

The background of the entire page is a dark, textured aerial photograph of a landscape, likely a mountainous region with some water bodies. The text is overlaid on this background.

# ARPA WORKING GROUPS FINAL PROGRAM PROPOSALS

May 2019

# THE PROCESS

## PHASE II

The ARPA Steering Committee presented its Phase 1 findings to BOCC in late November 2021, and collectively designed a second phase of the process that would dive deeper into the areas of greatest concern among those most affected by the pandemic.

The second phase centered around three working groups, each to concentrate on a major theme that was emphasized in the first phase. Working groups were composed of County Staff, local government officials, and NGO or other stakeholders who were charged with using the output from Phase 1 to inform a collaborative process to design programs, policies, or projects that can be supported with ARPA funding; creating a deeper understanding of the intersection of housing affordability, economic impacts, cost of living, mental health, and childcare, as well as local challenges and existing programmatic solutions; utilizing stakeholder input, expert advice, and best practices from other localities to inform programmatic components, and to create a replicable model of community and government collaboration in policy design.

This phase kicked off with a public open call for Working Group members with lived or professional experiences in one of the three topic areas to indicate their interest in volunteering to participate. The call went out to over 300 organizations, and 162 individual responses were received. To further ensure tight collaboration, each working group was co-led by a county department head and a community leader. The three Working Group topic areas included:

- Economic Challenges – the interconnected issues of cost of living, business needs, workforce development, child care, etc.
- Housing Affordability – including cost of living
- Mental Health and Social Resilience – including access to technology and social isolation

Working with the Steering Committee and County Staff, Rebuild by Design led a selection process to ensure that the diversity of backgrounds, perspectives, and range of lived and professional expertise across Boulder County was represented in each working group. Through this process, the ARPA Steering Committee identified a diverse group of 34 applicants to join one of the three Working Groups. The County appointed department heads, and additional staff to resource the working groups with the expertise of designing government programs. Additionally, a member of BOCC sponsored each committee.

The image displays two screenshots of a web-based application form for Boulder County ARPA Working Groups. The top screenshot is the English version, titled "Boulder County ARPA Working Groups". It includes an introduction, a list of requirements for participants, and a form field for an email address. The bottom screenshot is the Spanish version, titled "Grupos de Trabajo ARPA del Condado de Boulder". It follows a similar structure with an introduction, requirements, and a form field for an email address. Both versions mention that the form is for informational purposes only and that the final selection is at the discretion of the Boulder County Board of Commissioners.



While the call for working group members was underway, Rebuild worked with the Steering Committee and County Staff to create the criteria for policy and programmatic recommendations to guide the work of the groups. In addition to the US Treasury mandated criteria, the Committee determined that the working groups should strive for final recommendations that would be:

- Transformational
- Ensure that the most impacted by the pandemic will benefit the most
- Strikes a balance between long-term transformational change and short-term immediate relief for those in crisis
- Can be deployed easily to help the people in need quickly
- Will be sustainable when ARPA funding runs out
- Focuses on equity and addressing racial, economic, and health disparities
- Leverages other funds and existing planning processes
- Leverages already-completed plans and reports, e.g. Regional Affordable Housing Plan
- Groundbreaking, something that County Government would not have done on its own

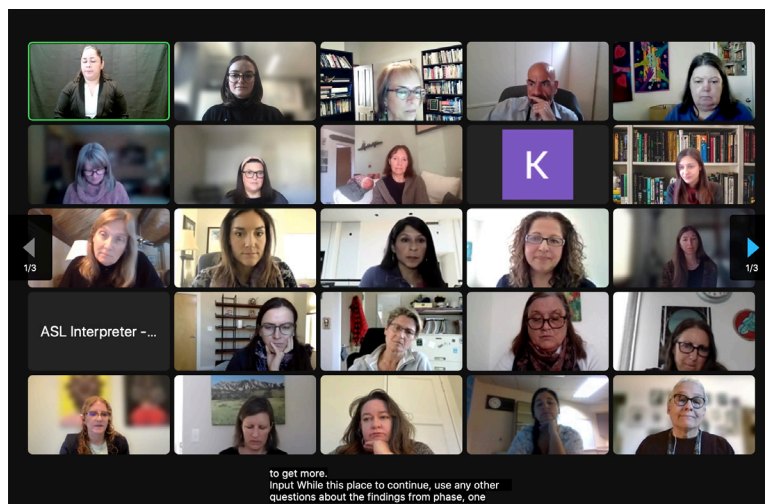
Just a week before the working groups were set to launch at the start of the New Year, disaster struck in Boulder County, as the Marshall Fire claimed 1,084 homes across the County. More than 35,000 people were forced to flee their homes, predominantly in Louisville, Superior, and parts of Unincorporated Boulder County. Family resource centers and community organizations immediately stepped in to help the families in need, while the County mobilized all its resources to respond to the disaster. The same department heads and community engagement specialists who were slated to lead the ARPA process were on full-time emergency response duties. Tending to the immediate needs of the community, the County decided to postpone the process for two months. Upon picking it back up again in February, the process was adjusted to the new timeframe and partially restructured so that County Staff could continue to prioritize disaster recovery efforts.

In late February 2022, the process kicked off with a day-long workshop to share aspirations, understand existing challenges and complexities, and for each Working Group to create a work plan. Presentations and discussions at the kick-off included: US Treasury ARPA Guidelines, available data in the three focus areas, ideas already heard from the Boulder County community, equity and accessibility goals, existing ARPA allocations by local governments, and a presentation on nationwide examples of policies and investments for an inclusive recovery by the Urban Institute.



Through a combination of research, presentations, and discussions, over the course of eight weeks, each group compiled a comprehensive list of potential programmatic ideas and then further culled a list of select proposals that would be most in line with the County's goals for the ARPA funds. The Working Groups further divided into topical subgroups. Each community member and county employee brought their passion, insights, and expertise to the discussion of these topics, and also considered the feedback from the community and research provided by community organizations. Whenever specific "know-how" was missing from the group, the Working Groups asked additional experts to join to provide insight on the topics.

Boulder County Community Engagement Specialists participated in each working group, and regularly updated the public on the discussions and decision-making process through website updates, social media, and press releases. Simultaneously, the Engagement Team ensured all feedback from the community was conveyed to the Working Groups. To ensure accessibility, all Working Group meetings were recorded, interpreted into Spanish and ASL, and posted on the County website.



At the end of the Working Group convenings, final Working Group recommendations were given to County Staff to further investigate the proposal ideas to ensure their feasibility and alignment with ARPA guidelines, existing programs, and County regulations. Once refined, County Staff and Working Groups jointly presented their recommendations to BOCC at a public hearing. Several of the programs proposed build or expand on existing County programs with recommendations for making them more equitable and ensuring that they reach the populations in need of them most. Others are new initiatives not yet seen in the County which have had demonstrated success in other localities.

In all, across the three working groups, nine proposals were recommended to BOCC that fit the criteria determined by the Steering Committee. To date, BOCC is making a determination on which proposals will move forward to implementation.

The Working Groups were successful in bringing forward new ways of operating in Boulder County by centering the needs and ideas of the communities that were most affected by the pandemic. Each group met their goal, in the given timeframe within the given budget, to propose ideas that could make deep change in the lives of the community members who need it the most. They also achieved a never-seen-before collaboration, giving Boulder County a model to work from in the future. In addition to meeting those goals, there were also challenges that should be addressed in future iterations of this model. The following suggestions reflect the feedback from Working Group members:

- **Time.** From the beginning, this process has had to meet the dual needs of getting funds out to the community as quickly as possible and taking time to have community-informed comprehensive proposals. Working Group members felt that additional time would have been helpful to fully research transformational ideas and conduct additional outreach to vet ideas with the community. Additionally, participants would have liked to have had a clear schedule of meeting times determined from the start.
- **Equity.** Though working group members felt that equity was a central focus of the groups' conversations and proposals, they also felt that the structures of the groups themselves lacked enough members with lived experience, and those who were most directly impacted by the pandemic. In the future, having larger groups, and providing financial support would enable those with financial limitations to participate in a community-centered effort.
- **Transparency.** Though working groups members felt that the process as a whole aimed to be transparent, there are additional opportunities to fully articulate who would be involved in the process, namely how consultants were chosen and how working group members were selected.
- **Defined Roles.** In a broad community engagement process, it is common for there to be many involved players with fluctuating roles. Future processes would benefit from having clearly defined roles for every individual involved, whether it is the working group members, staff, consultants, or the commissioners.
- **Defined Deliverables.** Having clearly defined deliverables prior to the start of the process would ensure time is used efficiently and reduce the number of questions along the way.
- **Cross-communication.** Working Group co-chairs met weekly to share progress updates for each group. If given more time, increased communication between all the working group members could have created new opportunities to leverage each other's ideas.

# SUMMARY TABLE

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## ECONOMIC CHALLENGES

SURVIVE AND THRIVE\_\_\_\_\_ \$7.5 MILLION

DIRECT CASH ASSISTANCE TO FAMILIES\_\_\_\_\_ \$6 MILLION

EARLY CHILDHOOD COMMUNITY VILLAGE\_\_\_\_\_ \$1.5 MILLION

## HOUSING AFFORDABILITY

INVESTMENT IN A DEVELOPMENT \_\_\_\_\_ \$7 MILLION  
PIPELINE PROJECT

EXPAND CAPACITY OF THE REGIONAL \_\_\_\_\_ \$2.34 MILLION  
HOUSING PARTNERSHIP & RELATED PROGRAMS AND  
SERVICES

MANUFACTURED/MOBILE HOME PARK \_\_\_\_\_ \$5 MILLION  
AFFORDABILITY

## MENTAL HEALTH & SOCIAL RESILIENCE

COMMUNITY MOBILE RESPONSE TEAMS \_\_\_\_\_ \$750,000 (Y1)/\$1  
MILLION FUTURE YEARS

COMMUNITY-WIDE HUB NAVIGATION/ \_\_\_\_\_ \$3 MILLION  
RESOURCE NAVIGATION

EQUITABLE ACCESS – OPENING THE FRONT DOOR \_\_\_\_\_ \$9 MILLION

# ECONOMIC CHALLENGES

**\$7.5M**

## INITIATIVE: SURVIVE AND THRIVE

### Summary

The Survive and Thrive Initiative will target historically underserved and underrepresented communities with an infusion of public monies to address the disproportionate impact of the COVID-19 health disaster in Boulder County on the small business and nonprofit community. The initiative will facilitate the immediate distribution of monies to support eligible small businesses and nonprofit organizations that can make meaningful, short- and long-term investments that will stabilize their business condition, workforce, and operations (Survive). These monies will come with the requirement that awarded businesses and nonprofits must engage with a variety of entities that provide business support services (Thrive). In parallel, organizations that can provide direct business support services will be eligible for grants that allow for both the expansion of current services and the creation of new, innovative offerings that can best assist the business community. The infusion of capital will be implemented via a competitive grant process for qualified entities.

### Goals/Objectives

With this approach, the aggregated ARPA monies address three important needs:

1. Provide direct support for businesses and nonprofits that can demonstrate negative economic impact caused by the pandemic
2. Increase capacity for business support entities
3. Motivate business supporting entities to develop new and innovative offerings

### A possible model for the distribution of funds is as follows:

- 15 business support entities at \$100,000 per entity: \$1,500,000
- 400 businesses at \$10,000 per business: \$4,000,000
- 40 nonprofits at \$50,000 per organization: \$2,000,000

The Survive and Thrive Committee determined it was important that the grant amounts be large enough for small businesses and nonprofits to support a material impact and attractive enough to business support entities to engage in a long term commitment to support the economic development of the small businesses and nonprofits involved. With the allocation of funds available to this project, these were the numbers we allocated to achieve our objectives.

### The intended outcomes of this initiative would be:

1. Business continuity of impacted small businesses and nonprofits
2. Long-term business viability of businesses and nonprofits through education and support of owners and operators
3. Higher participation rates of businesses and nonprofits in available support programs

### Survive and Thrive is targeting the following populations:

- Small businesses serving or located in a Qualified Census Tract (QCT), a high risk vulnerability index area, and/or a remote community;
- Small business owners who meet the following criteria: low or moderate income, lives in an



economically distressed area, has low or moderate personal wealth based on household net worth, and/or has diminished opportunities to access capital or credit;

- Nonprofits serving communities hardest hit by the COVID-19 pandemic including people with disabilities, people of color, families of with low to medium incomes, young children, older adults, undocumented workers, and immigrants;
- Business support entities providing direct support to small businesses and nonprofit organizations.

