BCC.

The planning phase of the work will allow us to identify details of how FRCs can align more closely with the MCCSS, health care providers including Clinica Family Health, and evidence-based home visitation programs (and vice versa) with the intent of scaling up this approach in subsequent years to other service providers such as child care facilities and schools. We will also examine lighter touch evidence-informed services to be integrated into our already existing home visitation continuum based on needs identified in the planning phase to explore expansion of current programs. Also, as identified above, best practices in housing, employment, health, and

education are being implemented by FRN members and will be integrated into the proposed pilot.

Staff at our FRCs have been trained in the ISDMC practice model, are using BCC, and administer a shared assessment (the Colorado Family Support Assessment 2.0). The CFSA 2.0 assesses a family's needs in domains reflecting the social determinants of health, allowing staff to get a comprehensive view of needs, which inform referrals and follow-up with families. Additional assessments are used in pockets among key stakeholders including the Ages and Stages Questionnaire (ASQ) and the Adverse Childhood Experiences Survey (ACES). These assessments will be explored further in the planning phase efforts to develop a comprehensive approach to assessing need and risk to make the best service match at the earliest point possible.

In addition, we will examine the use of predictive analytics models, which identify patterns of family characteristics or behaviors and their associated outcomes. Through these models, information on an individual or a family situation can be compared to general historic patterns indicative of a greater risk for deeper systems involvement. The data used will include education level, alcohol and substance use history, behavioral health issues, and past allegations of abuse. We will access information from best practices in other communities including Allegheny County in Pennsylvania and Dakota County in Minnesota.

Ensuring Family Voice and addressing and understanding racial and gender disparities

At the forefront of our work is ensuring that every aspect of our planning, implementation, and service delivery to the families we serve is inclusive of and guided by them. As our neighbors, they are at the very heart of our work and are the people who form our community and with whom we work toward a better future. Our neighbors are determined, inspiring, real people building a better future for themselves, their children and our community. Their stories offer insight into the impact of health, housing, and human services supports and hope for the future of our community.

With regard to this proposed 2GO project, we will ensure that approaches are guided by those who are deeply rooted in and understand the needs of historically marginalized communities in Boulder County. Actions will include partnering with our local grassroots social justice agencies in our community and employing true community organizers serving the needs of underserved populations and who have earned their respect and trust. This also includes seeking the advice and guidance of organizations such as Strategies for Change, a Denver-based organization that has developed comprehensive tools for ensuring racial equity in systems development and implementation.

Additionally, the Standards of Quality for Family Strengthening and Support, which operationalize quality, family support practices, provide detailed indicators and steps organizations must take to address racial and gender disparities as well as ensure that the family voice informs all aspects of programming. Sister Carmen Community Center employs staff trained in certifying others in the Standards of Quality for Family Strengthening and Support. Training to this component will likely be incorporated into the implementation stage of the proposed project (see attached timeline).

Addressing Barriers (Transportation, Child Care, Behavioral Health Access) and Providing Maximum Efficiency and Flexibility for Families

In addition to the work detailed above, the FRN has worked to identify pressing areas of need in each of the four major regions of our community. This has resulted in detailed plans which include ensuring alignment with existing initiatives toward a targeted approach. For instance, our members in east Boulder County identified transportation as a challenge. Outreach and alignment efforts with Boulder County's Transportation Department is resulting in improvements in this area. The group is working to tackle access to behavioral health services in similar ways, through alignment with current efforts by providing input and support from the local level.

Demographics of the Families to be Served

We will serve Boulder County families with incomes below \$75,000 who have at least one child under the age of five and are at risk of, are currently, or were involved in the child welfare system. More specifically for this proposal, the most relevant funding resources referenced in the RFP are TANF, Community-based Child Abuse Prevention, and Promoting Safe and Stable Families (PSSF).

Ensuring Families Quality for Funding Available Under this RFP

During the implementation phase of the work, we will collect data sufficient to determine eligibility for use of funding sources available through the RFP. We will ensure the majority of families meet eligibility requirements. However, in the event that a family does not meet the criteria, we will access funds through a match provided by Boulder County.

Ensuring Colorado Families Achieve Educational and Economic Success

In order to help families achieve educational and economic success, it is critical that we focus on age zero to five to address risk and need at the earliest point with children as well as leverage our FRN members who are working on innovative approaches to assisting families to obtain and keep sustainable employment, housing, and other stabilizing supports. This process starts with instituting a common assessment among the FRN partners paired with linkage to services and supports that are proven to work. Outcomes of services provided can be measured through our common data system and reporting process which track improvements in education and employment related indicators. Details of this work will be part of the evaluation process developed under the scope of this proposal.

Incorporating Promoting Safe and Stable Families (PSSF) Data and Gaps Analysis

In the most recent PSSF grant cycle, we served 150 families and will work with these families to participate in the planning and implementation phase of this work. In addition, BCDHHS has a robust data warehouse with over 80,000 families served through our system. We can cross-match risk factors and predictive data associated with involvement in child welfare programs. Also, given that our FRCs and the families they serve are included in our system, we are able to cross-match these families and existing program data to determine needs and gaps.

Local Child Maltreatment Prevention Plan

Boulder County does not have a specific child maltreatment prevention plan, but the goals outlined in the state plan are integrated into the strategic plan of BCDHHS.

Outcomes Planning and Measuring

Initial process and program outcomes will be developed during the planning stage and will include these measurable objectives:

- All families in the pilot will be screened for needs (early childhood, employment, housing, and other core components of the social determinants of health) using the common assessment tool;
- Families will be matched with the appropriate supports including home visitation programs, employment/income supports and other services based on assessed need.

These will be components of our logic model and benchmarks for the initial implementation phase of our pilot. As the project develops, additional longer-term program-focused outcomes will be measured (i.e. the results of the evidence-based programs to which the families are referred, such as improved income, improved school readiness of children, and improved health outcomes). The planning and implementation workgroup will use the Outcomes Tool Kit organized by Ascend at the Aspen Institute to inform this process.

Through our planning workgroup and our community forum we will gather information necessary to focus on the short-term outcomes we seek to achieve. Through communication loops with community forum participants, the planning group will provide updates on progress toward reaching these outcomes. Also, with the help of a consultant, we will identify approaches to ensure ongoing community feedback loops to improve practice.

Measurement tools will include a common assessment and screener which will be incorporated into our common data system, BCC. We will be able to determine how many screening and assessments were provided and the types of services to which families have been matched. This will allow us to measure our short-term outcomes.

We will also track knowledge gained by staff through pre- and post-analysis at trainings. Additional details regarding outcomes and measures will be determined through the planning process and implemented in the second phase of the project.

Evidence-Based Interventions and Best Practices

These interventions will be determined based on the planning phase of the work. However, a part of the coordinated entry and service planning work includes navigation to already existing evidence-based programs. These include Early Head Start, Parents as Teachers, and Nurse Family Partnership. It should be noted that additional capacity will need to be built into these programs to serve families, as will additional assistance for lighter touch evidence-informed supports. Details will be determined in the planning process, Phase I of the proposed project.

Lead Agency and Role

The Boulder County Department of Housing and Human Services (BCDHHS) manages the FRN and will be the lead applicant on this project. In addition, we will procure a consultant to help plan and execute the strategic planning process.

BCDHHS will be the fiscal agent for the project and will be responsible for all subcontracts in this proposal and fiscal reporting. BCDHHS will provide detailed scopes of services to

contractors for signature and deliverables will be managed by the agency's Strategic Initiatives Team (see section 3: Experience and Capabilities for details on the Project Planning and Implementation Workgroup members). BCPH and our FRCs will also serve in leadership roles in project development and implementation.

Ensuring Reasonable Goals

We will work with an organizational consultant to facilitate the planning process and ensure that goals are specific, measurable, attainable, realistic, and timebound (SMART). Resources will need to be allocated commensurate with goals, otherwise the goals will need to be revised to ensure the work to achieve them can be supported. The attached budget and timeline are closely linked to ensure that goals and objectives are resourced appropriately. However, as we move through the planning phase adjustments may need to be made depending on the outcome of our planning work and the feedback from the Colorado Department of Human Services (CDHS) coach.

Increasing Community Awareness

We will enhance our ability to engage families with children ages zero to five in prevention and early intervention supports. This will be integrated in the outreach work being done by our FRCs and FRN partners. The support of the BCDHHS Communications Team will also be integral in the planning and implementation phase. This team brings deep experience in participant and community outreach and engagement.

