



Mill Levy Advisory Council, BCHHS

Monday, January 24, 2022

5:30 p.m. to 8:00 p.m.

Teams Meeting

<https://boco.org/hP9gxT>

[+1 720-400-7859,,132481376#](tel:+17204007859132481376)

United States, Denver

The Mill Levy Advisory Council makes recommendations to Housing and Human Services and the Board of Commissioners on how best to address the needs of Boulder County Residents with IDD.

If you wish to make a public comment, please sign up upon arrival or email rseiden@bouldercounty.org prior to meeting.

If you need special assistance, contact Julia Yager, ADA/AA Coordinator, or the Human Resources Department at 303-441-3525 at least 72 hours before the scheduled event.

Meeting Minutes

Advisory Council Members in Attendance: Katie Ashburner, Jolie Bernstein, Deana Cairo, Robert Enderson, Jennifer Geiger, Miranda Fisher, Teresa Greene, Timothy Maxwell, Andy Minden, and Anna Stewart

Boulder County Employees: Rebecca Seiden, IDD Mill Levy Coordinator and Sara Boylan, IMPACT Major Contracts Manager

Meeting was called to order at 5:33p.m. by Chair Miranda Fisher. Meeting was held through Microsoft Teams due to continued public mandate orders.

There was no public comment provided from community members.

Approval of Minutes

Maxwell made a motion to approve the December 2021 minutes. Geiger seconded the motion. Motion was unanimously approved.

Updates from Rebecca Seiden

Seiden shared that the disaster assistance center opened four days after the Marshall Fire and has helped 2,000+ households. They have \$5 million in direct assistance and \$30 million in loans to distribute. Seiden explained that there are numerous agencies and resources available for people in need. The disaster assistance center can be accessed Monday – Friday 9am – 5pm.

Seiden shared that the Nederland, Louisville, and Lyons's libraries will be distributing KN95s for free. Maxwell asked for more information on how many masks will be distributed. Seiden states that COVID tests can be requested through the federal government and state.

Seiden stated that the meeting with the County Commissioners to go over the council's recommendations has been pushed out. Seiden explained that she will provide an update to the commissioners on what the council has been working on in addition to the specific requests being made.

2022 Contracts

Seiden shared that there has been a 3.5% increase for all contracts and reviewed the specific amount of each contract.

Seiden asked what information the council would like related to contracts.

- Maxwell shared that he'd like to know more about the unallocated funds.
- Stewart stated that she'd like to know why the county contracts with specific organizations. Maxwell added that it would be good to know the determination criteria specific to the contracts.
- Stewart added that she'd also like to know how an organization goes about requesting funding. Sara Boylan explained that any recommendations on who the county contracts with has to be outlined as a priority in the Needs Assessment. Boylan provided confirmation that the county does assess how effective the agencies are that they contract with.
- Fisher stated that she'd like to know how much of the funding reaches the Peak-to-Peak communities, specifically Nederland, Lyons, Ward, and Jamestown.

Review of Needs Assessment

Seiden noted that the Needs Assessment was completed in 2017 – 2018 and that it may need an update following the pandemic, staffing shortage, and other challenges the community has faced.

- Bernstein shared that it is important to take another look at whether the Needs Assessment mirrors current community needs.
- Minden stated that while he sees value in revisiting the Needs Assessment, he doesn't want to see it slow any current progress.
- Stewart shared that she thinks that this council could do that update without having to do a further outreach.
- Boylan noted that this council is not representative of all communities within Boulder County and that lack of diversity needs to be considered when looking at an update. Seiden added that discussing how to increase diversity is important.
- Karen Zeid, community member, recommended in chat to reach out to the contracted organizations to see if the way they spend their money has changed.

Seiden asked if the council had ideas for how to bring more community members into the discussions.

- Minden asked for clarification on what type of outreach has been done to-date and recommended the council look at personal outreach. Seiden recommended the council meet with the Boulder County Cultural Brokers.
- Stewart shared that once the council has identified the projects they will be working on, that will help with more specific asks for feedback and involvement on areas of interest to people.

Seiden asked how the council could continue to include community partners/agencies now that the meetings are in the evening.

- Stewart shared that those contractors could be invited to give updates like Imagine! does.

The council reviewed the executive summary for the Needs Assessment and discussed one at a time. Ashburner stated that when reviewing the areas of focus, that what's happening in the world may impact the way in which we currently view each area.