Qualified grant and RFP awardees must demonstrate negative economic impact caused by the pandemic. Examples include, but are not limited to:

- Decreased revenue or gross receipts;
- Financial insecurity;
- Increased costs;
- Capacity to weather financial hardship;
- Challenges covering payroll, rent or mortgage, and other operating costs.

**These communities have been disproportionately impacted by the pandemic in the following ways:**

1. Low wage workers lost their income first during quarantine. These are also workers who are unlikely to be able to do their work remotely and therefore, had to endure wearing PPE and putting themselves in harm's way during the height of the pandemic in order to be paid. Eviction moratorium ended and low-wage workers substituted other more flexible basic needs (food, phone bills, internet) for rent and housing.
2. People with disabilities struggled to access the world remotely. Children with disabilities lost their caregivers during quarantine and had to rely on parental support to complete home schooling. This is a group that was the least successful during remote learning. Adults with disabilities uniquely struggled to understand and access the different technological platforms that suddenly connected our world in new and different ways. This is a group that was at extreme risk of experiencing heightened and prolonged social isolation during the pandemic.
3. Older adults faced loss of employment, social isolation, grief and loss, lack of access to nonprofit resources due to mobility struggles and lack of transportation, lack of access to external resources due to fear of leaving their homes and risking their lives due to COVID-19. Many older adults struggled to adapt to technology, further isolating them.
4. Remote communities received significantly less federal funding under CVRF or ARPA to address their needs during the height of the pandemic and during this phase of recovery. Many remote communities in Boulder County also thrive economically on tourism, which was diminished under stay at home orders. Businesses in remote communities struggled to be able to stay in business due to physical and environmental limitations that might have otherwise allowed them to adjust their business model to adhere to public health orders (example: outdoor dining).
5. Retail sales corridors containing small, independently owned businesses have been impacted by closures and exits thus causing a reduction of local vitality and loss of cultural identity.
6. The Latinx, immigrant, and BIPOC workforces and communities were disproportionately impacted by the COVID-19 virus due to higher exposure as frontline essential workers and entrepreneurs. Limited access to reliable resources from trusted-sources, including non-English language materials, about the virus and vaccine created misinformation and myths in the Latinx, immigrant, and BIPOC communities, preventing those in the communities from



becoming fully vaccinated and boosted in comparison to the rest of the county. Technology divides created additional barriers for these communities to access reliable and current information that was widely delivered virtually. Additionally, these communities faced barriers to accessing federal funds and local programming due to immigration (documentation) status and lack of social capital.

7. Latinx, immigrant, and BIPOC small businesses and entrepreneurs were disproportionately impacted by COVID-19 and experienced limited access to forgivable funding programs due to being less capitalized, un or underbanked, linguistically isolated, and start-up or early-stage entrepreneurs. Staff shortages in Latinx, immigrant, and BIPOC small businesses required family members to step in and leave other jobs. Service providers struggled to maintain jobs and contracts, suffering losses in revenue due to commercial closures and stay at home orders. Businesses without a digital presence struggled to get online and tap into new markets like the Anglo community. Additional one-on-one support was required for technology setup and initiation before an entrepreneur was able to tap into and take advantage of available resources. Nontraditional channels like Facebook, WhatsApp, Text message campaigns, and collaborations with trusted community organizations have been necessary to reach Latinx, immigrant, and BIPOC entrepreneurs during the pandemic.
8. LGBTQ+ communities, and specifically transgender and gender non-conforming people (TGNC) and LGBTQ+ youth were disproportionately affected by the pandemic. TGNC face workplace discrimination and harm and there are not out at work, are out at work and face daily discrimination or misgendering, or travel to find work that is more inclusive. TGNC life-saving medical care is very sparse in Boulder County and was close to unavailable during the height of the pandemic, due to medical care capacity issues and supply chain back ups. Health care costs, travel costs, and workplace discrimination make TGNC economic stability difficult, heightened by the lack of resources during COVID-19. Many LGBTQ+ youth without family support were forced to stay home without social support.

### **How many people will it be designed to serve?**

This proposal has the potential to impact 455 small businesses and nonprofit organizations in Boulder County.

Per the 2020 Boulder Industry Study, 90% of small businesses in Boulder County employ fewer than 20 employees. According to the CU Leeds School of Business 2011 Economic Impact Report, the most recent economic impact study on the nonprofit sector in Boulder County, 53 human services nonprofit organizations employed 1,349 citizens.

### **How will this program focus on equity and address racial, economic, and health disparities to reach equitable outcomes? What is the disparity or disparities that need to be addressed? What are the root causes of the disparity? How does the proposal transform a disparity into a long-term solution that achieves equitable outcomes?**

It is recommended that priority be given to grant proposals that demonstrate an intent to advance racial and economic inequities while within the bounds of US Treasury guidance for allowable expenditure. The Treasury Guidance is pretty broad and includes:

Small business eligible uses:

- Loans or grants to mitigate financial hardship, such as by supporting payroll and benefits, costs to retain employees, and mortgage, rent, utility, and other operating costs
- Technical assistance, counseling, or other services to support business planning
-

Small businesses in Qualified Census Tracts, the following additional eligible uses:

- Rehabilitation of commercial properties, storefront improvements & façade improvements
- Technical assistance, business incubators & grants for start-up or expansion costs for small businesses
- Support for microbusinesses, including financial, childcare, and transportation costs

Nonprofit grants eligible uses:

- Loans or grants to mitigate financial hardship
- Technical or in-kind assistance or other services that mitigate negative economic impacts of the pandemic

**Is this a new project or program? What other communities have launched similarly? How will this program address the current and future needs of the Boulder County community? What have we learned from other communities?**

Boulder County's nonprofit sector is a major economic engine and it has eroded under the pressures of the pandemic. This grant program will enable nonprofits to make the most critical and material investments in its workforce in a rapid manner. Without a stable workforce, the nonprofits most needed during this time will not be positioned to deliver on its mission.

In addition to nonprofits, many businesses were hit hard by the pandemic and subsequent health orders that were continuously changing. While some businesses closed their doors, for those that did not, the need for an economic boost is pressing. By providing grant funding, the businesses, which are the backbone of our communities, will be able to ensure that they continue to operate, to serve our community, and to contribute to the economic success within each municipality in Boulder County. Through ARPA funds, Boulder County can invest resources in their immediate and long term success as vital assets within our community.

The Town of Nederland used CVRF funds to provide grants to Nederland businesses. Funding award amounts were approximately \$2,000, which recipients primarily used to cover operating expenses such as rent, utility bills, and PPE. Other programs include:

- Boulder County CARES Act grants to small businesses, non-profits, and childcare centers
- City of Longmont - Strongmont 2
- OEDIT(Office of Economic Development & International Trade) - Disproportionately Impacted Businesses Grant
- Current funding options for small businesses - <https://bouldersbdc.com/covid-19/covid-funding/>

**How does the program strike a balance between long-term transformational change and short-term immediate relief for those in crisis?**

The combination of direct funding to small businesses and nonprofits in tandem with business services will allow entities to address immediate issues while planning for long term viability. This will be transformational for those organizations.

The expansion and innovation of business support entities in underserved communities will also be transformational. For example, a small business development center opening an office in a mountain community currently without a physical presence will be transformational for that mountain community's small businesses and nonprofits.

The process of rolling out this program to the community will include aggressive and direct outreach to target and recruit underserved communities, especially BIPOC, immigrants, and those who do not speak English. These outreach initiatives will use cultural brokers to get the word out about available resources through nontraditional channels (in-person events, FaceBook

Messenger, WhatsApp, trusted community partners, in-person/boots on the ground 'in the community from the community'). The outreach plan will also include follow up initiatives to build trust in the community (direct calls/messages, info sessions) and provide 1:1 support to individuals for resource initiation and orientation (one-to-one & group assistance). This type of intentional outreach work will be transformational because it has not been effectively resourced before.

**Does this program leverage already-completed plans and research (e.g. Regional Affordable Housing Plan)? Does the proposed program build off of existing work already being done in BC?**

These funds could be used to continue the momentum created by funds from other sources including the Community Foundation as well as other work underway including the Nederland Downtown Development Plan & Comprehensive Plan.

**Does this program go above and beyond traditional Government programs (a.k.a is this your moonshot idea)?**

Nonprofit organizations have very limited opportunities to make workforce and infrastructure investments through existing funding sources. Survive and Thrive will allow and ENCOURAGE nonprofits and small businesses to make those investments through an equitable lens.

The financial opportunities for businesses often come in the form of loans, which many businesses opt not to pursue due to the concerns about repayment. Businesses need funds that will allow them to invest in personnel, make necessary infrastructure changes, and enhance their operations without the financial burden of a loan.

**Can the County implement the program on its own? If not, list the necessary partners:**

We recommend an independent advisory board be developed to serve as the Selection Committee. Selection Committee members should go through an application process that demonstrates their skills and expertise in relevant areas such as economic development, community capacity building, business planning, and organizational diversity, equity, and inclusivity training. Once appointed, Selection Committee members shall receive rigorous equity training. Appointed Selection Committee members shall work alongside Boulder County staff to develop proposal selection criteria. This recommendation is inspired by this committee's interest to see the equity lens across the finish line.

**Timeline for Implementation:**

2023 - Develop selection criteria, appoint Selection Committee, community outreach

2024 - Implement

**Total ask-funding from ARPA Funding: \$7.5M**

**Does the program require additional funding, staff or other resources? If so please list.**

Boulder County staff will need to audit required reporting following disbursement of funds. Boulder County staff will need to oversee and administer the program.

**Will this program be sustainable when ARPA funding runs out (if warranted)?**

Approved grant proposals should be one-time funding initiatives.

# ECONOMIC CHALLENGES

\$6M

## INITIATIVE: DIRECT CASH ASSISTANCE TO FAMILIES WITH YOUNG CHILDREN TO HELP WITH CHILDCARE EXPENSES

### Summary

Access to affordable childcare is a critical need for lower-income families. It enables parents to work and invest in children becoming kindergarten ready leading to better success in school and across the lifespan. Prior to the pandemic, the cost for child care in Colorado was the seventh most expensive in the country with families spending an estimated 15 to 25 percent of their annual income on childcare. In Boulder County child care costs were 5-10% higher than the state average, rivaling housing costs at over \$26 thousand dollars per year for one preschooler. Over the course of the pandemic the cost of childcare is accounting for a larger percent of overall household expenses as a result of reduced availability and increased costs.

The recent Federal child tax credit proved to be effective in decreasing childhood poverty, reducing food insecurity, and allowing families to access basic necessities including childcare. More broadly, experiences with providing resources directly to families to enable them to tailor childcare arrangements to their needs as well as create economic stability have shown significant positive impacts on early childhood development.

The Economic Challenges Childcare Direct Assistance proposal requests \$6.0 million to follow the child tax credit model by providing direct cash assistance to families who are low income, with children ages 0-3. Priority would be given to families in poverty, those who are ineligible for other childcare assistance (e.g. CCAP), single parent households, presence of disability in the household, as well as families in demonstrated economic instability. Funding would not be tied to specific family expenditures and, for example, could help to support childcare or create opportunities for a parent to potentially stay home with an infant to provide care.

### Goals/Objectives:

- Increase access to childcare for families with young children 0-3, providing resources and parental choice in arrangements
- Increase economic recovery from COVID for families with 0 - 3 year olds, and in particular facilitate the ability for caregivers to enter the workforce and meet basic needs expenses
- This direct financial assistance to families would have spill-over benefits in the local economy. In particular, it would provide an increase in income for the continuum of childcare providers that has seen a dramatic decrease in income due to the COVID19 pandemic. This encompasses Family Friend and Neighbor (FFN), home-based, and center-based childcare providers
- Reduce the financial burden of childcare for families and increase funds that can be spent in the local economy meeting basic needs such as housing, utilities, food, unexpected medical costs or other financial emergencies.
- Increase support for families who experienced a disparate impact due to the pandemic, including Latinx and undocumented families.

### Who is the population you seek to help? How has this population been disproportionately impacted by the pandemic?

This program would seek to help Boulder County low-income families with young children aged 0-3 who have been particularly impacted by the economic consequences of the COVID pandemic and live in lower-income and vulnerable households. While childcare costs are high for all young



children, cost for infants and young toddlers is particularly expensive. Typically, the price for a preschooler in a child care center is approximately 20 to 25 percent lower than for an infant. By focusing on these criteria we also expect to provide support to women, single-parent households, Black and Latino/a/x and undocumented families with young children which have been disproportionately affected by income and employment loss over the course of the pandemic. These populations also have been slower to return to the workforce due in part to persistent barriers to affordable quality childcare.