Outreach for Additional Partners

As a governance structure, the FRN provides a foundation for engaging partners and community members from across Boulder County. For instance, there are distinct levels of governance: the FRN Regional Council consists of leaders from across our major institutions and service providers and Local Area Collaborative (LAC) groups are comprised of service providers in four main centers of the county. This structure allows for outreach to a wider spectrum of partners as needed.

Engaging the Community for Fiscal Sustainability

The investment in this work is multi-faceted and involves time, funding, and resources from multiple partners. Leaders at the FRN Regional Council level are responsible for policy and fiscal decisions and are able to conduct outreach and advocacy to public and private entities to support our collective work, including efforts to build sustainable reimbursement strategies from Medicaid and Pay for Success initiatives with the private market.

Additionally, to sustain the work in the attached cost proposal, additional planning by the FRN Regional Council to leverage local dollars will occur which may include dollars from the County's Human Services Safety Net fund paid for by a local mill levy on property taxes. The 20% match will be leveraged from the Boulder County Human Services Safety Net Fund and funds from the City of Boulder.

Timeline: see attachment

Section 3: Demonstrated Experience and Capabilities

As the lead on this project, BCDHHS is an agency of 500 plus employees and a \$54.8 million dollar operating budget. BCDHHS has a well-established history of effectively utilizing federal, state, and local funds and adhering to the requirements of each funding source. The agency has a subrecipient monitoring policy that meets the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. We have decades of successful experience managing federal grants, subawards, and subcontractors including TANF, Child Care Assistance Program (CCAP), and multiple contracts with WfBC (who manages Workforce Innovation and Opportunity Act funds), BCPH, and MHP (behavioral health). As detailed above, we have substantial experience bringing together key partners and their related funding structures together and have a formalized structure in which to do so under the FRN.

BCDHHS Director, Frank Alexander and his team, have been on the forefront in building a truly integrated services system by guiding leadership across our community to engage in cross-collaborative work that encompasses the whole family and is grounded in the social determinants of health, prevention and early intervention focus, blended and braided funding streams, data-informed decision making (and the building of a county-wide data system, BCC), and right services and the right time. Additional evidence of this work can be found in the *2018 Boulder County Community of Hope* report available soon and multiple other publications available at (<https://www.bouldercounty.org/families/community-of-hope/#1490291719664-34e10bd8-1c88>).

Project Planning and Implementation Workgroup Members

Melissa Frank-Williams, MSW, Strategic Initiatives Manager, BCDHHS - Lead

Whitney Wilcox, Strategic Initiatives Coordinator, BCDHHS

Martin Martinez, Colorado Community Response Program Coordinator, BCDHHS

Monica Serrato, Strategic Initiatives Program Specialist BCDHHS

Andrea Pruetz, MPH, Family Health Division Manager, BCPH

Suzanne Crawford, CEO, Sister Carmen Community Center

Julie Van Domelen, Executive Director, EFAA

Edwina Salazar, Executive Director, OUR Center

Jim Adams-Berger, PhD, Strategic Initiatives Manager, Boulder County Community Services

Danielle Butler, MSPD, Executive Director, Early Childhood Council of Boulder County

Simon Smith, President and CEO, Clinica

Jennifer Leosz, LCSW, Vice President, Mental Health Partners

As the project lead, Melissa Frank-Williams, MSW created and launched the Boulder County Family Resource Network in 2016 and has been successfully managing strategic initiatives and investments at BCDHHS for seven years. She has 22 years of experience in development, implementation, and management of programs for moderate to high risk families. Additionally, on average, each of the members listed above brings 20 plus years of experience and leadership in their area of work and are steeped in understanding the core components of the 2Gen approach and the best practices outlined in this proposal. Resumes are available upon request.

As noted in the attached timeline and throughout this proposal, consultants and past and present participants in FRCs will be a part of the planning and implementation workgroup. As the

project evolves, additional partners will be included who have expertise in early childhood and related areas around bridging the achievement gap.

ORIGINAL

| TIMELINE - Planning Phase/Systems Building Objectives (due 2/28/19) | Deliverables |
|---|--|
| <p>1) Form planning workgroup to review work of the Boulder County (UHV) group and identify an approach to include coordination with our FRCs and BCDHHS to identify and target families at risk for deeper systems interventions as a priority. Create outline of the proposed plan to the larger planning group, to include:</p> <ul style="list-style-type: none"> ● Review current assessments being used by providers and develop a comprehensive approach to assessing need and risk to make the best service match at the earliest point possible. ● Examine the use of predictive analytics to identify and target families at greatest risk for child welfare involvement and develop approach for using this data. ● Identify approach to leverage the work of other Family Resource Network (FRN) initiatives. ● Review Home Visitation Continuum and examine additional “lighter touch” evidence based programs (EBPs). Make recommendations of EBPs to meet this need. ● Review capacity of current home visitation programs and resource needs to expand reach. Make recommendations for additional supports needed. <p>Responsible parties: BCDHHS, Public Health, FRC Staff, FLTI or Current or Past FRC participant(s), ECCBC rep, Clinica rep, Equity Consultant, Strategic Planning Consultant, Others TBD</p> | <p>15 – 2 hour meetings</p> <p>50 hours per person</p> <p>Outline of agreed upon approach</p> <p>Materials for convening of stakeholders forum</p> |
| <p>2) Convene Community Forum: Solicit input from the community including current and past participants in services, FRN providers, and others to review the outline referenced above</p> <p>Responsible parties: workgroup above, and a broader group of participants</p> | <p>Revised outline of an agreed upon approach</p> |
| <p>3) Compile the strategic plan for implementing the approach to include outcomes to be achieved, staffing and training plan, and pilot approach for the first phase of the project.</p> <p>Responsible parties: Same as objective 1</p> | <p>Strategic Plan</p> |
| Implementation - Objectives due by 6/30/19 | |
| <p>1) Training and Coaching of Staff: Implement the first component of the strategic plan which will include developing and implementing a training for FRC staff to assess and link families to the home visitation navigation supports; and training and coaching Clinica staff to assess needs of whole families and make appropriate referrals to the FRCs. Staff will also be trained in Trauma Informed Care and the Protective Factors to ensure successful family engagement.</p> <p>Responsible parties: BCDHHS, Public Health, FRC Staff, Clinica rep, FRC participant(s), Others TBD</p> | <p>Training and Coaching plan</p> |
| <p>2) Clarify details and launch the pilot with families at FRCs and Clinica</p> <p>Responsible parties: Same as above.</p> | <p>Final pilot plan</p> |

FRN Initiatives and Outcomes Framework

Work group Purpose and Scope

Purpose: Explore and clarify the definition of FRN primary and adjacent initiatives, identify what these initiatives are, identify high level outcomes and metrics and present recommendations and next steps to the FRN Regional Council on March 14, 2019.

Scope:

By March 8, 2019, the workgroup will:

-Define what it means to be a FRN primary or secondary initiatives to include criteria, roles of members and non-members, decision making structure, and feedback processes.

-Review current county-wide early intervention based initiatives serving families and determine the top 4-6 FRN primary and adjacent initiatives which are necessary to achieve the FRN goal *of improving self-sufficiency outcomes for families and academic, social and emotional outcomes for children and youth through effective early intervention and prevention efforts.*

-Identify 3-4 primary outcomes (lag measures) and process level outcomes (lead measures) as they relate to the FRN goal. Define and formalize a process for reporting progress on work plans and outcomes and institute feedback loops between the Regional Council and initiative leads.

-Compile recommendations for the FRN Regional Council and submit for the March 2019 packet for review and vote.



Boulder County Family Resource Network

Partnership Updates- November 2018

Peak to Peak Housing and Human Services Alliance:

The Peak to Peak Housing and Human Services Alliance has been busy with upcoming events, emergency preparedness and helping launch a new initiative between mountain service organizations and Boulder County.

Events

Our upcoming event will be this Saturday at 9:00 a.m. at the Nederland Community Center (750 Highway 72, Nederland CO 80466). We started this annual Human Services Fair 6 year ago, and it has grown a lot. This time we have 20 organizations that will have tables on every subject from healthcare sign up, childcare assistance, mental health and financial counseling to transportation and housing advice.

The fair is held simultaneously with two other events: a 9 Health Fair and distribution of the Nederland Food Pantry Thanksgiving baskets. Gift cards will also be distributed by the Food Pantry and EFAA. This is the biggest opportunity of the year to reach the mountain folks who need assistance. There is also the December Food Basket/Toy & Clothing distribution, but there are no assistance tables at that event.