### **How many people will it be designed to serve? (estimated)**

In order to have a transformational impact in our community, the goal of the program is to provide as close to universal coverage of eligible young children in Boulder County as resources allow. Using just the measure of children living below the poverty line, the recent Census found 1,262 children under 5 living in poverty in Boulder County. Adjusting for the 0 - 3 population, we estimate 690 children 0 to 3. Given that it is meant to facilitate access to childcare, the program would provide transfers estimated per child, not per household. The program would seek equitable access geographically across the County. We estimate that of the 690 0-3 year olds in Boulder County, 410 live in the City of Longmont, 104 live in the City of Boulder and 176 in the other municipalities and unincorporated Boulder County. We feel confident that this number is lower than the actual number of children ages 0-3 living in families eligible for this assistance due to populations historically undercounted by the Census data as well as households eligible due to economic vulnerabilities not captured using a strict poverty line measure. Adding a 5% increase in the number of children to be covered to allow for this, the program would seek to cover 725 children 0-3 years old.

### **How will this program focus on equity and address racial, economic, and health disparities to reach equitable outcomes? What is the disparity or disparities that need to be addressed? What are the root causes of the disparity? How does the proposal transform a disparity into a long-term solution that achieves equitable outcomes?**

While all low-income families in Boulder County experienced higher financial difficulty associated with COVID19, BIPOC families were disproportionately impacted. Pre-pandemic gaps in income, education, employment and ability to afford quality child care grew. Research has shown that nationally, young children of color are disproportionately affected by learning loss due to decreased access to early care and learning opportunities, which can have long-lasting negative impacts and widen existing equity gaps in our communities.

The proposal focuses on supporting low-income families with small children who have struggled to pay for childcare or other basic needs. Eligibility criteria would ensure equity beyond general income disparities. Poverty is more highly concentrated in BIPOC and Latinx households, as well as single parent households. Many immigrant households are not eligible for a range of Federal and State benefits, including general basic needs support and childcare funding. This program would seek to redress these exclusions.

A more equitable recovery builds the foundation for more inclusive economic growth in the future. By narrowing disparities in poverty, employment and early education rates, this program will also help to address systemic factors and inequities among Black and Latino/a/x families.

### **Is this a new project or program? What other communities have launched similarly? How will this program address the current and future needs of the Boulder County community? What have we learned from other communities?**

Yes, this is a new project for Boulder County. This type of program is known as a "guaranteed

income” program where monthly, no-strings-attached, cash payment is given directly to individuals. The foundational idea behind a guaranteed income is that everyone should have enough money to meet their basic needs. A guaranteed income is intended to supplement, not replace, existing benefits.

The expanded Child Tax Credit (CTC), which provides monthly cash payments between \$250-\$300 to most U.S. families with children through direct deposit and check, is an example of a guaranteed income program at the federal level. CTC has been shown to reduce poverty and food hardship, help individuals work more by reducing barriers to employment, and pay for childcare expenses. The Child Tax Credit is also helping to narrow disparate poverty rates by providing opportunity for economic stability, mobility, and asset growth. CTC is expected to reduce national child poverty by 45 percent, with particularly large reductions for Black, Latino/a/x, and Native American children.

Numerous states and cities have also begun to implement different versions of guaranteed income programs over the last 2 years. These programs target different populations depending on the specific needs of their communities. Denver for example has a program focused on providing assistance to individuals experiencing homelessness. Programs supporting women and families with young children can be looked at from Birmingham AL, Phoenix AZ, Oakland CA, Tacoma WA, Ithaca NY and Stockton CA. Most of these programs intentionally focus on households in areas with the greatest wealth disparities which are determined by median incomes, poverty levels, and different equity or vulnerability index tools. While many of these programs are relatively new, emerging research is showing amazing outcomes. In Stockton, this program resulted in less deep poverty and income volatility, more family stability, less strained social networks, less toxic stress, fewer incidences of homelessness, fewer skipped meals, and participation in full-time employment jumped from 28 to 40 percent. In a further Bay Area GBI pilot focusing on parents of young children, significant improvements in brain development were found in infants in households receiving the transfers.

In developing our own guaranteed income program, Boulder County can pull from many of these programs’ implementation strategies and lessons learned. Some of this best practice includes:

- **Consideration of potential cliff effects** on various income-tested programs (public housing, SNAP, Medicaid, free and reduced lunches, etc.). The ARPA source of funding has ruled these direct transfers as not to be calculated as income by the IRS. In general, households would need upfront counseling to identify potential cliff effects and create household specific strategies. In the case of significant potential harm in terms of loss of benefits or concern over potential public charge implications, households could choose to direct payments to a child care provider for example rather than to the household.
- **‘Cash Plus’ models** which combine cash transfers with wrap-around services and referrals to the broad range of basic needs and parental supports available in Boulder County. This would need to include support in identifying and signing up for childcare. It would also include linkages with FRC resources (food banks, rental, utility, medical financial assistance, family development work, parenting, etc); referrals into the County’s home visitation programs, WIC etc.

### **How does the program strike a balance between long-term transformational change and short-term immediate relief for those in crisis?**

This program will provide much needed resources to low income families with small children. The investment in these families and their children will be transformational long-term for the children, families and the community.

Every dollar invested in high-quality birth-to-five early childhood education for disadvantaged children delivers a 13% annual return on investment, significantly higher than the 7-10% return delivered by preschool alone. Investment in these programs has a positive 2 generation effect improving both the health and well-being of the primary caregiver and child across the lifespan. For example, in the short-term, mothers or primary caregivers who are able to access high quality childcare are able to enter the workforce sooner and increase household earnings while children gain foundational cognitive, social-emotional skills. These skills translate to better outcomes in education and employment in the future.

Access to quality and affordable care is also expected to provide short-term relief to Boulder County employers who continue to see unprecedented employee turnover, hiring challenges, and reduced employee productivity. Lack of affordable and reliable child care is cited as a primary reason for caregivers to miss work, reduce hours or leave the workforce all together. This perpetuates lower labor force participation, greater hiring difficulties for employers, slower potential growth, smaller tax bases. By supporting these families we encourage a stronger workforce for our local economy.

**Does this program leverage already-completed plans and research (e.g. Regional Affordable Housing Plan)? Does the proposed program build off of existing work already being done in BC?**

Yes- This program builds on the work of the BC benefits programs, the Family Resource Centers, and the City of Longmont and City of Boulder's ARPA investments in early childhood and guaranteed income.

**Does this program go above and beyond traditional Government programs (a.k.a is this your moonshot idea)?**

Yes- this program is an innovative approach to enhancing wellbeing and economic security of children, youth and families.

**Can the County implement the program on its own? If not, list the necessary partners:**

While the County could implement on its own, best practice is to engage organizations that have the trust and developed relationships with the target populations. Boulder County's Family Resource Centers (FRCs), domestic violence and cultural broker organizations have strong existing connections with the target population. By leveraging these relationships we can hope to reach more eligible families. The FRCs also already have processes in place to distribute financial assistance so this program could be administered using that current process.

**Timeline for implementation:**

Estimated timeline

- Planning Phase: time of award through 12/22
- Implementation: Monthly payments to families beginning 1/23 and end 12/24.
- Evaluation: 1/25 - 6/25

**Total ask-funding from ARPA Funding: \$6.0M**

- The program estimates a \$300 per month per child benefit level which is similar to what the child tax credit was for that age group. Reaching 725 at that benefit level would cost \$2,610,000 million per year, or \$5,220,000 million for the two years of the program implementation. An additional \$700K for program staff, admin, and evaluation costs would bring the program total to just under \$6 million (\$5,920,000).

- \$5,220,000 – For direct assistance for an anticipated 725 families with children age 0–3
- \$200K – For 1 BC FTE for 2 years for program planning, administration and evaluation
- \$500K – To partners for help with the distribution and other implementation activities

**Does the program require additional funding, staff or other resources? If so please list.**

Yes– This program will need additional staff to help with the planning, implementation and evaluation. We will also need some support from Cultural Brokers and finance.

**Will this program be sustainable when ARPA funding runs out (if warranted)?**

This program is likely not sustainable after ARPA funding runs out without additional/new funding streams from grants, new public funding streams, private entities, etc. However, this program will have a significant impact on the families that it does help by helping to address the economic consequences of the pandemic, stabilize family finances and support the current childcare workforce. To be sustainable there would need to be substantial private/public partnerships developed.

**Program design specifics that should be kept in mind when implementing:**

We will need to have a process in place that ensures that we are not causing a cliff effect for families that are on benefits. We can learn from existing programs how they reduced or mitigated their impact on other public benefits.

We must consider how to build trust with participants. Activities like town halls, public data releases, can promote program transparency. We will need to consider how to center community voices in key design decisions, including disbursement mechanism and timing. It will be important to enhance our cultural broker involvement and outreach.

We will also want to learn from other implementations how to anticipate challenges associated with connecting with eligible individuals who do not file taxes, are not enrolled in current safety-net services, are undocumented or lack a permanent address.

**How do we evaluate the impact?**

While evaluation models vary and we will need to finalize our approach, the program would carry out a robust impact evaluation on the outcomes of these families and children across the spectrum of the social determinants of health factors. An evaluative approach could include both quantitative and qualitative measures. The program could collect baseline data (which may include access to childcare, income, employment and other measures). Periodic brief surveys could also be administered to participants to measure access to childcare and other changes (ie income, stability, stress/mental health). These surveys could also serve to monitor successful implementation and signal if changes to the program need to be made. Post family surveys and opportunities to provide feedback either through community conversations or group interviews can be completed to gauge the impact of the program on access to childcare and other measures. By proving the broad range of important impacts, these results can help drive local funding decisions as well as leverage in public and private funding for sustainability of such a program.



# ECONOMIC CHALLENGES

\$1.5M

## INITIATIVE: EARLY CHILDHOOD COMMUNITY VILLAGE CONCEPT AND COLLABORATION

### Summary

This proposal is requesting capital funding and funding for operational support to develop an Early Childhood Community Village in South East Longmont to expand and support early childhood development in multiple aspects. The funding would be used as seed money to support the design and development of an Early Childhood Community Village concept (The Village) focused on serving children ages 0-5. The Village would bring together in one facility:

- professional development and training opportunities for early care providers, especially Family, Friend And Neighbor (FFN) caregivers, high-quality and culturally/linguistically matched early childhood care and education,
- medical, social-emotional, language support for families and professionals; and
- peer/community support for providers and families

Existing poverty, social vulnerability, and child care desert mapping efforts have identified the South East of Longmont as an area that would benefit most from this type of effort. Additionally, the medical community and manufacturing community in Longmont are planning major expansions and are interested in supporting and investing in childcare for their staff. To meet current and increasing affordable child care needs for infants, toddlers and young children the facility will include 15-20 licensed early childhood classrooms. These classrooms would prioritize the needs of populations facing the greatest childcare scarcity/needs including low-income families as well as children with developmental delays or disabilities. About one-third of the classrooms would be early Head Start and Head Start classrooms; the other classrooms would be an expansion of the current TLC Learning Center's therapeutic programming (includes 50% typically developing children and 50% of total enrollment are CCAP eligible families).

Importantly, as a condition of this partnership, these funds will be used to ensure sustained training and support for Boulder County Family, Friend and Neighbor (FFN) caregivers. Family, Friend, and Neighbor (FFN) caregiving, also known as informal care, unlicensed/license-exempt care, and kin care – is the most common form of nonparental child care in the United States. FFN providers often share a language and culture with the children and families they serve, are more affordable and are often more flexible and able to work with irregular work schedules. Despite being the leading form of childcare, providers tend to receive limited resources and support compared to formal caregivers which was exacerbated by the pandemic. Recent state and local feedback from FFN providers identified that they would like more access to information and resources to support caregiving, information and support to help children develop social and emotional skills, and more peer-to-peer networking.

Funds will be used to ensure 4 years of sustained training for this important workforce. The Colorado Statewide Parent Coalition (CSPC) has committed to providing the Providers Advancing Student Outcomes (PASO) training, which is the only evidence-based training for FFN providers. CSPC will use existing methods and location to provide the training until The Community Village is fully developed. Once complete, there will be dedicated office and training space for an FFN Hub where CSPC can continue to provide training, provide support and resources, and enhance a peer-to-peer network for FFN providers.

Lastly, the facility would be designed to collaborate with additional early childhood partners such as Mental Health Partners, Early Childhood Council, Bright Eyes and others as appropriate, to

provide co-located services and support to children, families and care providers. The long-term commitment of partners such as these would support the long-term financial stability of the program. The Wilderness Place in Boulder, which opened in 2010 had a similar vision and Clayton Early Learning Center in Denver is another example of such a community collaboration in support of early childhood.

### **Goals/Objectives:**

- Support the development of a responsive early childhood ecosystem where important early childhood/childcare resources, providers and training are collocated to enhance access and support for providers and families. Such collaboration would align resources with community needs to support a community foundation of early care.
- Increase access to professional learning opportunities for Friend Family and Neighbor (FFN) and other center and non-center based early child care providers designed specifically to meet the unique needs of family child care providers, delivered in a way that is responsive to their scheduling needs, and targeted to the knowledge and skills necessary to support child development. Methods may include coaching and mentoring; workshops, training, and courses; reflective practice; learning networks; and communities of practice.
- Increase public and private investment partnerships in early childhood efforts
- Expand equitable access to quality child care services for all families
- Support provider mental health and wellbeing
- Develop pathways to include FFN providers and the organizations that support them in policy and resource allocation processes and conversations
- Expansion of a diverse teaching population with a dedicated training space for professional development opportunities for all childcare providers including school district, higher education, Early Childhood Council initiatives, along with the FFN community (could also include a grandparent curriculum) and other local and regional community partners as appropriate.

### **Who is the population you seek to help? How has this population been disproportionately impacted by the pandemic?**

This opportunity would seek to support Boulder County's Early Care and Education (ECE) workforce by strengthening FFN caregivers who offer valuable early childhood education that is often more culturally and linguistically matched to the families they serve compared to the center-based care. COVID19 has had a significant negative impact on FFN caregiving. Nearly one-quarter of providers who cared for children prior to the pandemic had stopped providing care (due to a decrease in children in care, health/safety concerns, and competing responsibilities for FFN providers). Survey findings showed that in Colorado 58% of FFN providers' household income has decreased. While state funding opportunities are becoming available for early childcare centers, these resources are not available for unlicensed, informal providers like FFNs.

This project will also increase support for families with children under age 3 who have been disproportionately impacted by COVID19, rely more heavily on unlicensed/informal care options and/or faced increased barriers to childcare access (such as children with special healthcare needs, low-income families, families with infants and toddlers, and Hispanic families).

### **How many people will it be designed to serve? (estimated)**

This project would support 8 FFN cohorts to receive PASO training over the next 4 years. That would amount to 60-80 individual care providers (15-20 providers per cohort; 2 cohorts/year\*4 years). The skills learned by these providers would have an unknown ripple effect on the number of children and families served, both over the 4 years of ARPA funding and beyond.

Once opened, The Community Village would be able to serve hundreds of children and families each year through Head Start/Early Head Start or TLC programs housed in the building. Using current program enrollments the facility could support: 15 to 20 classrooms (about 15 children/classroom) = about 300 children enter the school each day. The Early Head Start program has a home visitation service for 36 to 50 children per year. TLC expanded capacity of infant/toddler classrooms = 2 classrooms (at 12 x 2 = 24 day).

The training space could support 4 to 6 community trainings and professional development opportunities per month impacting early childcare workforce county-wide. The number of providers participating in each training ranges from 15 to 30 people (annual estimation of 300 - 400 caregivers/providers).

### **How will this program focus on equity and address racial, economic, and health disparities to reach equitable outcomes? What is the disparity or disparities that need to be addressed? What are the root causes of the disparity? How does the proposal transform a disparity into a long-term solution that achieves equitable outcomes?**

Research has shown that low-income families, families needing infant and toddler care, families that are Hispanic or African American, and immigrant families are more likely to use Family Friend and Neighbor (FFN) care compared to center-based care. COVID19 has had a significant negative impact on FFN caregiving, and there were notable differences by race and ethnicity. Nearly one-quarter of providers who cared for children prior to the pandemic had stopped providing care. However, there were notable differences by race and ethnicity; six percent of White FFN providers who cared for children prior to COVID-19 stopped providing care compared to 39% of Hispanic FFN providers. COVID-19 also disproportionately impacted the incomes of FFN care providers. Survey findings showed 58% of FFN providers' household income has decreased. Hispanic providers (73%) were more acutely impacted by household income loss compared to White providers (33%).

Research shows that place-based initiatives, such as co-location of early childhood services (including health and education) help to break cycles of disadvantage and promote positive child development and increased access to services.

### **How does the program strike a balance between long-term transformational change and short-term immediate relief for those in crisis?**

This project will address the short-term needs of FFN providers and the families they serve, by ensuring continued training opportunities beginning from the time of financial award through 4 years. This funding also helps grow the necessary seed funding required to begin the development of an Early Childhood Community Village.

Long-term transformational change will occur once The Village opens. These will include the expansion of needed affordable early childcare and education services for families, healthy development across the lifecourse for enrolled children, promotion of economic growth and resilience in the areas by boosting parent's ability to enter and remain in the workforce, efficient use of public resources through co-location efforts.

**Does this program leverage already-completed plans and research (e.g. Regional Affordable Housing Plan)? Does the proposed program build off of existing work already being done in BC?**

Yes. This project is based on the successful development of The Wilderness Early Learning Center in the City of Boulder. Beginning in 2010, this project has brought together 8 non-profit organizations serving children and families. Core partners of the Wilderness Center would be leveraged to help develop and implement this project. These partners include the TLC Learning Center, The Wild Plum Center, Early Head Start and Head Start and Colorado Statewide Parent Coalition. Other potential partners would be identified in accordance with community needs and feedback.

TLC currently exists with 9 classrooms and Wild Plum has a Early Head Start program and 3 other Head Start classrooms in Longmont. The current TLC and Early Head Start programs have demands they can't entirely meet in their current locations and would close those locations to expand in the Early Childhood Community Village concept.

**Does this program go above and beyond traditional Government programs (a.k.a is this your moonshot idea)?**

YES - While similar programs have been developed (Boulder County's Wilderness Place and Denver's Clayton Early Learning Center) this is the only model we know of in Colorado that is specifically looking to include the needs of FFN providers.

There is growing acknowledgement of the importance of where ECE occurs and corresponding efforts to invest in the physical spaces where children grow and develop. In 2021 child care stakeholders, the Center for Law and Social Policy, Education Counsel, National Association for the Education of Young Children, the National Association for Family Child Care and a coalition of the Community Development Financial Institutions (CDFIs) issued a policy brief that specifically suggesting that states (and communities) use federal COVID recovery funds to prioritize capital projects that support the development and improvement of child care facilities.

The Local Initiatives Support Corporation is launching a similar program to build co-location approaches to provide more affordable childcare, support smaller home-based child care providers, and connect families to other community based partners to increase access to important early childhood and family supports. This effort was spurred by the impact of COVID19 and is also being funded with a blending of federal relief dollars, grants and private funding.

Research exploring the benefits and challenges of co-locating early care and education (ECE) with other basic needs found that these models can increase equitable access to child care in neighborhoods with inadequate services with limited incomes and increase access to other community assets. Additionally, providers found that co-locating can alleviate some of the financial and operational burdens linked to providing care in a new area, increase holistic care approaches and serve more children.

**Can the County implement the program on its own? If not, list the necessary partners:**

No- partners are essential for this Early Childhood Community Village concept, which depends on community collaboration, involvement and sustainable funding.

**Timeline for implementation:**

The exact timeline depends on the remaining funding being secured (the project requires \$13 million to be raised-explained in more detail below). Once secured the project would take 24-36 months to open. The land can be purchased with funds from the \$1.5m; an additional \$3m will secure a contractor and the building design will begin. Purchase of land, existing building, and



process to finalize location will be completed when initial funding is secured.

### **Total ask-funding from ARPA Funding: \$1.5 million**

We are requesting \$1.5 million in ARPA funding, as seed money to leverage additional funding for the capital and operational expenses of The Village and ensure 4 years of funding for FFN provider trainings.

- PASO Training Costs: \$337,400 of the \$1.5 million will be earmarked for providing sustained PASO training for Boulder County FFN providers. The cost per cohort is \$42,175 and CSPC has stated that they can serve 2 cohorts per year for 4 years ( $\$42,175 \times 2 \text{ cohorts} = \$84,350 \times 4 \text{ years} = \$337,400$ ).

### **Does the program require additional funding, staff or other resources? If so please list.**

Yes- This project would be a public and private partnership. The total start-up cost for the project is \$13 million. In addition to potential ARPA funding from the County, other public and private funding streams are being secured. Potential funders include: the Stewart Family Foundation which has committed \$1 million dollars is currently discussing more financial support; UC Health in partnership with EPIC (Executives Partnering to Invest in Children); City of Longmont; other private foundations are being approached to support between 50K-250K.

### **Will this program be sustainable when ARPA funding runs out (if warranted)?**

Yes- Once established The Early Childhood Community Village concept can serve the community long-term through partnership, blended funding, and service delivery fees.

### **Program design specifics that should be kept in mind when implementing**

To be sustainable long-term, all partners would be better served by committing to long-term engagement and financial support for day-to-day operating success. The core partners of TLC Learning Center, The Wild Plum Center, and Colorado Statewide Parent Coalition all have long-standing individual history within Boulder County and have strong leadership of committed executives and board of directors (other potential partners to be identified). Evaluations of co-located services highlight the need for partners to work out information sharing processes, shared professional development processes, and developing agreed upon collaborative processes.

In the development of The Village and identification of co-located services it will be imperative that community needs are accurately identified and understood. Community members, in particular the families who would benefit from The Village, should be given an opportunity to provide input.

### **How do we evaluate the impact?**

To evaluate the impact of secured training and support for FFN providers we can evaluate the successful completion of the PASO program, number of providers who go on to complete Colorado Child Development Associate (CDA) Credential Program, number of children/families served by trainees and training graduates, as well as provider surveys to gauge their perception of changes in knowledge of caregiving, child development, and access to resources and peers.

To evaluate the impact of The Early Childhood Community Village concept we can track enrollment numbers, possibly number of successful referral to other social programs and benefits, employment changes among enrolled/engaged families, and family experience with the co-location of services. Other metrics will need to be identified by the partner agencies involved.

# HOUSING AFFORDABILITY

\$7M

**INITIATIVE:** INVESTMENT IN A DEVELOPMENT PIPELINE PROJECT

## Summary

Work with Boulder County Housing Authority, Boulder Housing Partners, Longmont Housing Authority, and other non-profit developers on pipeline projects for gap financing and to deepen affordability on existing projects. Specific project(s) to be determined as part of the vetting process.

## Goals/Objectives

Increase inventory of permanently affordable housing units for rental and/or sale. Provide economically challenged individuals, families, elders, and our workforce, with safe, stable, high-quality affordable homes.

## **Who is the population you seek to help? How has this population been disproportionately impacted by the pandemic?**

The population that would benefit is among the most economically challenged and vulnerable portion of our community, who have struggled to be able to afford housing due to economic and other circumstances coupled with the skyrocketing housing costs in our local market. This impact of the pandemic was disproportionate for this population due to the loss of employment or reduction of wages in many of the areas that they work, such as retail and hospitality/food service. This population was also disproportionately affected in terms of health impacts, which in turn affected economic state and employment. These factors combined to increase housing insecurity and lead many among this population into housing insecurity and crisis.

## **How many people will it be designed to serve? (estimated)**

This would depend on the project or projects selected. Among the projects under consideration, the number of housing units could range from 50 to 400, with varying rental/ownership models (individual/family/senior). Funds could also serve to deepen affordability which will enable the projects to have a greater impact on the community.

## **How will this program focus on equity and address racial, economic, and health disparities to reach equitable outcomes? What is the disparity or disparities that need to be addressed? What are the root causes of the disparity? How does the proposal transform a disparity into a long-term solution that achieves equitable outcomes?**

Communities of color have been disproportionately impacted by the pandemic, which has had an impact on housing stability, health, and economic conditions. This program would create affordable housing options for these communities, which could then lead to better outcomes in all areas related to the social determinants of health. Any government-managed housing development would be subject to Fair Housing guidelines in development, leasing, and management. This is an effective long-term solution because it is providing housing that is permanently affordable.

The proposal recommends that funding for this initiative be targeted to local non-profit housing providers which have demonstrated that affordable housing is serving the most economically vulnerable in our communities but also the most diverse by race, ethnicity, gender and age.