Emergency Preparedness

Through a Foothills United Way Resiliency grant, we were asked to prepare a document that provides mountain non-profits with instructions and information in the event of a mountain emergency. The document took 5 months and 25 interviews to write (and was interrupted by my emergency knee surgery!) but is now essentially complete and approved by the Peak to Peak. It is a "living" document in that it will be constantly updated as phone numbers and other pieces of information change. It is my responsibility (the Peak to Peak HHS Alliance Consultant) to do that updating.

The document is unconventional in that it is for a string of agencies and people across the Peak to Peak, anticipating a disaster of unknown origin and scope. However, we know from many unfortunate experiences how we, the non-profits of the area, tend to respond and what stores and assets we have squirreled away for such events. This document brings together all that information and contacts and how mountain non-profits provide back-up and assistance to First Responders and the counties. If anyone on the FRN would like to see the current iteration of the document, please let me (Janette) know and I'll send it to you.

Mountain Community Sustainability

After an annual joint meeting of the Intermountain Alliance (an alliance of mountain community leaders with an emergency response orientation) and the Peak to Peak Housing and Human Services Alliance, a joint concern over mountain communities and their future emerged and took shape. As a result of that and subsequent discussions, Boulder County department heads and commissioners were invited to a meeting to discuss the sustainability (and lack thereof) of mountain communities and residency. The department heads of Land Use, Housing and Human Services, Public Health and Sustainability attended, as well as Commissioners Elise Jones and Deb Gardner. The event was facilitated by Garry Sanfacon of Boulder County, and a mountain resident. The discussion was wide-ranging and boded extremely well for future progress. The provocative question of: "does Boulder County really want

people living in the mountains?" was put forward, part humorously and part seriously. Progress that has been made in the mountains around human services, cooperation with the county and emergency preparedness was discussed, and then examples of ways Boulder County laws that are meant for the whole county are causing major difficulties in translation to mountain use.

It was generally agreed that the next step was for the mountain NPs to begin to quantify in more detail how the county regulations and laws are negatively impacting mountain communities and that, barring health and safety requirements, the county departments will begin to look at how they can adapt their laws to help attain mountain community sustainability.

For questions about this effort, feel free to contact Janette Taylor at 303-258-3586 or janette.taylor@forethought.net.

I Have a Dream Boulder County

"I Have A Dream" officially inducted a new Dreamer Scholar Class of 60 second graders at Alicia Sanchez Elementary School on October 11th. This is the second Dreamer Scholar Class at Sanchez, so we're now serving over 100 youth and their families in addition to the 100 high school students (and families) we are serving at Centaurus High School.



Boulder County Family Resource Network

Primary and Adjacent Initiatives Update

November 2018



Primary Initiatives

Service Enriched Housing

Goal: Implement an integrated service delivery model grounded in common assessment, data, and linkage to best practice services for families entering onsite housing to improve family self-reliance, and social, emotional and educational outcomes of children and youth.

Scope for 2018-19: To develop and test an enriched housing program that seeks to implement a common practice grounded in ISDMC and Bringing School Home to be used in future affordable housing developments, including the Emma Street property in Lafayette.

Update: Update will be provided during meeting.

Family Homelessness

Goal: Review findings from the Family Homelessness Summit and make recommendations for improvements to include implementation of a coordinated entry system.

Update: The Family Homelessness Group is working to identify a consultant with local expertise who will help establish a road map and work plan for coordinated entry, resource alignment and ongoing services for homeless families. The consultant would analyze the strengths and opportunities for

improvement of the current housing panel process and how to address current gaps in the continuum of resources.

Employment Supports

Background: Boulder County current's economy of low unemployment rates but steady poverty levels generates the need to create strategies to develop a skilled workforce that can meet the demands of our fast-growing industries (Information & Technology, Healthcare, Manufacturing.)

One of the strategies that Workforce Boulder County has deployed has been to increase access of employment services to more vulnerable populations and connect them with skill assessment and development, job opportunities, training, and work-based learning in partnership with the FRN. For example, EFAA received a grant and in partnership with Workforce Boulder County started a model called JUMP (Job Update for Motivated Parents) which links low income parents to job skills. Through this model, Workforce Boulder County provided career services to 19 participants and connected 6 of them with Work Based Learning opportunities during program year 2017 (July 1 2017- June 30 2018.) With the OUR Center, Workforce Boulder County has partnered to host on-site job fairs. Last program year approximately 150 job seekers attended the job fairs organized by Workforce Boulder County in partnership with the OUR Center. Another example, Workforce Boulder County has been providing onsite Employment Services on Fridays every week at Sister Carmen to better understand the employment needs of people in East County (before this, East County residents would have to travel to Boulder or Longmont). Workforce Boulder County has also continued to provide onsite workshops at Sister Carmen on a quarterly basis.

For the program year 2018 (July 1 2018-June 30 2018) Workforce Boulder County will continue working in partnership with the FRN to serve vulnerable populations in the County through Bilingual Career Services and Financial Education Workshops.

Update: No update as of this publication

Adjacent Initiatives

Dream Big

Vision: The Dream Big Vision is that by 2040 all children in Boulder County are succeeding academically and reaching their full potential. Boulder leaders in the government, education, nonprofit, community and philanthropic center are working together as part of Dream Big to tackle some of our most pressing challenges and to take advantage of some of our biggest opportunities.

Objectives: Increase academic success, strengthen family and family support networks, promote youth development, and build project sustainability.

Update:

- On October 20th, more than 100 Latino parents attend the annual Latino Parent Summit at Manhattan Middle School coordinated by the Dream Big collaborative. The all-day Spanish language event featured 10 workshops, a community partner expo with more than 30 agencies, and 5 school district conversations - all in Spanish. This year, parents were involved in planning and executing all aspects of the event in partnership with Dream Big partner agencies.

- The Dream Big collaborative has begun a strategic planning review process with a focus on strengthening the existing programmatic collaboration while addressing the many systemic barriers that low-income families face across the County. The Steering Committee is currently assessing how Dream Big can more strongly align with other County initiatives, like the Family Resource Network, to better leverage community resources towards its goal of closing the opportunity and achievement gap by 2040.
- The Dream Big Sustainability Workgroup completed phase 1 of a Pay-For-Success feasibility study in early 2018. In phase 2, Boulder Housing Partners and "I Have A Dream" have been working with Social Impact Solutions to refine the programmatic intervention that could benefit from this innovative funding model which has been used recently in Denver and Westminster. It is anticipated that a pay-for-success pilot could be ready to launch in the summer of 2019.

Universal Home Visitation

Vision: Implement a Universal Home Visitation system that ensures ALL infants and parents in Boulder County have the opportunities for a healthy start to life by matching families with a continuum of high-quality services and supports.

Purpose: Design a universal screening and coordinated referral system to provide the opportunity for families to have a healthy start to life through a continuum of high quality services and supports.

This system will involve:

- A universal screening tool to clearly identify what supports would be most beneficial to each family.
- Partners in early childhood services to continually leverage our collective resources.
- A coordinated entry and referral system to ensure families receive the right supports at the right time.

Updates: The pre-implementation work group is creating a screener to be used in the first phase pilot early next year. An executive level committee is working to do longer range planning. More updates will be provided at the Regional Council meeting.

Public Health Improvement Process (PHIP) - Mental Health

Background: Boulder County completed a [Community Health Assessment](#) in 2017. Residents, stakeholders, and partners identified increasing [mental health](#) resources as the chief priority of the Boulder County Public Health Improvement Plan (PHIP) for the next five years.

In the winter of 2017, three focus areas emerged for the PHIP: 1) Increasing access to mental health services in the community ("Access"); 2) Addressing the social and emotional needs of young children through universal home visitation ("Early Childhood"); and 3) Reducing the incidence of people who cycle through the criminal justice and emergency health care systems ("People with High Converging Needs in the System").

Boulder County Public Health (BCPH) has adopted the following definition for "mental health": "A state of well-being in which the individual realizes their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community."

Updates: No update as of this publication.

East Lafayette Affordable Housing Community

Background on the Planned Community of Affordable Homes in East Lafayette

The proposed housing site is a 24-acre parcel located just southwest of the intersection of 120th Street and East Emma Street in east Lafayette. that the land is dedicated for the creation of deed-restricted, permanently-below-market-rate homes, to include both rental and ownership options.



Neighbors and stakeholders in Lafayette have a unique opportunity to be part of the planning and design process for this project. Boulder County Housing Authority is taking a “listen, then draw” approach to hearing from the neighbors, local businesses and non-profits on what they would like to see and for the new community to seamlessly blend into the Lafayette community. This inclusive, participatory approach is genuinely exciting and shows a true commitment to expanding the sense of community.

The land parcel sits in an ideal location for housing that will be dedicated to working families and individuals, community elders, and others who need safe, stable, and quality homes they can afford. It is near important services and the Lafayette town center, and the area is considered a priority by the Boulder County Transportation Department for the enhancement of multi-modal transportation options.

Who is the Boulder County Housing Authority?



BCHA is the official housing authority for all areas of the county beyond the city limits of Longmont and Boulder, including Lafayette. 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.

In the communities in which we work, BCHA is a long-term partner. We are committed to transparency and an inclusive public process in all we do, and we work to ensure our affordable housing developments are high quality and reflective of the communities in which they are built.

Is there a need for affordable housing in our community?

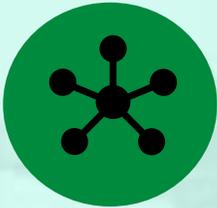


Yes! The need is extensively documented. A few highlights: 40,000 people in Boulder County spend more than half their income on rent every month and in Lafayette rents have increased 44% in the last 7 years. This creates incredible stress, and many of these people are our neighbors. We have a responsibility –as a community- to help them.

Community Outreach

BCHA is committed to engaging with neighbors and others with an interest in this community of affordable homes in a productive conversation around how to meet the community's broader needs around diverse housing, environmental sustainability, transportation, infrastructure, and more.

To gain trust and a true appreciation of community dynamics, we spent the first part of 2018 immersed in the community and spent time getting to know the land, neighbors and influencers for East Lafayette. This shaped and prioritized community outreach engagement opportunities: neighborhood planning, open space and trail connections, roadway connectivity and mobility issues.



With this immersion and better understanding of the community, we developed a [Public Engagement Plan \(PEP\)](#) that includes **Community Wide Engagement** through open houses, community presentations and the formation of the East Lafayette Advisory Committee (ELAC) -- a community group of area residents and stakeholders who will advise BCHA staff in implementing an inclusive and effective community engagement plan.

The next step of our PEP is **Community Planning & Design Engagement** which includes planning labs with local schools, community planning charrette and a mobility open house.

Concurrent to this outreach will be ongoing presentations to community groups, backyard meetings and coffees to any interested neighbors or groups to learn more about the proposed project. The BCHA team is presenting and listening to neighborhood associations and business groups though out the area. We welcome the opportunity to tell our story and to hear how we can make this affordable community a model for design and engagement.

Planning Process and Timeline



The site for the future East Lafayette Affordable housing community is currently vacant. Through an inclusive planning process, the new development will take shape. Once the form and shape of the site is drawn, then an appropriate zoning will be determined and we will seek approval from the City of Lafayette. We anticipate construction at the site could begin in 2020, with first move-ins possible the following year.

How to learn more and get involved



Please let us know how we can assist you in getting involved in the East Lafayette Affordable Housing Community, including if we can meet with you or your organization. To join our email list to receive periodic updates on the project, please visit www.lafayettehousing.org

East Lafayette Planned Community of Workforce Housing Update

OUR TEAM

Housing Provider

BOULDER COUNTY HOUSING AUTHORITY

Chris Campbell
*Communications
Project Manger*

Ian Swallow
Project Manager

Jim Williams
*Strategic
Communications
Director*

Planning & Design

NORRIS DESIGN

Diana Rael
PLA, CAASH

DREXEL-BARREL

Cameron Knapp
PE

KIMLEY-HORN

Troy Russ
AICP

Community Outreach

THE PACHNER COMPANY

Marcus Pachner
Project Manager

Stacie Loucks
Communications

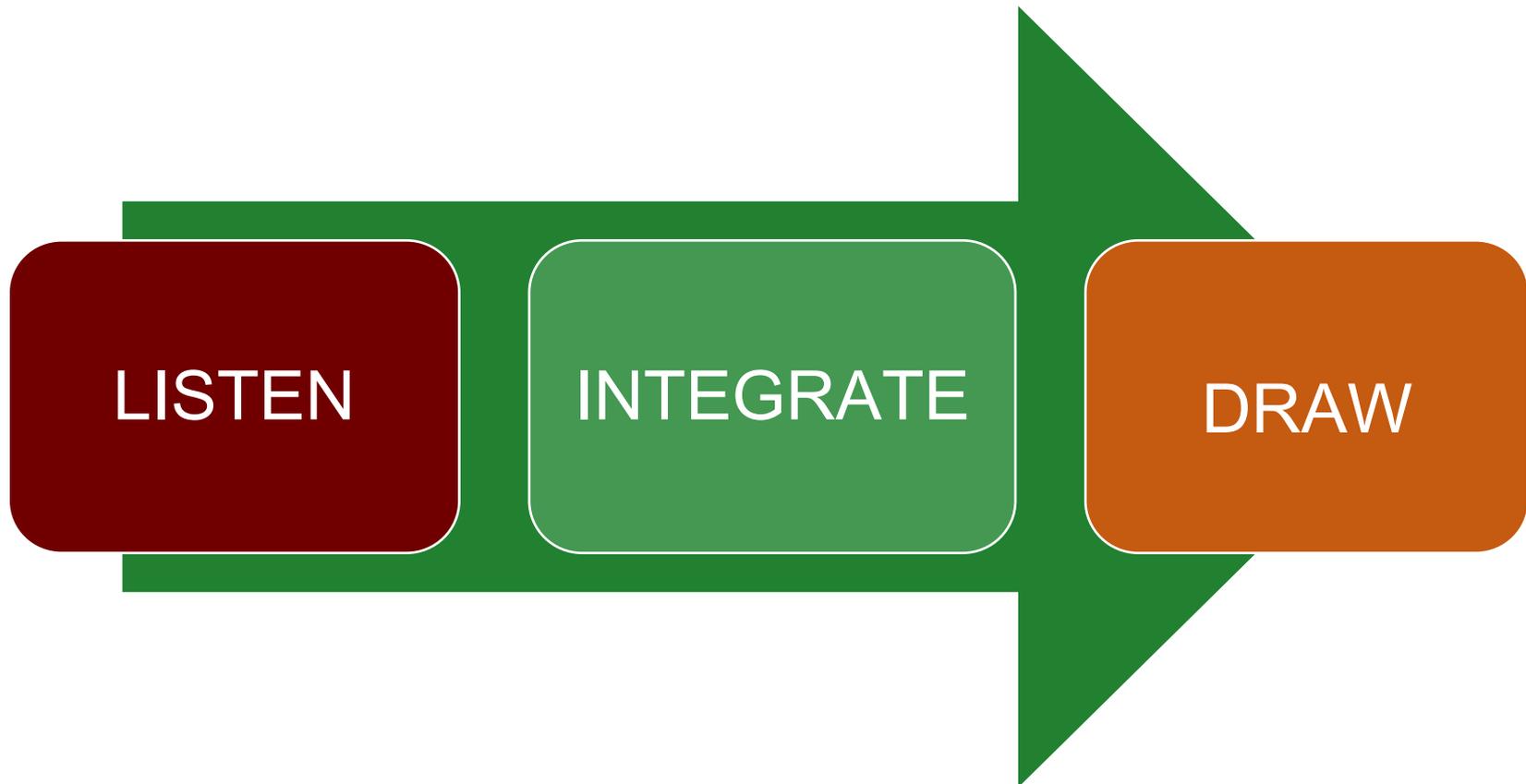
Yael Nyholm
*Outreach &
Analytics*

Planned Community of Affordable Housing



COMMUNITY OUTREACH

Our Method



PUBLIC ENGAGEMENT

PHASE 1: IMMERSION

- Concentric approach
- Community touch points
- Door-to-door
- Organic engagement

PHASE 2: COMMUNITY-WIDE ENGAGEMENT

- Community open houses
- East Lafayette Advisory Committee
 - Subcommittees: Traffic, Open Space
- Schools: Planning labs
- 90 day plan
- Concurrent neighborhood outreach