**Is this a new project or program? What other communities have launched similarly? How will this program address the current and future needs of the Boulder County community? What have we learned from other communities?**

This program is specifically aimed at capitalizing on opportunities that are already present in the community. All three of the identified local Housing Authorities (BCHA, BHP, LHA) have extensive experience developing and operating affordable housing communities in Boulder County. Current needs are met by increasing affordable housing inventory. Longer-term needs are met by providing permanently affordable housing in our community.

**How does the program strike a balance between long-term transformational change and short-term immediate relief for those in crisis?**

By funding pipeline projects, we are recommending that we can deploy ARPA dollars to projects that are about to break ground so there is immediate short term benefit. And because these projects will also have permanent affordable covenants in place, the long term benefit is that the housing will serve affordable tenants in perpetuity.

**Does this program leverage already-completed plans and research (e.g. Regional Affordable Housing Plan)? Does the proposed program build off of existing work already being done in BC?**

Most likely yes, since the plan involves tying funding to an existing proposed affordable housing project that is in some stage of the development pipeline.

**Does this program go above and beyond traditional Government programs (a.k.a is this your moonshot idea)?**

Potentially, some of the options here would be “traditional” affordable housing developments, but we feel the need to acknowledge that most, if not all, affordable housing developments are to some extent a “moonshot” undertaking. One of the proposals on the table is a non-traditional proposal with LHA to create an affordable assisted living facility in Longmont for senior affordable housing tenants who should no longer be in independent senior living units.

**Can the County implement the program on its own? If not, list the necessary partners:**

The county could implement on its own if one selected project is a BCHA project. There are also opportunities to partner with Boulder Housing Partners and the Longmont Housing Authority with funds distributed through the existing Boulder County Worthy Cause program. The three recommended projects in this initiative are Willoughby Corner which is being developed by Boulder County Housing Authority, Rally Flats which is being developed by Boulder Housing Partners, and an affordable assisted living project to be developed by the Longmont Housing Authority.

**Timeline for implementation:**

Depends on the selected project, but the reason for focusing on projects in the development pipeline is to ensure that funds could be spent within the allowed timeframe. Willoughby Corner is working through entitlements with Boulder County and will be taken in phases of development with the first phase anticipated in year TBD. Rally Flats is fully entitled and waiting for permits to build 100 units, will apply for tax credits in August 2022, and if awarded will break ground in summer 2023. The affordable assisted living project in Longmont is in a concept phase.

**Total ask-funding from ARPA Funding:** \$7 million, or more if available.

These development projects are high-dollar ventures and could benefit from any amount of funding. If other ideas from this group are funded at less than an even split of available ARPA funding, then we ask for consideration that more funds be allocated to this idea as a means of having quick and significant impact on a larger scale.

**Does the program require additional funding, staff or other resources? If so please list.**

The ARPA funding will not be able to cover an entire development project, so there will be a need for more funding, but those should be able to be met via traditional sources, particularly for projects further along in the process. The investment here should not create any immediate need for more staffing or resources, as those would be considered in scope of any project that was underway or in pre-development. Additional resources that are always part of affordable development and would allow the ARPA funds to be leveraged are Low Income Housing Tax Credits, local inclusionary housing funds, debt, developer funds in the form of deferred developer fees, and potentially project based vouchers.

**Will this program be sustainable when ARPA funding runs out (if warranted)?**

Yes, the housing development would be managed and operated by a local Housing Authority.



# HOUSING AFFORDABILITY

**\$2.34M**

**INITIATIVE:** EXPAND CAPACITY OF REGIONAL HOUSING PARTNERSHIP, ALONG WITH CAPACITY FOR REGIONAL OUTREACH RELATED TO HOUSING PROGRAMS/RESOURCES

## Summary

Implement organizational capacity to expand the home-ownership program throughout the County to purchase, re-sell and administer existing and new ownership units. The second component is to increase capacity to smaller Cities that don't have affordable housing policy, rental compliance and fund compliance staff. Expand eviction prevention services, both rental assistance and legal assistance in collaboration with City of Boulder, CLS, and other sources. Also expand foreclosure prevention services regionally for affordable ownership homes with a revolving loan fund.

## Goals/Objectives:

The purpose of the RHP is to centralize compliance and homeownership program services through the Boulder County Regional Housing Partnership (BCRHP). This plan will achieve several goals and objectives: Create policy alignment, expand home ownership units, apply consistent best practice, expand newly adopted Inclusionary Housing Ordinances. Provide coordination of rental and legal assistance for renters who are at risk of eviction. Do the same with affordable homeowners facing foreclosure.

## Who is the population you seek to help? How has this population been disproportionately impacted by the pandemic?

Home ownership units will occur throughout the county where there are condos or townhomes. The rental administration and compliance will support new affordable housing in cities that have implemented new Inclusionary Zoning. This will support those who are currently in housing being able to remain in housing rather than expand housing capacity. Boulder's eviction prevention program served 390 tenants last year. It is anticipated that a county wide program could double this amount. Uncertain how many folks could be saved from foreclosure with a revolving loan fund. Other activities would be engaging the community overall in outreach and helping people know about existing resources. If additional community outreach can help increase use of the housing helpline by 10% this would be about 400 additional families who would not be displaced every year.

Both those who can no longer afford home ownership as market prices skyrocketed as well as new rental units that can cover a variety of AMI's were all impacted by COVID. Low income people were hardest hit by the pandemic and many of them suffered job losses that even now they are still recovering from. This program will help those folks stay in their homes.

## How many people will it be designed to serve?

- 400 through eviction prevention,
- 25/ year with ownership and
- 50/year through expanding Inclusionary Housing

This will support those who are currently in housing being able to remain in housing rather than expand housing capacity. Boulder's eviction prevention program served 390 tenants last year. It is anticipated that a county wide program could serve a similar amount. Foreclosure prevention typically assists 8-10 people a year in Boulder, so this number could double over time. With new IH programs in place in Louisville, Superior, Lafayette and Erie, the rental compliance and capacity

would be initiating a program that would be small in the first couple years but would set the foundation for 100 homes per year. If additional community outreach can help increase use of the housing helpline by 10% this would be about 400 additional families who would not be displaced every year.

**How will this program focus on equity and address racial, economic, and health disparities to reach equitable outcomes? What is the disparity or disparities that need to be addressed? What are the root causes of the disparity? How does the proposal transform a disparity into a long-term solution that achieves equitable outcomes?**

This will create home ownership opportunities for households in our community that have not had a chance at home ownership 60-120% AMI. Both eviction and foreclosure disproportionately happen to people of color, thus by preventing eviction and foreclosure you will be serving those historically most disadvantaged. These programs in Boulder and Longmont typically support double the percentage of BIPOC vs that of the County's census.

**Is this a new project or program? What other communities have launched similarly? How will this program address the current and future needs of the Boulder County community? What have we learned from other communities?**

This collaborative approach to expanding regional capacity has not been done before. This is a unique approach. Taking a regional approach to expand capacity has been seen as a best practice in social programs and affordable housing. This has been successfully implemented for homelessness through Homeless Solutions for Boulder County. This would be built on that model.

**How does the program strike a balance between long-term transformational change and short-term immediate relief for those in crisis?**

Currently the cities in Boulder County, in exception for Longmonth and Boulder do not have the capacity to staff and run affordable housing programs. With new IH ordinances in place in the smaller communities, this will immediately launch these affordable housing approaches and will set a foundation for long term growth of affordable housing for both rental and ownership housing stock and work to help meet the 12% goal by 2035.

**Does this program leverage already-completed plans and research (e.g. Regional Affordable Housing Plan)? Does the proposed program build off of existing work already being done in BC?**

This program would build on our equity and inclusion goals by doing greater outreach, deeper into the community as well as avoid displacement which is also part of our affordable housing goal.

This would also help the BCRHP to meet its goal of 12% affordable housing in the region by 2035.

**Does this program go above and beyond traditional Government programs (a.k.a is this your moonshot idea)?**

This type of regional partnership and expansion is a collaboration not seen in Colorado. The principles of regionalized services have been awaiting the right opportunity for implementation, and the ARPA funds would serve as the opportunity to impact services across the entire region.

**Can the County implement the program on its own? If not, list the necessary partners:**

The Regional Housing Partnership uses the strengths of each community. The City of Boulder HHS has the largest homeownership program in the region as well as a compliance department. This proposal would build on these strengths with exploration of transferring this role into the County.

**Timeline for implementation:**

The RAHP could be implemented and launched by late 2022 or early 2023, with the remainder of 2022 being used to work with jurisdictions toward IGA development and approval; implement regional processes and procedures; and hire and train staff. The regional outreach component could be initiated as soon as funding is available.

**Total ask-funding from ARPA Funding: \$2,340,000**

A two year budget has been identified as the following:

- Rental & Homeownership Compliance: \$577,500
- Data Base: \$13,000
- Foreclosure revolving fund: \$1,200,000
- Eviction prevention legal/coordination: \$550,000

Total: \$2,340,000

This does not include funds needed to purchase ownership units and resell in the affordable program and at affordable prices. This amount would be covered under the Pipe-Line section. This would require an average of \$80-90k per unit.

**Does the program require additional funding, staff or other resources? If so please list.**

After ARPA resources are expired, these programs will be supported from money coming from Inclusionary Housing Cash-in-lieu. cash in lieu payments from local communities being served.

**Will this program be sustainable when ARPA funding runs out (if warranted)?**

Yes, After ARPA resources are expired, these programs will be supported from \$ coming from Inclusionary Housing Cash-in-lieu

**Program design specifics that should be kept in mind when implementing.**

This will be building on existing best practice and existing programs developed within our County and adapted to the complexities of our housing market.

# HOUSING AFFORDABILITY

\$5M

## INITIATIVE: MANUFACTURED/MOBILE HOME PARK AFFORDABILITY SUPPORT PROGRAM

### Summary

Create a reserve fund to supply grants or zero-interest forgivable loans to provide partial support for (a) acquisition of MHPs by residents who form resident-owned communities (ROCs) or assign their rights to the County or nonprofit as land trusts; (b) major infrastructure improvement projects for ROCs or landlords who commit to long-term affordability; and (c) for home repair assistance for low-income residents in these communities.

### Goals/Objectives

Broad goals are to prevent displacement by getting MHP lot rents to levels that are affordable for current residents and stabilizing them there, to provide resident involvement in MHP governance, and increase overall resilience.

### Who is the population you seek to help? How has this population been disproportionately impacted by the pandemic?

This program would assist people who reside in Mobile Home Parks.

Many of the people hardest hit by COVID have been over 60, parents and family caregivers, who had to leave work to reduce risk, people in service businesses that shut down, and in-person gig workers, who lost jobs or hours. In Boulder County, incomes for this portion of the workforce are low, and so, they can only afford to live in MHPs. In sum, MHPs seem likely to contain a larger proportion of people hit hard by COVID than other housing sectors.

### How many people will it be designed to serve? (estimated)

The two initial projects identified are in unincorporated Boulder County. Other projects will depend on MHP landlords. Most MHPs are in Longmont and Lafayette.

How will this program focus on equity and address racial, economic, and health disparities to reach equitable outcomes? What is the disparity or disparities that need to be addressed? What are the root causes of the disparity? How does the proposal transform a disparity into a long-term solution that achieves equitable outcomes?

A major factor that has historically prevented racial and ethnic minorities from advancing has been the inability to build stable personal and family financial assets, home ownership being one of the most important. Another related problem, hindering upward mobility, has been the destabilizing effects of rent increases that go up faster than household income, and other factors that make it so that families and individuals have to move every 3-5 years, or reduce spending on necessities, both of which disrupts schooling, community involvement, work stability and more. Equal and effective access to homeownership is thus critical to addressing long-standing racial equity problems.

Funding MHP acquisitions and improvements will strongly benefit Hispanic and other immigrant communities, a significant portion of whom live in MHPs, by providing stable lot rents, and more stable and secure lot tenure. Similar issues apply to seniors, who rely on stable living situations with expenses that don't outstrip their fixed incomes. Finally, stable and secure housing, along with minimal antagonisms and conflicts between landlord's interests and home owners' interests are significant determinants of both mental and physical health - the less stable and secure, the



less homeowners have control over their own home spaces, the more they develop physical and behavioral problems. Funding support for MHP resident-owned cooperatives, land trusts, and housing authorities significantly increases stability, affordability, and home owner autonomy, and so, reduces these health stressors.