PHASE 3: INCLUSIVE PLANNING PROCESS

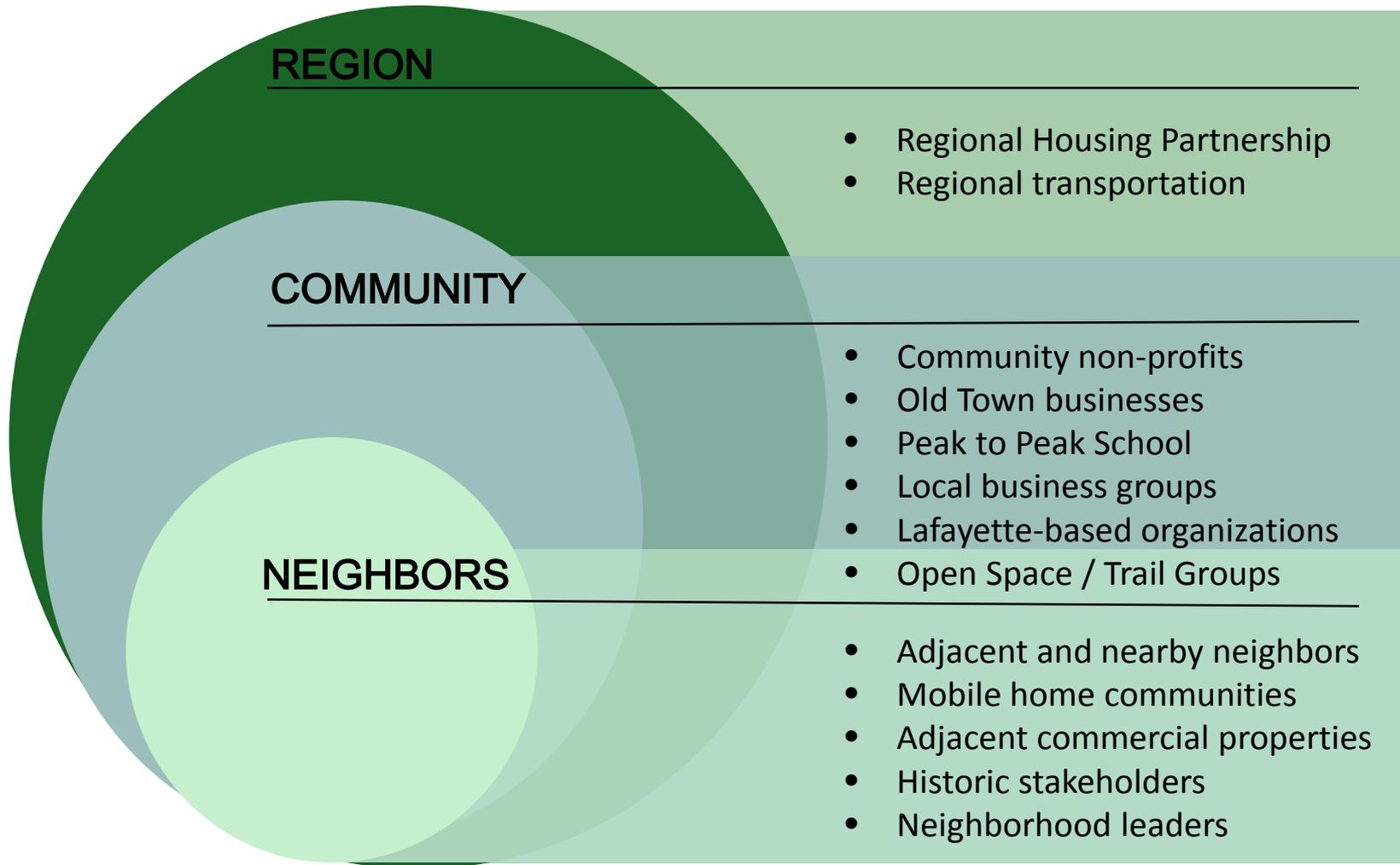
- City of Lafayette planning process
- Implementation of Public Engagement Plan

IMMERSION PHASE

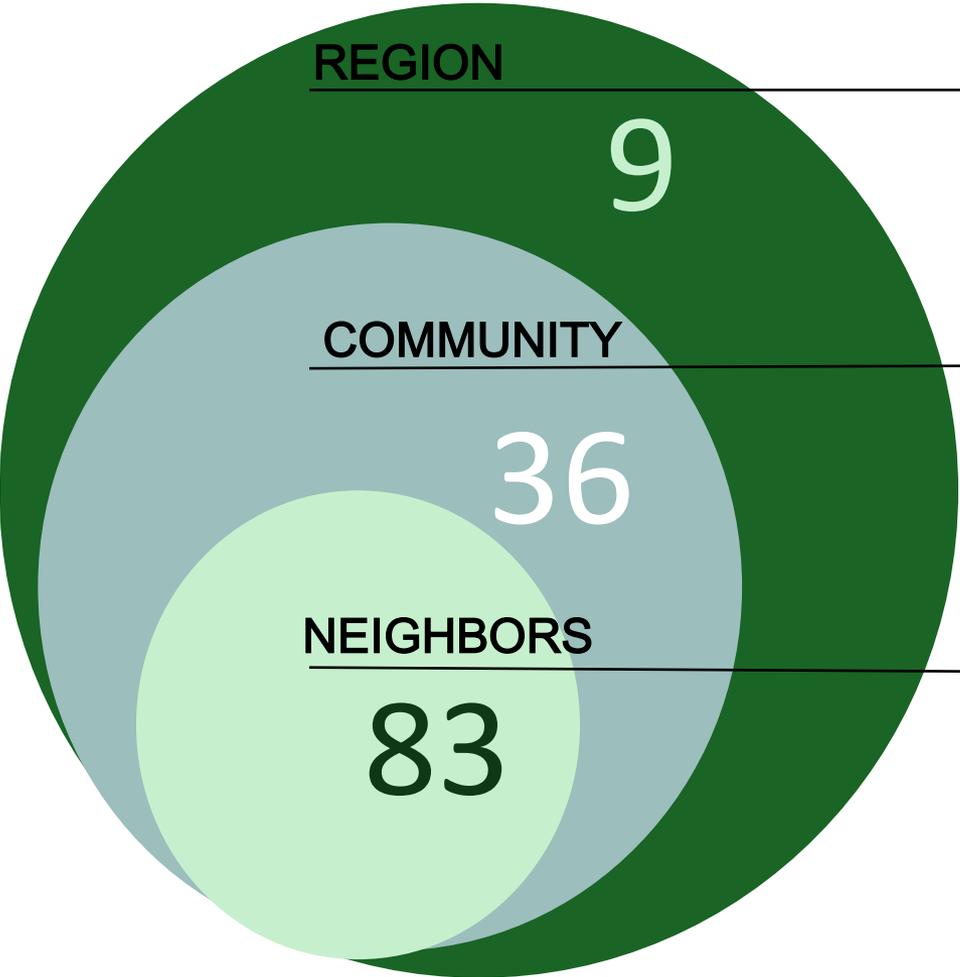
Concentric Approach to Community Engagement

- Listen, Then Draw -- listening through engagement
- Our initial outreach focused on adjacent neighbors & neighborhood leaders
- TPC walked the neighborhood, went door-to-door to meet neighbors and raise awareness about the need for the proposed East Lafayette affordable housing community
- Hosted Meet & Greets to introduce the team and the community
- Listening how to structure outreach moving forward
- Initiation of community compromise tracking

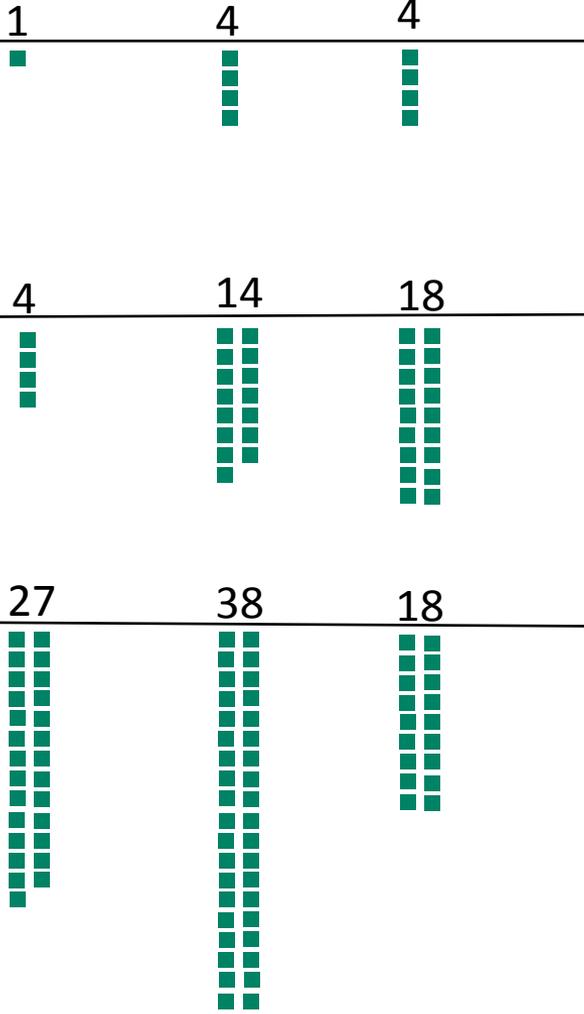
IMMERSION PHASE



IMMERSION PHASE



Jan - Mar April May June



Public Engagement Plan

Estimated 4th
Quarter 2018

IMMERSION OUTREACH

Concentric Approach

- Neighborhood
- Community
- Regional

COMMUNITY-WIDE OUTREACH

Community Wide Engagement

- Lafayette Open Houses
- Community Meetings— coffee, backyard, organizations
- Subcommittees – Traffic, Open Space