**Is this a new project or program? What other communities have launched similarly? How will this program address the current and future needs of the Boulder County community? What have we learned from other communities?**

As indicated above, funding support for MHP acquisitions, infrastructure improvements, and costs of home repairs, will significantly reduce housing instability for those at the bottom of Boulder's income scale, long-term residents who are now increasingly in fear of losing their homes and the ability to stay in their long-time community. Such funding is not new to Boulder County – the City of Boulder purchased Mapleton MHP, and later Ponderosa, with supplemental help for residents – but support for ROCs is relatively new. The first such support came from the City of Longmont who helped support the purchase of the first ROC in Boulder County. Colorado's Division of Housing began supporting ROC purchases at least three years ago, and may soon significantly increase their support if SB22-160, recommended by the state's Affordable Housing Task Force, passes. Recognition for the need and provision of support for ROC purchases and infrastructure has also become widespread among local governments throughout the state, with Ft. Collins and Larimer County, the City of Golden and Jefferson County, Gunnison County, Pitkin County, the City of Durango and La Plata County, and Alamosa County, finding or setting aside funds to support residents in their pursuit of ROC and other nonprofit purchases, mutually recognizing the need to stabilize MHP lot rents and increase resident involvement in governance. Because ROC USA, a major partner in these projects, has helped establish over 270 parks in the U.S., they bring considerable experience, and lessons-learned to the state. One of the main recent lessons has been that ROC USA's older model of supporting purchases primarily through loans, without significant grant and related support, is no longer sustainable. And because Colorado's Opportunity to Purchase law is quite new, we have learned how important it is to have a funding vehicle ready to roll in support of acquisitions, not just for infrastructure, within the 90-day period allotted to residents to secure financing, as well as an education program that informs residents of this option, and their rights to pursue it.

**How does the program strike a balance between long-term transformational change and short-term immediate relief for those in crisis?**

Funding resident-owned communities and MHP land trusts will be strongly transformational, by removing these properties from the speculative market, and adopting democratic governance models, which reduce the level of conflict between residents and MHP owners. Evidence is also growing that ROCs increase health by increasing stability, security, and autonomy, and that ROCs and land trusts are more resilient against disasters.

**Does this program leverage already-completed plans and research (e.g. Regional Affordable Housing Plan)? Does the proposed program build off of existing work already being done in BC?**

This program implements a large range of key goals of the Boulder Valley Comprehensive plan (Section 7 Housing). It will implement the goal of preserving manufactured housing, preserving much of the County's existing affordable housing stock. It will strengthen community housing partnerships with nonprofits, resident groups, and low-income service providers who will develop relationships with each other and the County in the process. It will preserve housing for the County's lowest incomes, a key portion of its workforce, ensuring that a portion of Boulder's diverse households have secure homes. It will preserve an important component of Boulder's

mix of housing, ensuring that a form of home ownership is within reach of those with the lowest incomes, among other goals. Last but not least, this plan will go a good distance toward preventing large-scale displacements of many low-income households who are currently residing in the County, displacements which are an ongoing and anticipated consequence of persistently high lot rent increases.

It also fulfills or is compatible with the high-level goals, leveraging much of the research, of the County's Regional Affordable Housing Plan. In addition to goals that the RAHP repeats from the BVCP, it will bolster important financial resources by the County's 2024 target date. It will secure the price points needed for households with incomes below 50% and 30% AMI, and at a relatively low cost per household. And importantly, it will augment the BVCP and RAHP stated manufactured housing goals by fleshing out in more detail a plan for how to preserve MHP affordability.

**Does this program go above and beyond traditional Government programs (a.k.a is this your moonshot idea)?**

This will be a moonshot program if the includes a component that provides gap funding for MHP residents who pay more than 33% of their incomes on rent after acquisitions and if improvement funding stabilizes rents to affordable levels for the median household.

**Can the County implement the program on its own? If not, list the necessary partners:**

For the assistance programs, the County may need to partner with grantmaking entities. To help secure full funding for the acquisitions and infrastructure assistance programs, and project manage each, the County will need to partner with nonprofits such as ROC USA, Thistle, Elevation Land Trust, etc., who have expertise in negotiating purchase and sale agreements, putting together finance packages, and conducting property evaluations for MHP purchases and infrastructure improvement projects. And it may need to work with other funders, such as other nonprofits and the state, depending on the level of financing needed. Post-purchase, it will need to partner with nonprofits with expertise in property management, preferably with experience working with low-income resident advisory boards. Other groups that will enhance the program include: community educators and organizers, and community connectors, who work on preparing residents, so that they are well aware of their opportunity to purchase, and are sufficiently poised to act on the opportunity if and when it arises.

**Timeline for implementation:**

Initial launch time will depend on the County's ability to set up funding policy and allocate and train staff. DOLA already has funding guidelines and contracts in place that could be adopted and adapted. One ROC infrastructure project is nearly shovel ready, pending design plans and approval. One UBC MHP landlord is already interested in selling and might be approached, with Thistle, for an offer. Other MHP residents in the County are reasonably likely to have their opportunity to purchase rights triggered in the coming two years (MHPOP has evidence of 65 parks in the state being sold or listed for sale in the last year). There will need to be a sunset clause specifying a date when any unspent funds are repurposed for shovel ready projects.

**Total ask-funding from ARPA Funding:** \$5 million

**Does the program require additional funding, staff or other resources? If so please list.**

Boulder County, in collaboration with Thistle ROC and any nonprofits who may serve as land trusts.

**Will this program be sustainable when ARPA funding runs out (if warranted)?**

This funding program could be sustainable if it partially involved a revolving loan, in which case, funds for it would need to be generated by spending ARPA dollars on projects where County money is already committed, freeing up those funds for the revolving loan program, which would then not be subject to ARPA restrictions (as the State appears to be doing).

**Program design specifics that should be kept in mind when implementing:**

County staff who implement this program should be well versed in the contents of CRS 38-12-217, which specifies the notice requirements of park sales, good faith negotiation conditions, timelines, and more, for implementing residents' opportunity to purchase rights, and design implementation plans for acquisitions financing accordingly. Because HB22-1287, which adds further protections, is likely to pass, and provides "public entities" with the right of first refusal, the program will be well served if County and local housing authority staff are prepared to exercise a right of first refusal if MHP residents wish to assign it to them. This will in part involve pre-planning, including the vetting of a plan to exercise that right, and vetting contracts with potentially affected residents, per the requirements set out in 1287. This ROFR ability may turn out to be one of the main vehicles by which to secure MHPs in the County, preserve their affordability, and involve residents in park governance.

# MENTAL HEALTH + SOCIAL RESILIENCE

**\$0.75M+**

## INITIATIVE: COMMUNITY MOBILE RESPONSE TEAMS

### Summary

Resource a mobile response team to engage individuals experiencing a MH crisis in order to de-escalate, assess, decriminalize and determine a care plan that would result in increased access to behavioral health treatment/therapy/supportive services. The program should be culturally responsive and coordinated across jurisdictions and across county services.

### Goals/Objectives:

- Provide a response to individual behavioral health crises that is grounded in harm reduction and trauma-informed philosophy for low-risk, low-acuity situations.
- Avoid entry into the criminal justice system by de-linking from LE participation.
- Provide assessment/triage, crisis intervention, de-escalation, transportation and resource connection.
- Ensure a coordinated response across jurisdictions and services.
- Ensure people get access to the services needed as close to where they are.
- Recognize the Cultural capital (not always a clinical role) including mountain-community specific cultural capital.
- Ensure provision of the right service at the right time and in the right amount.
- Determine role of entry point agencies, community centers, trusted spaces to augment the service model and how to resource this partnership.

### **Who is the population you seek to help? How has this population been disproportionately impacted by the pandemic?**

Clinicians engage with individuals experiencing crises related to mental health issues, poverty, homelessness, and substance abuse. These issues have been exacerbated during the pandemic. Youth who have been impacted by isolation and other COVID-related conditions resulting in increased mental health issues and suicidal ideation.

Older adults aging in place who need behavioral health response where law enforcement involvement is not required.

### **How many people will it be designed to serve? (estimated)**

It is not clear how many people would request access to this service since this is a new intervention. Call volume for traditional co-responders could be examined for cases that may not have required law enforcement participation to get a general sense. However, call load will depend on community demand for the service and the capacity (number of responders) of the response. If selected, it will be important to scale the response over time.

### **How will this program focus on equity and address racial, economic, and health disparities to reach equitable outcomes? What is the disparity or disparities that need to be addressed? What are the root causes of the disparity? How does the proposal transform a disparity into a long-term solution that achieves equitable outcomes?**

Much of the root causes of mental illness are due to racial, economic and health disparities, and access to care and treatment is also largely due to these factors. Stigma that is projected onto these populations also increases barriers to access. By providing an individual response that is



more accessible (meeting the person where they are at, both literally and figuratively) removes the requirement to engage with institutional responses that have long been designed and informed by white supremacy culture.

**Is this a new project or program? What other communities have launched similarly? How will this program address the current and future needs of the Boulder County community? What have we learned from other communities?**

This would largely be a new project/program. Boulder County, in partnership with many towns/municipalities has a strong Co-Responder program which responds to 911 calls with law enforcement and mental health clinicians/crisis response staff. Mental Health Partners has a mobile crisis assessment team that responds without EMT or LE support to prevent criminal justice involvement and psychiatric hospitalizations. However, the capacity of this team is not currently known and has been impacted by workforce shortage. Denver's Support Team Assisted Response (STAR) provides response to 911 calls with emergency medical technicians and behavioral health clinicians without the LE component. This approach could serve as something of a model for this proposal, and costs and staffing related to adding EMT response would need to be factored into the model.

**How does the program strike a balance between long-term transformational change and short-term immediate relief for those in crisis?**

In the short term, this approach would provide a critical new, low intensity-highly responsive intervention that is currently not available to any great extent in the county. This is transformational in the near term in that it can provide rapid and culturally responsive relief to individuals, reducing potential impacts to downstream systems. To the extent this is sustainable, it could result in long-term transformational changes in Boulder County's service delivery system, assisting individuals and families with immediate needs and decreasing the likelihood that issues escalate and require more intensive interventions in the future.

Does this program leverage already-completed plans and research (e.g. Regional Affordable Housing Plan)? Does the proposed program build off of existing work already being done in BC? There are existing models that can be researched/leveraged if this proposal moves forward – the Denver STAR program is just one example of similar model that can be reviewed. The project could also potentially build off the existing Co-responder work and infrastructure in the county to examine how this might be implemented as a companion service for appropriate cases.

**Does this program go above and beyond traditional Government programs (a.k.a is this your moonshot idea)?**

This proposal is innovative in that it is designed to provide tailored, low-level responses that address immediate needs in the community. Depending on measured outcomes and impacts to individuals, families and institutions, this could be a moonshot idea that decreases higher cost institutional responses while resolving needs upstream before they escalate into issues that are more costly and consequential. Evaluation will need to be a critical component of this work.

**Can the County implement the program on its own? If not, list the necessary partners:**

The core of the response could be implemented by the county. However, because these efforts will result in the identification of service needs, it will be critical to have the support and participation of area non-profits, safety net organizations, physical health providers as well as law enforcement for encounters that escalate beyond what was originally anticipated.

**Timeline for implementation:**

This will depend on researching various models. However, it is conceivable that this effort could start withing 6-9 months of acceptance.

**Total ask-funding from ARPA Funding:**

- The first year of the project would serve as a pilot and is estimated to cost \$750,000. Future years with a full complement of staff are estimated to run closer to \$1 million dollars per year:
- 8 responders and clinical supervisor - \$920,000
- Hourly admin support - \$20,000
- Evaluation contract - \$25,000
- Mileage - \$14,000
- Supplies and operating - \$20,000
- Indirect @ 10% - \$100,000

**Does the program require additional funding, staff or other resources? If so please list.**

Yes, the program would require additional funding for new staff, administrative costs and other costs related to the service delivery model, however we have included an indirect 10% to cover this anticipated need.

**Will this program be sustainable when ARPA funding runs out (if warranted)?**

An ongoing revenue stream for this work would likely need to be identified.

**Program design specifics that should be kept in mind when implementing:**

- Multiple access platforms, language, easy intake procedures.
- Countywide consistency.
- Time of service availability - 24/7
- Must be culturally informed.
- A community network would need to be created to support the work.
- Need to determine access point - call number, website, etc.
- Screening protocols would need to be developed to determine potential risk.
- Training and skill needs would have to match the types of issues the workers would be expected to address.
- Going countywide would require the participation of municipalities in planning efforts to align with existing efforts.

# MENTAL HEALTH + SOCIAL RESILIENCE

\$3M

## INITIATIVE: COMMUNITY-WIDE HUB NAVIGATION/RESOURCE NAVIGATION

### Summary

Provide a communitywide resource to support navigation and care coordination to appropriate mental and behavioral health services for all Boulder County community members.