Community Planning & Design Engagement

- East Lafayette Advisory Committee (ELAC)
- Design Workshop Open House
- Mobility Open House
- School: Planning Labs

SKETCH PLAN SUBMITTAL

Inclusive Planning Process

- City of Lafayette Planning Process
- Implementation of Public Engagement Plan
- Sketch Plan Submittal
- Following Sketch Plan then Preliminary Plan Submittal

CONCURRENT OUTREACH

- Continued Neighborhood Outreach
- Continued Organizational Outreach
- Monthly ELAC Meetings
- Community Board Presentations
- Non-Profit Presentations
- Presentations to Communities of Faith
- Site Walks & Tours

YOU ARE HERE



COMMUNITY-WIDE ENGAGEMENT

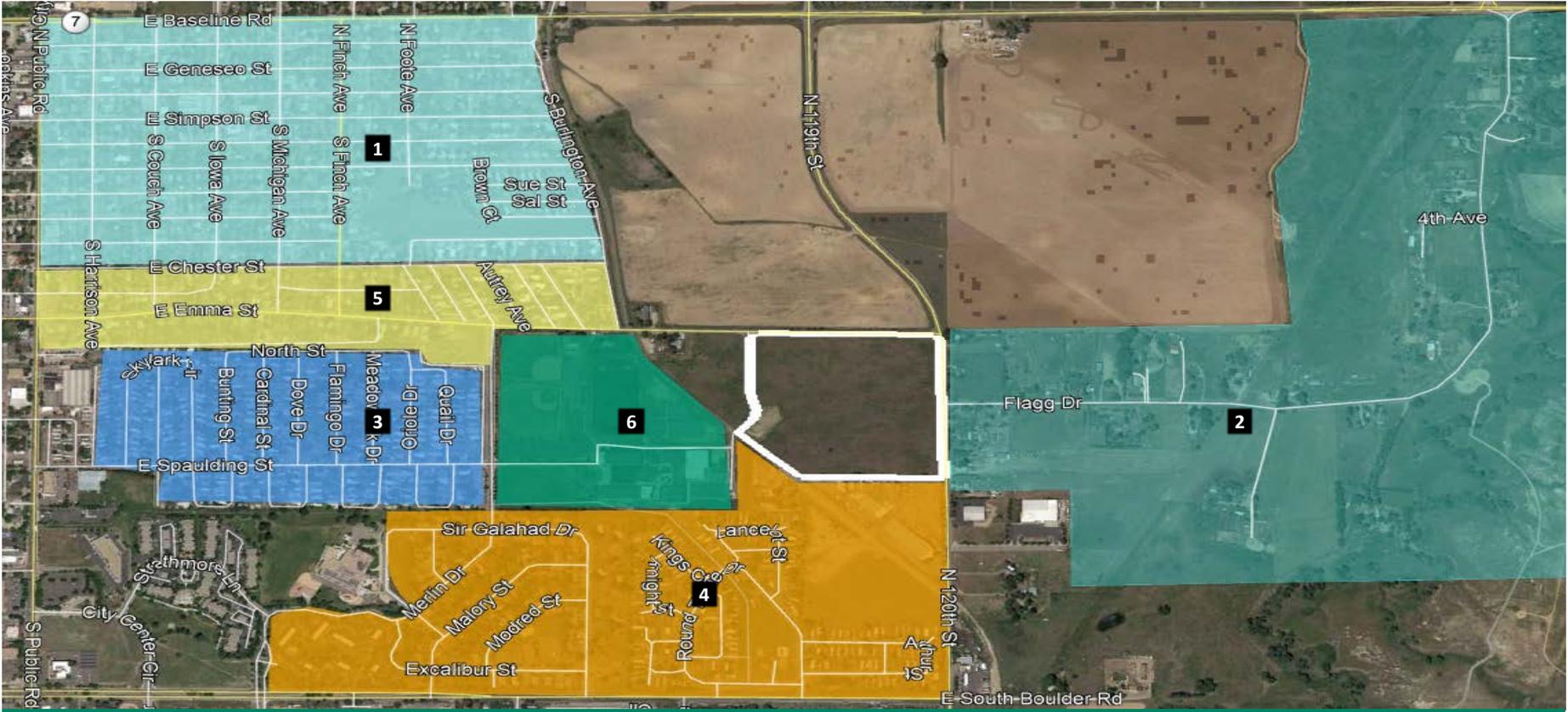
East Lafayette Advisory Committee (ELAC)

The ELAC is a community group of neighbors and other stakeholders who want to help advise BCHA in implementing an inclusive and effective community engagement plan. Advisory in nature, the ELAC meets regularly and provides honest constructive feedback to BCHA and their partners.

The ELAC Committee members:

- help evaluate potential aspects of the development
- gather feedback on how best to encourage public participation throughout the planning and development processes
- provide structure for outreach and planning process

The East Lafayette Advisory Committee will be comprised of approximately 20 self-selected community members that represent the diverse interests of Lafayette.



**East Lafayette Affordable Housing
Community**

Lafayette | Colorado

- | | | |
|--------------------------|--------------------------------|--------------------------------------|
| 1 OLD TOWN | 5 EMMA ST NEIGHBORS | 9 LIVABLE LAFAYETTE |
| 2 FLAGG | 6 PEAK TO PEAK | 10 NON-PROFIT REPRESENTATIVES |
| 3 ARBORDALE ACRES | 7 LOCAL BUSINESSES | 11 AT-LARGE REPRESENTATIVES |
| 4 SOUTHERN EDGE | 8 SENIOR ADVISORY BOARD | |

East Lafayette Advisory Committee

August 15, 2018 at 6pm – 7:30 pm

Meeting Agenda

1. Introductions & Interest in Serving on the ELAC
2. Boulder County Workforce Housing Snapshot
3. Site Characteristics & Opportunities
4. ELAC Next Steps
 - Design Workshop Open House on August 25th
 - ELAC—Reflections on Workshop and Iterative Planning
5. ELAC Charter
 - Role of ELAC Committee Members
 - Public Participation & Inclusive Representation
 - Next Meeting Date, Time and Location (September 17th at 6pm)
6. Public Questions and Answers

EAST LAFAYETTE PLANNED COMMUNITY OF
WORKFORCE HOUSING

DESIGN WORKSHOP OPEN HOUSE



You are invited to participate in a community design workshop to help plan the workforce housing community at Emma St and 120th St

Saturday, August 25th
9am-11am
Lafayette Public Library
775 Baseline Road

For questions please email us at:
jasper@thepachnercompany.com

COME SHARE YOUR DESIGN IDEAS AND PREFERENCES WITH NEIGHBORS, COMMUNITY STAKEHOLDERS, AND THE PROJECT TEAM. WE WANT YOUR INPUT ON THE DESIGN AND SITE PLAN FOR THIS FUTURE NEIGHBORHOOD. COME AND SHARE YOUR IDEAS!

ESTE LAFAYETTE COMUNIDAD
PLANIFICADA VIVIENDA ASEQUIBLE

SESIÓN DE DISEÑO CASA ABIERTA



Estás usted invitado/a a participar en una sesión Comunitaria para hablar acerca de Emma St and 120th St

Sábado, 25 de Agosto
9am-11am
Lafayette Biblioteca
775 Baseline Road

**Habrà una mesa en
español en la sesión de
diseño**

COMPARTA SUS IDEAS CON SUS VECINOS Y PERSONAS DE INTERES EN ESTE ASUNTO. EN ESTA REUNION HABLAREMOS ACERCA DE QUE SE PODRIA CONSTRUIR EN EST LUGAR Y AVERIGUE SUS IDEAS PUEDEN IMPACTAR LO QUE SE CONSTRUYE EN ESTE SITIO

Design Workshop Open House



How We Communicate

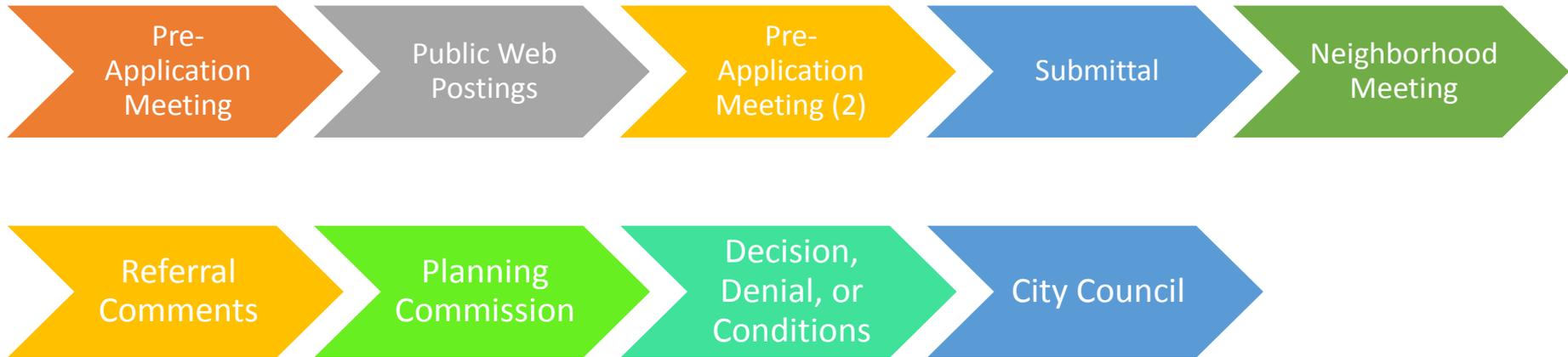
We've listened, integrated and we continue to improve

In every community meeting we've participated in we have asked neighbors how they would like to stay informed on the project and to receive notification for community events such as meetings and open houses. We listened and we communicate our efforts by:

- emailing updates (sign up on lafayettehousing.org)
- providing updates on Nextdoor
- utilizing Facebook/Lafayette ROCKS!
- local press coverage
- flyer nearby homes and local businesses in English and Spanish
- attending any meeting request – from one-on-ones to business groups

Inclusive Planning Process

Development Review Process Sketch & Preliminary Plans



East Lafayette
Affordable Housing

Lafayette |
Colorado

Public Engagement Plan

Estimated 4th
Quarter 2018

IMMERSION OUTREACH

Concentric Approach

- Neighborhood
- Community
- Regional

COMMUNITY-WIDE OUTREACH

Community Wide Engagement

- Lafayette Open Houses
- Community Meetings— coffee, backyard, organizations
- Subcommittees – Traffic, Open Space

Community Planning & Design Engagement

- East Lafayette Advisory Committee (ELAC)
- Design Workshop Open House
- Mobility Open House
- School: Planning Labs

SKETCH PLAN SUBMITTAL

Inclusive Planning Process

- City of Lafayette Planning Process
- Implementation of Public Engagement Plan
- Sketch Plan Submittal
- Following Sketch Plan then Preliminary Plan Submittal

CONCURRENT OUTREACH

- Continued Neighborhood Outreach
- Continued Organizational Outreach
- Monthly ELAC Meetings
- Community Board Presentations
- Non-Profit Presentations
- Presentations to Communities of Faith
- Site Walks & Tours

YOU ARE HERE ★

EAST LAFAYETTE WORKFORCE HOUSING PRELIMINARY CONCEPTS

OCTOBER 15, 2018

The following preliminary concepts were developed as a result of site analysis, project goals, planning principles, ELAC coordination and common outcomes from the Community Workshop held August 25th.

Workshop Outcomes include the following:

- Provide a connection from Canterbury to 120th Street;
- Buffer along 120th Street and Emma Street;
- Lower intensity development should occur along Emma Street;
- Higher intensity of uses should occur along the south industrial edge;
- Senior housing should interact with a community center;
- Offer community gardens and trail connections;
- Encourage multi-modal connections (bike, bus, pedestrian);
- Disperse senior housing throughout the project.

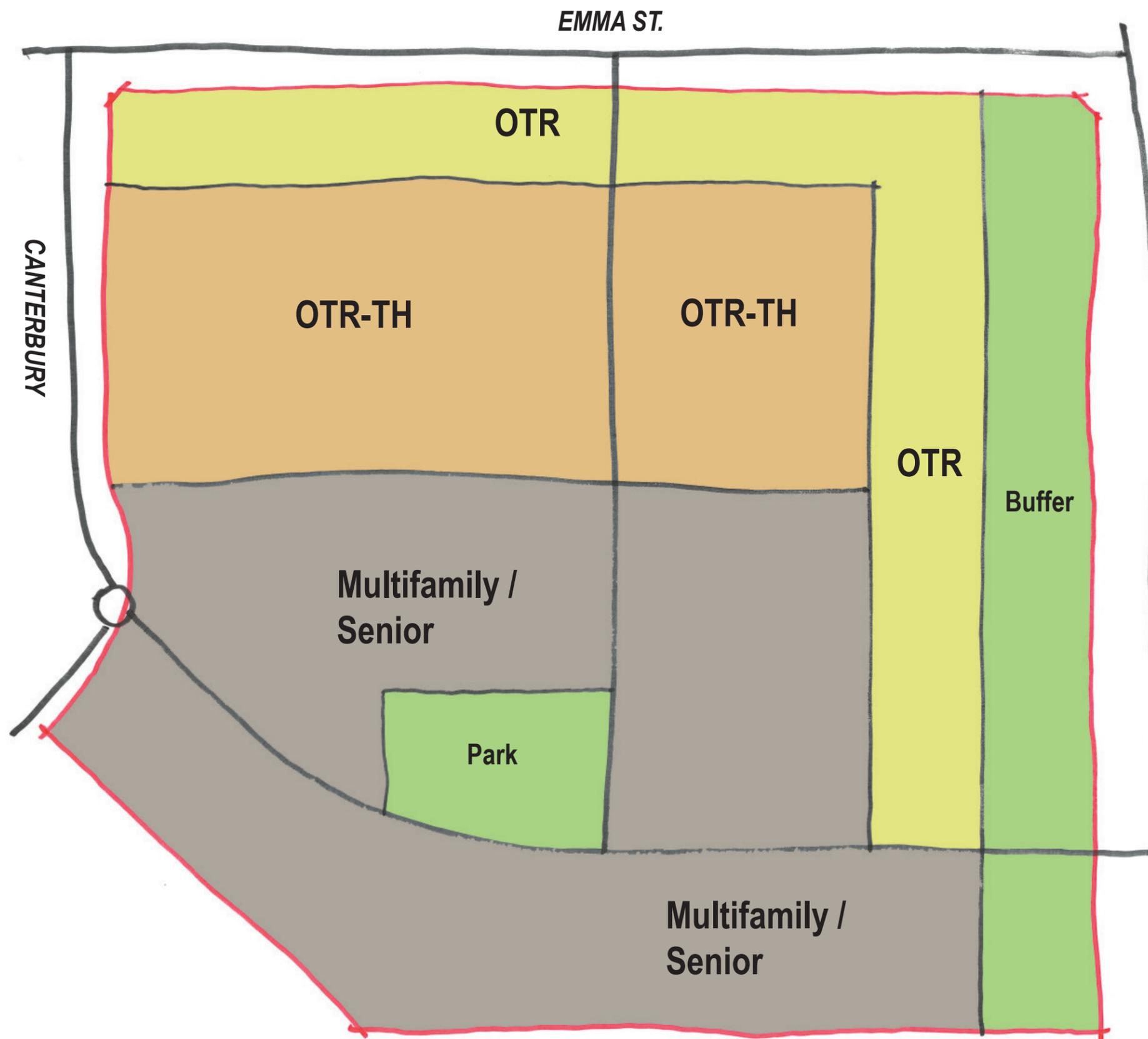
** The following site plans do not represent a final plan for the neighborhood but instead show several options for how the neighborhood could be designed based on input received thus far and the goals and mission of the Boulder County Housing Authority in fulfilling its role in the intergovernmental agreement with the City of Lafayette. These plans will be refined based on community feedback, City requirements and input, and Boulder County Housing Authority input. Please visit www.lafayettehousing.org for the latest updates.*



CHARACTER DIAGRAM

-  OTR-Old Town Residential Character
-  OTR / Townhome Character
-  Increased Intensity Residential / Senior
-  Open Spaces

The preliminary character areas shown here are one option representing potential character districts for the anticipated uses and densities on this site.



* The following site plans do not represent a final plan for the neighborhood but instead show several options for how the neighborhood could be designed based on input received thus far and the goals and mission of the Boulder County Housing Authority in fulfilling its role in the intergovernmental agreement with the City of Lafayette. These plans will be refined based on community feedback, City requirements and input, and Boulder County Housing Authority input. Please visit www.lafayettehousing.org for the latest updates.