- Access to BH services continues to be a challenge which has only been amplified during the pandemic. Colorado is currently 51st in the nation for adult access. The current behavioral health system is complex – hard to know what a person might be eligible for and what services will be the right fit.
- The goal is to shorten the time between when someone needs support and gets the right support to avert crisis.
- Build on long-term intention of existing Hub model: “Centralize behavioral health screening, referral, and service navigation county-wide, through a “Hub” that can be utilized by law enforcement, community partners, and the general public as a streamlined point of entry into behavioral health services.”
- Explore the possibility of the Hub to include clinical staff and key infrastructure (call line and technology platform) to facilitate effective referrals across the county and coordination to care.

### Goals/Objectives:

- Expand the current Hub concept so that community members are able to call/text and receive navigation to appropriate community supports for mental and behavioral health.
- Market this new resource to the community.
- Determine the extent of care coordination that would be provided by navigation staff (i.e., follow-up after referrals are made).
- Provide training to navigators to understand the resources available and how to connect with non-traditional community connectors. Be culturally responsive including race, LGBTQ+, disability, youth and young adults, immigration status, mountain community access, etc.
- Use data to capture gaps where resources are not available for priority populations or the general public. Use this to inform other processes, priorities and future investments.
- Capture success stories, particularly from priority populations.
- Consider unique tracks for priority populations and needs.

### Who is the population you seek to help? How has this population been disproportionately impacted by the pandemic?

A fully functional Hub navigation system would benefit the entire community as it would allow any community member to seek support and navigation to mental and behavioral supports for themselves or someone they care about. There could also be processes in the Hub model that support priority populations so that efforts are more tailored and targeted. The COVID-19 pandemic represented a collective trauma that has resulted in increased mental and behavioral health concerns communitywide. Emergency Department data demonstrates increased visits for suicidal ideation, suicide attempts, and overdose. Youth ages 10–17 have had the most significant increase in suicidal ideation and attempts. Hub navigation would support caregivers and youth to find appropriate care at the onset of a concern.

The LGBTQ+ and Latinx communities have had disparate impacts during the pandemic specific to mental and behavioral health as noted in local studies. In November–December 2020, Trestle Strategy Group conducted a qualitative study on the impacts of the COVID-19 pandemic on the Latinx community in Boulder County. Trusted Latina leaders in the community interviewed 115 members of the Latinx community

within a 3-week period. The study found that the Latinx community suffered greatly throughout the COVID-19 crisis. A top finding stated:

*"Although "mental health" is not a terminology that Latinx acknowledge, most of the interviewees said they have been suffering from anxiety, stress, or even depression, partly due to their financial situation, larger families in smaller accommodations, online school, and a sense of isolation that the stay-at-home order and fear of COVID-19 have provoked."*

Out Boulder County also conducted a survey which noted significant impacts to local LGBTQ residents, with highest impacts for youth, young adults and trans individuals. In recognition that mental health and behavioral health are impacted by social determinants of health, the Hub model could also refer to social determinants of health and alternative treatment services, such as healing arts and community care as well, reflecting a whole person care approach.

It's also important to note the cultural context that exists geographically, especially in historically underserved areas such as our mountain communities.

### **How many people will it be designed to serve? (estimated)**

This effort could respond to the needs of the entire community – numbers served would be assessed by data collected through the technology platform.

### **How will this program focus on equity and address racial, economic, and health disparities to reach equitable outcomes? What is the disparity or disparities that need to be addressed? What are the root causes of the disparity? How does the proposal transform a disparity into a long-term solution that achieves equitable outcomes?**

More research on these issues can be completed if this project is funded. Generally speaking:

- BIPOC folks have more unmet needs in mental and behavioral health, traditionally. This is due, in part to the lack of bilingual/bicultural providers as well as stigma, cost, distance to travel for appropriate provider, and lack of insurance.
- LGBTQ+ individuals show disparities in mental and behavioral health. This is true for all ages and is most significant for youth, young adults, and trans individuals.
- Other disparities include, but are not limited to regional, Intellectual and developmental disabilities individuals with dual diagnoses, and youth.
- There are unique challenges for middle income individuals who have insurance. Many providers do not accept insurance and paying out of pocket is cost prohibitive.
- Some root causes include stigma, discrimination/racism, economic, transportation/ proximity to a resource and inequities in broader social determinants of health, again as noted in historically underserved areas, such as our mountain communities.

How this project addresses these issues: Overall, providing culturally responsive navigation and care coordination services will help to address disparities in service access to appropriate care. Also, promoting the resource and collecting stories of success, especially from priority populations, may help to address stigma. The goal would be to both hire internal staff, but also connect efforts to local community connectors who can support individuals who traditionally experience access issues related to mental and behavioral health care. ARPA funding could support start-up and planning costs.

### **Is this a new project or program? What other communities have launched similarly? How will this program address the current and future needs of the Boulder County community? What have we learned from other communities?**

This would be an expansion of existing work. Work on the development of a BH Hub is being supported by the Community Services Department to provide navigation assistance to program staff that helps their clients access BH services, primarily but not solely in the criminal justice space. There is an existing Hub Implementation Group, an Office of Behavioral Health grant to support hiring of two navigators, and a

technology platform (Unite Us) to support resource and referral. However, staffing is not sufficient to meet the needs of the general public or provide care coordination beyond a simple referral. Research and community meetings were conducted in 2019 on the broader concept which could serve as a valuable launching pad for developing an implementation plan to meet current needs.

**Additional initiatives or learnings that could inform this work include:**

- Out Boulder County launched their program, The Point, to help with initial triage/access. El Centro Amistad has a program providing culturally relevant mental health support.
- Rise Against Suicide may be willing to test the referral process depending on what functionality it provides.
- A challenge identified in a Together Colorado Grassroots report is the need to connect to a therapist before youth can be released from hospital. This expanded Navigation could help bridge this need.
- As BHA (Behavioral Health Administration) implements changes, would there be more therapists willing to be that initial screening point for the middle-income folks? MHP primarily focuses on high acuity populations and those receiving Medicaid.
- Care coordination and sharing data/information may help break down some traditional siloes. MHP mentioned that with the current system, only the RAE can evaluate to have someone hospitalized but they don't report back to MHP – we need to think about where folks might slip through the cracks. Also, for those not of high acuity, how does coordination support positive outcomes and wellbeing.
- Ask of workgroup members: What would success look like with the Hub? Are there any creative models that could help get us to that point? The Douglas County model may be something to consider – we can do further research on this and other potential models for learnings if this project is selected.

**How does the program strike a balance between long-term transformational change and short-term immediate relief for those in crisis?**

The project could build upon the searchable resource list/system that exists for community members and expand this to be use by front-facing staff so they can point people to resources. Training and marketing/communications could be developed to help advertise the existence of this resource. Case studies could be developed to support short term linkages while informing later transformational change. Initially, building connections with community partners already doing some level of navigation and further resourcing them could have a short-term impact on addressing the needs of those in crisis. The broader vision of a Hub navigation system represents long-term transformational change in that all Boulder County community members would have assistance in getting referred to the services and supports they need. This has been long requested by the community, but we haven't had resources to address this need.

**Does this program leverage already-completed plans and research (e.g., Regional Affordable Housing Plan)? Does the proposed program build off of existing work already being done in BC?**

This project does leverage already completed plans and research and builds off existing Boulder County efforts. Hub Phase 1, existing vision– see documents [Vision for a Coordinated Response](#) (1-pager) and [Recommendations for a Coordinated Behavioral Health System in Boulder County](#). Implementation planning for Hub Phase 1 efforts are currently in progress. There are additional lessons learned that could be gained from community programs that have developed solutions for their specific population.

**Does this program go above and beyond traditional Government programs (a.k.a is this your moonshot idea)?**

This has been a big idea of the community and would be unique. It would also be implemented in conjunction with community non-profits to ensure access on the receiving end of referrals.



**Can the County implement the program on its own? If not, list the necessary partners:**

No, this would require partnership with other organizations who provide mental and behavioral health supports. It could also involve organizations or community groups who typically are community connectors and/or help refer to social determinants of health programs and mental and behavioral health services. There would likely be cross-training needs in addition to collaboration and other partnership: Mental Health Partners, Family Resource Networks. Working with Out Boulder County's The Point, El Centro Amistad, Rise Against Suicide, EL PASO VOZ, and other related resources. Also, there is a need to identify front door or trusted organization who serve priority population to ensure connection to services: Cultural, indigenous & Identity base programs that will facilitate the access to youth and families in the Latino community

**Timeline for implementation:**

This could be implemented right away. There is existing staff and infrastructure (some staffing and a resources and referral system) and an oversight group (the Hub Implementation Group) that could be leveraged in support of this work, but there are not sufficient resources to respond to the broader community.

**Total ask-funding from ARPA Funding: ~\$3M through 2026**

- Navigation staff team (6 FTEs) - \$350,000
- Contracted staff (trainers, evaluation, platform expansion) - \$270,000
- Supplies and operating - \$10,000
- Indirect @ 10% - \$65,000

**Does the program require additional funding, staff or other resources? If so please list.**

This work would require additional navigation staff, some administrative costs, and likely a marketing budget.

**Will this program be sustainable when ARPA funding runs out (if warranted)?**

There are elements that will be sustainable because there is already infrastructure in place to carry out this work, including a general funded staff person to manage the effort. Given the direction of the state BHA and other resource opportunities, it is likely that there will be future revenue streams available to support this work over the long term.

**Program design specifics that should be kept in mind when implementing.**

- Need to be thinking about access- text options, accommodations for vision/hearing, language needs.
- Want to make sure the Hub connects well to any related efforts: Co-Responder, mobile crisis units, Behavioral Health Administration, and the new 988 system.
- Think broadly about continuum of care and whole person care- would want to connect to healing arts, SDOH.
- Is there something that the training for navigators could include that help connect to things like the Boulder County Youth Calendar, list of support groups, correct contacts in school environments, and other events.
- Consider older adult needs- senior center, AAA, etc.

# MENTAL HEALTH + SOCIAL RESILIENCE

\$9M

## INITIATIVE: EQUITABLE ACCESS - OPENING THE FRONT DOOR

### Summary

1. Mental Health Voucher / Reimbursement Program
2. Grant Funding to Mental Health-related Community-Based Organizations Including Exploration of Infrastructure/Resource for Mountain Community Access
3. Expansion of the Boulder Strong Resource Center model
4. Mental Health First Aid and RISE Trauma Informed Training For All

### Goals/Objectives

- **Short-term:** Provide immediate care to the community, especially priority populations including historically underserved mountain communities.
- **Long-term:** Develop social resiliency and reduce stigma surrounding mental health through education and outreach at the center and in the community through mental health “pop ups”.
- The goal of a Mental Health Voucher / Reimbursement Program would be to allow community members to seek care, including alternative care, without worrying about financial burden.
- A Grant program for MH-related CBOs would allow organizations directly serving the community to offer specific programs and services to either a larger audience than they’re currently serving and/or provide these services for free (i.e., Support Recovery Café with a grant to move into a larger space, have a commercial kitchen, etc.)
- Expanding the BSRC model would create more opportunities for access to behavioral health services (including alternative treatment) regardless of payor. This could include creating another location, expansion of physical services, offering more culturally competent treatment options, and more telehealth options.
- Creating a free MHFA/RISE For All program would allow opportunities for more community members to learn how to “identify, understand and respond to signs of mental illnesses and substance use disorders. The training gives [someone] the skills [they] need to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.”

### Who is the population you seek to help? How has this population been disproportionately impacted by the pandemic?

All these programs would impact a wide range of community members.

- A MH Voucher/Reimbursement program could allow community members to seek payment assistance (either in advance with a voucher through census track or priority population criteria, or after care through reimbursement) for mental health-related treatment, including alternative care options. This type of program would assist any person seeking mental healthcare (even alternative care or culture-specific options like yoga, meditation, acupuncture, sweat lodge, etc.), especially families with no insurance, families who are underinsured, or those seeking services not generally covered by insurance providers.
- A Grant program for MH-related CBOs would allow organizations to continue their services, or ideally expand their reach to the specific populations they’re already serving. This could be targeted for specific populations that have been particularly impacted by the COVID pandemic (Mountain communities, LGBTQ+, IDD, Latinx, Physically Disabled, Low Income, Homeless, etc.),

and a grant application would need to be designed that screens for these types of specifics (similar questions to this form).