LEGEND

- DUPLEXES
- TOWNHOMES
- MULTIFAMILY
- SENIOR HOUSING
- COMMUNITY BUILDING / AMENITY
- OPEN SPACE
- ROADWAYS & PARKING

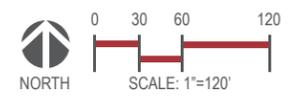
CONCEPT A.

350 - 370 TOTAL UNITS

240-250 Multifamily & Senior

75-80 Townhomes

35-40 Duplexes



** The following site plans do not represent a final plan for the neighborhood but instead show several options for how the neighborhood could be designed based on input received thus far and the goals and mission of the Boulder County Housing Authority in fulfilling its role in the intergovernmental agreement with the City of Lafayette. These plans will be refined based on community feedback, City requirements and input, and Boulder County Housing Authority input. Please visit www.lafayettehousing.org for the latest updates.*



LEGEND

- DUPLEXES
- TOWNHOMES
- MULTIFAMILY
- SENIOR HOUSING
- COMMUNITY BUILDING / AMENITY
- OPEN SPACE
- ROADWAYS & PARKING

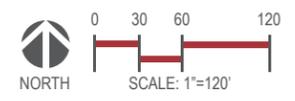
CONCEPT B.

380 - 400 TOTAL UNITS

260-270 Multifamily & Senior

80-85 Townhomes

40-45 Duplexes



* The following site plans do not represent a final plan for the neighborhood but instead show several options for how the neighborhood could be designed based on input received thus far and the goals and mission of the Boulder County Housing Authority in fulfilling its role in the intergovernmental agreement with the City of Lafayette. These plans will be refined based on community feedback, City requirements and input, and Boulder County Housing Authority input. Please visit www.lafayettehousing.org for the latest updates.

EMMA ST.

LEGEND



- DUPLEXES
- TOWNHOMES
- MULTIFAMILY
- SENIOR HOUSING
- COMMUNITY BUILDING / AMENITY
- OPEN SPACE
- ROADWAYS & PARKING

120TH ST.

FLAGG DR.

CANTERBURY

CONCEPT C.

- 410- 430 TOTAL UNITS
- 300-310 Multifamily & Senior
- 70-75 Townhomes
- 40-45 Duplexes

Park / Plaza

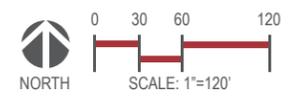
Pond / Trails / Gardens

Gardens

Park / Gardens

Gardens

Trail Connection



* The following site plans do not represent a final plan for the neighborhood but instead show several options for how the neighborhood could be designed based on input received thus far and the goals and mission of the Boulder County Housing Authority in fulfilling its role in the intergovernmental agreement with the City of Lafayette. These plans will be refined based on community feedback, City requirements and input, and Boulder County Housing Authority input. Please visit www.lafayettehousing.org for the latest updates.

| | |
|--|---|
| <p>The Proposal</p> | <ul style="list-style-type: none"> The Trump Administration’s proposed Public Charge Rule changes have been published for comment in the Federal Register (here is the link). The proposed rule would redefine a status known as “public charge” as an “alien who receives one or more public benefits” and would add many more programs than are currently included in the list of those benefits. <i>If they take effect</i>, the proposed rule changes could expand the programs that can be considered when determining whether someone seeking permanent resident status is “likely to become primarily dependent on the government for subsistence”: |
| <p>Programs Proposed to be Included</p> | <ul style="list-style-type: none"> ○ Temporary Assistance for Needy Families (TANF) - existing ○ Supplemental Security Income (SSI) and federal Long Term Care – existing ○ Institutionalized long-term care at government expense – existing ○ State/local cash assistance programs - existing ○ Medicaid, with exceptions for certain emergencies and in other limited cases – could be added ○ Supplemental Nutrition Assistance Program (SNAP) – could be added ○ Housing Choice Vouchers (Section 8) – could be added ○ Medicare Part D Enrollment – could be added ○ Tax Credits for Health Insurance through Connect for Health Colorado are not included |
| <p>Potential Impacts on our Clients and Community</p> | <ul style="list-style-type: none"> • Being considered “primarily dependent on the government for subsistence” may impact an immigrant’s ability to get permanent residency status or a green card. • According to the Kaiser Family Foundation, decreased participation in these programs will contribute to more uninsured individuals and negatively affect the health and financial stability of families and the growth and healthy development of their children. Impacts are already being seen: some in our community are declining services and supports for themselves and their families (including for their children and/or spouses who are legal U.S. residents). • The Colorado Health Institute estimates that “75,000 Coloradans would lose health coverage” if the Public Charge changes take effect. • According to Kaiser Family Foundation, working people and legal U.S. citizens would be most impacted by the proposed public charge rule changes if they take effect: the majority of Medicaid recipients are themselves employed, and almost 80 percent live in families with at least one working member. |
| <p>What Happens Next</p> | <ul style="list-style-type: none"> • Publishing the proposed changes in the Federal Register kicks off a comment period that ends 12/10/18 – search for “Public Charge Grounds” to find the link to the Federal Register item. • There are circumstances under which proposed rules are not finalized. Sometimes, proposed rules are delayed through the legal process. When this happens, the length of the delay is difficult to predict. Regardless, it is likely any change would not take effect until well into 2019. |
| <p>Our Message to our Clients and Community</p> | <ul style="list-style-type: none"> • If it does occur, the rule change would not be retroactive. So <i>until there is certainty</i> around what – if anything - will happen, <u>we can tell clients the following</u>: We understand this feels uncertain, however <i>nothing has changed</i> and any change will take a while <i>if anything does happen</i>. Also - if a change occurs, only benefits you receive <i>after the change</i> would count. The benefits you receive now can help you (and your family) be healthy and well. You should <i>stay enrolled</i> until more is known. • Boulder County Housing and Human Services will update our communications for our staff, community partners, and clients once we have more information. • Staff: please continue to collect the stories and perspectives of those impacted by these potential changes. Use this form to do so: https://bit.ly/immigrationfeedback • Boulder County has information and links to immigrant resources at https://bit.ly/bocoimmigration. |



Open Enrollment 2019

Boulder County Assistance Site (for Health Coverage)



*Open Enrollment November 1 – January 15

**Period during which buying new, or changing existing, private health insurance plans is possible*

- Financial assistance is still available!
- People may be surprised by their subsidy
- Preventive care is free and helps save money
- Plans change every year: Come shop

Stay Covered / Get Covered

- Enroll by December 15, 2018 for coverage that begins January 1, 2019
- Enroll December 16 – January 15 for coverage that begins February 1, 2019
- After January 15, buying new or changing existing health insurance is possible only for those with a life event like losing other coverage, getting married, or having a baby

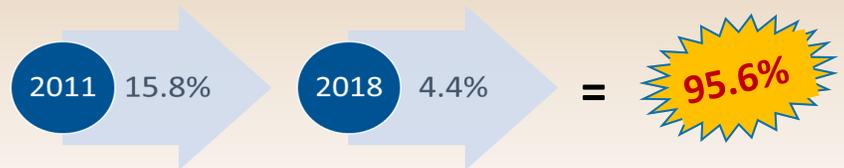
Financial Assistance

- Clients may be eligible for financial assistance to purchase health insurance through Colorado's Marketplace, Connect for Health Colorado
- Those whose household income is 150% to 400% Federal Poverty Line (FPL) may be eligible for financial assistance (E.g., 400% of FPL for a family of four is just over \$100,000)
- This year, health insurance may be more affordable than ever!

In Boulder County the average health insurance premium for those eligible for financial assistance is DECREASING by 24%

Boulder County Uninsured Rate 2011—2018

Insured Rate 2018



**Help Keep People Insured!
Tell them about Open Enrollment**

...and that the Boulder County Assistance Site offers **FREE**, unbiased assistance:

- bouldercountyhealthcoverage.org
- **303-441-1000**
- healthcoverage@bouldercounty.org

OPEN ENROLLMENT DROP-IN EVENTS

St. Vrain Community Hub
515 Coffman Street, Longmont, CO
9:00am – 2:00pm

- Saturday, November 17
- Saturday, December 1
- Saturday, December 15
- Saturday, January 12
- Tuesday, January 15



ON-SITE OFFICE HOUR APPOINTMENTS

Nederland Community Center
750 CO-72, Nederland, CO 80466
9:00am – 3:00pm

- Thursday, November 15
- Thursday, November 29
- Thursday, December 13
- Thursday, January 10, 2019

El Comite de Longmont, CO
455 Kimbark St., Longmont
9:00am – 12:00pm

- Tuesday, November 13
- Tuesday, November 27
- Tuesday, December 11
- Tuesday, December 18
- Tuesday, January 8