- Expanding the BSRC model, especially opening another location, would create a brick-and-mortar entry into the behavioral health system that offered free services. This would support community-wide behavioral health improvement, as well as create deeper connection and community through group-based services.
- MHFA/RISE For All would educate the broader community, reduce stigma and increase awareness surrounding mental health. To effectively reach specific priority populations, it would be important to include a variety of training options including in-person learning, utilizing schools, faith- and community-based organizations, and offering classes in different languages.
- Overall, priority populations to include: Mountain and Rural Communities, those isolated by COVID, People with disabilities, Older Adults, those aging in place or homebound, Youth and Parents, LGBTQ+, Latinx.

### **How many people will it be designed to serve? (estimated)**

Any of these options would be designed to serve a large number of community members. How many specifically would come down to the final design of the program itself.

### **How will this program focus on equity and address racial, economic, and health disparities to reach equitable outcomes? What is the disparity or disparities that need to be addressed? What are the root causes of the disparity? How does the proposal transform a disparity into a long-term solution that achieves equitable outcomes?**

- MH Voucher/Reimbursement Program – Providing service vouchers or reimbursement would allow people to seek the care that is most appropriate for them. For some it might be seeing a therapist (could potentially collaborate with a therapist co-op like Sondermind to accept MH Vouchers that then the County reimburses with ARPA dollars) or receiving culture-specific or homeopathic care that is generally not covered under traditional insurance options. Some of these participants might not be eligible for insurance, might not have insurance, might not have adequate insurance, or may be unable to pay copayments or deductibles to receive the care they need.
- Grant program for MH-related CBOs – These organizations are not only already supporting priority populations but are also the experts in reaching the group they serve. Utilizing these CBOs would act as a bridge between the County Government providing funding and priority populations that may have a bias or fear government entities. CBOs that already have an established relationship of trust would be able to directly assist their priority population (e.g., Homeless, Individuals in Recovery, LGBTQ+, etc.), where there may be additional.
- Expanding the BSRC model – Offering free services, including alternative care options, through a central physical location or telehealth would be able to have a variety of options to serve the wider community under one roof. This might be able to be paired with the Hub model that will eventually include a resource navigator that could be expanded to serve the general public and assist in finding the right care options.
- MHFA/RISE For All – Funding Mental Health First Aid training for the community would expand awareness and allow people to identify mental health-related concerns before they reach a crisis level. This would need to be customized to include education regarding how and where to access care services at different points in the Care Continuum (where to find care in an emergency, how to access financial support, how to prevent MH-related emergencies, etc.).

**Is this a new project or program? What other communities have launched similarly? How will this program address the current and future needs of the Boulder County community? What have we learned from other communities?**

- MH Voucher/Reimbursement Program – There are a number of different voucher/reimbursement programs that currently exist (Locally, thinking Double Up Food Bucks at the farmers market), but this would be specific to Mental Healthcare.
- Grant program for MH-related CBOs – These CBOs are not new, have established programming, and have built trust in the groups they serve. Since these types of groups are experts of their specific populations, they'd be able to project how to best provide immediate and future services
- Expanding the BSRC model – The BSRC already exists and has shown to be successful for providing treatment for those impacted by the 2021 King Soopers shooting. This would be building off the model and expanding the available services and reach.
- MHFA/RISE For All – This is a nationwide evidence-based educational platform that would be beneficial for any community member, particularly for minimizing the instance of mental health-related crises in the future.

**How does the program strike a balance between long-term transformational change and short-term immediate relief for those in crisis?**

- MH Voucher/Reimbursement Program – A program like this would enable those that are in immediate need of care to receive it, while also allowing them to develop long-term relationships with care providers for the future. Providers may be able to help their clientele find other resources or options for care once vouchers run out.
- Grant program for MH-related CBOs – Funding these programs would allow CBOs to immediately help their groups and may alleviate some financial pressure in planning for the future. For some (Recovery Café), this might allow them to move into a different space and expand their ability to serve the community.
- Expanding the BSRC model – This program already exists, and research would need to be done to determine their current funding model. Expanding it, though, by creating new classes, programs and adding more providers, would immediately open new access to care for the community.
- MHFA/RISE For All – This would have more long-term effects since it is an educational training model and not a direct way to provide care.

**Does this program leverage already-completed plans and research (e.g. Regional Affordable Housing Plan)? Does the proposed program build off of existing work already being done in BC?**

- MH Voucher/Reimbursement Program – This would be a new program, but the need has been widely communicated by the community.
- Grant program for MH-related CBOs – These organizations are already conducting work, and most likely have their own assessments and data. This would be building off the work already being done and looking to expand their reach.
- Expanding the BSRC model – This program already exists, and funding to expand services would be taking a proven model and making it more widely available to the community.
- MHFA/RISE For All – This program exists nationwide, but currently there are no in-person options in Boulder County.

**Does this program go above and beyond traditional Government programs (a.k.a is this your moonshot idea)?**

This has the potential of being a systems transformation/moonshot idea in that it leverages what is currently working, addresses gaps in access by investing in community agencies and providing individual financial assistance to those in need, partners with communities that have had disparate impacts/access and creates a community of care/safety net model for a public health crisis that is no longer invisible due to effects of the pandemic.

**Can the County implement the program on its own? If not, list the necessary partners:**

Boulder County has a long tradition of partnering with investments in our safety net. Partnerships will need to be emphasized and expanded to ensure these programs are prioritized for disparately impacted agencies and residents.

**Timeline for implementation:**

We would develop a timeline based upon, overall, what is approved, what is immediately implementable based on existing work (grants, individual assistance, MHFA, etc.) and what would require more deliberate planning (mountain community planning process, for instance).

**Total ask-funding from ARPA funding: \$9 Million**

Program	Cost	Numbers Served
Community-based Grants	\$3 Million over 3 years	Prevention/Outreach Services: 2000 people per year Therapeutic interventions: 300+ people a year
Community-based resource center	\$2 Million including planning process, infrastructure and operating investment	Variable, open to all community members, depending on location
Mental Health Vouchers	\$3 Million over 3 years	500 per year
School-based services	\$500,000	TBD
Community Trainings	\$500,000	7,700 over 5 years

**Does the program require additional funding, staff or other resources? If so please list.**

These programs would most likely require additional staff to be successful such as program managers to develop application criteria, create community engagement and marketing for the programs. The Grant program for CBOs would most likely require the least amount of county staff involvement as a majority of the work would be on the organizations themselves.

**Will this program be sustainable when ARPA funding runs out (if warranted)?**

Given that these efforts are designed to increase service capacity, funding would need to be identified for these efforts in order for them to be sustained. There may be opportunities to redirect some existing county resources toward these proposed ideas, but estimated budgets for each strategy need to be developed after which an exploration of possible funding strategies could be conducted. These projects were purposefully selected for their alignment with proposed state and federal funding.



### **Program design specifics that should be kept in mind when implementing.**

- A voucher/reimbursement program would require identifying priority populations, eligible spending, spending limits, networking with provider partners that would be willing to accept this type of “payment”, etc. There would also need to be strategic marketing to ensure those groups are aware of the program and how to use it, and an application/review process to approve purchases beyond an “approved provider list”.
- A CBO grant program would need to define approved spending areas, and then an application to approve where the money is being spent.
- Expanding BSRC could potentially be built off the existing framework, attracting new providers and expanding marketing materials.
- MHFA/RISE For All would need marketing to reach priority populations, training locations (schools, churches, rec centers?), and trainers to conduct the training.
- Collect data to ensure access improvement – consider privacy and retrieve only enough data to tell the story without being intrusive.
- Be mindful of administrative burden, especially around voucher programming (some providers don’t want to deal with the hassle and then don’t participate, reducing service options).
- Staffing
- County may be able to act as backbone with coordinator, but priority populations may not trust county representative and will need community representation – Community or Cultural Broker buy-in/leadership to establish credibility.
- Community-Based Organizations may be “tapped out” and not able to offer staff, volunteer, or support (incentivize with grant funding?) – Provide Cultural Competency training for all new / existing staff, Disability etiquette.
- Outreach – Awareness campaigns must be customized to priority populations using methods that reach them best – Newspaper for mountain communities, utilizing Cultural Brokers, etc., focus on representation and increasing visibility of priority populations
- Accessibility – In any digital medium (website, application, form) ensure technology allows for equitable access.
- Training for utilizing digital mediums – Blind, deaf, those with limited digital connectivity, WCAG and section 508 compliance.
- All materials will be produced in accessible formats i.e., easy to read guides in all languages spoken, braille, large print, screen reader compatible, videos with closed captioning and audio description – Any physical location must be accessible, ADA Compliant, accessible transportation assistance will be available, translation and interpreter services will be available (in-person or on call). This must be thought of in advance rather than added retroactively.

# IMPLEMENTATION

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The groups prioritized the ideas that would be transformational and implementable under ARPA guidelines; however, there were many more great ideas that should be further vetted and considered for future funding opportunities, such as:

- Behavioral health urgent care responders and center\*
- Investments in the behavioral health workforce\*
- Investments in shovel-ready housing projects\*
- Providing hotel stays for families experiencing homelessness\*
- Broadband Infrastructure and Hot Spots
- Technology equipment & software (laptop, iPad, Quickbooks, Website/online subscriptions). Additional one-to-one or group assistance for technology initiation & orientation
- Break down systemic barriers to employment AND behavioral health care by investing in childcare, transportation, technology access, and other essential human services
- Workforce development and retention through investments in continuing education, skill development, salary increases, language training, and retention incentives
- Premium pay for essential workers outside of HHS (ie: grocery store, gas stations, PD, FD)
- Expansion of financial literacy, credit counseling, financial intermediation, etc. for covid-depleted households
- Direct outreach to target & recruit underserved communities. 1) Outreach initiatives to get the word out about available resources through nontraditional channels (in-person, FaceBook Messenger, WhatsApp, trusted community partners), 2) follow up initiatives to build trust in community, and 3) support to individuals for resource initiation & orientation (one-to-one & group assistance).
- Commercial corridor revitalization grants to support the development and recovery of commercial corridors; including planning and capacity building grants, as well as capital and programmatic support grants
- Funding for employers to offer supplemental income stipends for liveable wages
- Premium pay for specific sectors to increase the incentives for people who work for human service agencies, healthcare, schools/childcare and other agencies
- Invest in universal basic income for low-to-moderate income residents
- Support for low income/excluded/covid impacted students to access Front Range Community College
- Create work-based learning centers that allow adult job seekers to receive on the job training with real companies while making a living
- Creative workforce development Investments or programs to support key labor shortages, particularly entry level
- Rent and utility assistance
- Property tax assistance
- Second mortgage support for low income residents

- Pre-housing support for homeless (ie: due to domestic violence)
- Hoteling paired with case management for homeless families with children with wrap around services
- Create innovative housing options for the homeless (designated campground, tiny homes, etc.)
- A revolving loan fund for residents to purchase their own parks
- Grants, or low to no interest loans for MHP capital improvements required of newly purchased MHPs, especially for: water system repairs and replacements; upgrading potable water filtration systems; financially and administratively supporting sewer line connections to the City's system when not already in place, or rebuilding wastewater plants if the former is not feasible.
- Invest in solar for existing affordable projects to provide for sustainability as well as utility relief to residents
- Invest in suicide-specific crisis services
- Expand mental health diversion – decriminalize mental health crises
- Cultural, indigenous & Identity based programs that will facilitate the access to youth and families in the Latino community
- Expand service access that isn't attached to one physical location – home based, school-based, virtual, community space, etc.
- Provide access to physical space for treatment providers
- Impact of pandemic isolation on families requiring a specific response for families who have experienced pandemic deaths and births
- Remove barriers to behavioral health services experienced by those who are undocumented
- Invest in parent specific support to address mental health/stress of parenting
- Simplify processes that are barriers to entering treatment i.e.paperwork

The true test of whether the ARPA funded programs are reaching their intended audiences lies in the implementation. The lessons learned in Phase 1, must be carried through the program design and implementation, by prioritizing equity, transparency, and inclusion. Likewise, in order for these programs to be successful, the County must continue to build trust with communities historically left out of government programs or benefits to ensure access to these services and resources.

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\* Highly recommended programs that made it to the penultimate round of proposals.

# THANK YOU

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We would like to thank the dedicated Working Group members who contributed to this process, as well as the numerous County Staff who provided expertise and logistical support, and the interpreters who helped improve the accessibility to this process.

We would also like to extend a special thanks to **Community Foundation Boulder County** for their support of this process and to **The Urban Institute** for their guidance.

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### **Sponsor:**

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# THANK YOU

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### **Sponsor:**

Claire Levy, Boulder County Commissioner



# THANK YOU

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