- Housing
 - Seiden explained that the housing survey data needs to be analyzed and that this subcommittee may want to bring in subject matter experts to discuss some solutions. Seiden also spoke to looking into housing vouchers more.
 - Stewart expressed concern about admiring problems vs. taking specific action to address a problem.
 - Minden shared that the council may be looking at the perfect solution vs. pursuing a solution and that not every problem can be solved in its entirety. Maxwell echoed this and added that housing is a complex issue with very diverse needs.
- Systems Navigation, Case Management, and Advocacy

- Seiden shared that the Systems Navigator position is going before the County Commissioners for review. Seiden noted that there are pending changes to the case management system that HCPF is working through and asked if the council wanted to focus on case management at this time or wait.
 - Bernstein shared that she'd like to see that this council outline what good case management and systems navigation should look like.
- Seiden shared that the county has been assessing if there is funding available for social/recreational activities. Seiden recommended using the RFP process to see how much it would cost an organization to implement this type of program.
 - Maxwell shared that for the social/recreation programs, one concern is limited staffing and the challenges that creates.
 - Bernstein shared that there are a lot of natural supports who may be interested in developing programs or partnering with businesses who could provide programs such as dance studios, private gyms, recreational centers, etc.
 - Stewart shared that for any activity, there should be an inclusive approach.
- Mental Health
 - Seiden stated that the START analysis should be starting soon and that it'll be important to revisit the results from the survey. Seiden asked if there are other areas of interest related to mental health.
 - Geiger shared that it is important to find out what the barriers are for current providers to be able to provide services to the IDD population and that the council should focus on addressing the misinformation that's floating out there related to Medicaid patients.
- Self-Advocacy, Engagement, and Social Connectedness
 - Seiden asked if the council would like to focus on this area this year.
 - Minden shared that the RFP process for social/recreation programming could fall under this area of focus.
 - Stewart shared that the council should focus on access to transportation.
- Community Education and IDD Awareness
 - Seiden asked what the council views as areas of education and IDD awareness.
 - The council discussed various stakeholders that could use community education and that this should always be an area of focus.
- Ongoing Monitoring and Evaluation
 - Seiden shared that the county has been focusing extensively on this and added that she will provide updates during future council meetings.

Seiden concluded this discussion by asking all the council members to share what their areas of focus are for this year.

Next Meeting

Seiden shared at the February meeting, the council will need to select the Chair and Vice Chair position and that council members who want to serve in that role should submit a letter of interest to Seiden.

Seiden also asked what the council would like to focus on at the next meeting. The council revisited some of the areas of focus previously discussed when reviewing the Needs Assessment. Stewart recommended the council focus on selecting members for each subcommittee.

Other Business

Ashburner shared that she will be doing investigative training for individuals who are non-verbal and she looks forward to sharing what she learns with the council.

Maxwell thanked Fisher and Ashburner for their contributions to the council since their terms are ending and neither one is seeking reappointment.

Adjournment

Minden made a motion to adjourn the meeting. Maxwell seconded the motion. Motion was unanimously approved. Meeting was adjourned at 8:01pm.

Submitted by Miranda Fisher, Chair



Mill Levy Advisory Council, BCHHS

Monday, February 28, 2022

5:30 p.m. to 8:00 p.m.

Teams Meeting

<https://boco.org/hP9gxT>

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United States, Denver

The Mill Levy Advisory Council makes recommendations to Housing and Human Services and the Board of Commissioners on how best to address the needs of Boulder County Residents with IDD.

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Meeting Minutes

Advisory Council Members in Attendance: Jolie Bernstein, Robert Enderson, Miranda Fisher, Jennifer Geiger, Teresa Greene, Andy Minden, Anita Speirs, and Anna Stewart

Absent: Katie Ashburner, Deana Cairo, Timothy Maxwell

Boulder County Employees: Rebecca Seiden, IDD Mill Levy Coordinator and Sara Boylan, IMPACT Major Contracts Manager

Meeting was called to order at 5:38pm by Chair Miranda Fisher. Meeting was held through Microsoft Teams due to continued public mandate orders.

Approval of Minutes

Minden made a motion to approve the January 2022 minutes. Geiger seconded the motion. Motion was unanimously approved.

Council Introductions

Anita Speirs introduced herself to the council. Speirs is filling the vacancy left by Dana Scritchfield and will serve out the remainder of that term, which is one year.

Imagine! Update

Rebecca Novinger, Imagine! Executive Director and CEO, shared the following updates:

- Mask mandate in Boulder County has been lifted. Imagine! is currently studying what is best for individuals and staff. A survey was sent out to families and individuals and the results were split on whether to provide services masked or not, regardless of vaccination status. Imagine! will discuss internally the best strategy for their organization.
- ARPA taskforce bills are moving slowly through the legislative process as well as budget meetings for HCPF.
- The RFP for evaluations for children was released and Imagine! plans to apply. The state can contract with as many entities as they want to. The state will take over evaluations for early interventions between May – July 2022.

- Seiden asked if the RFPs are region specific. Novinger stated that it is region specific but that the regions are very large. Imagine! will be submitting to support Boulder and Broomfield County due to staffing.
- Extended Part C goes into effect this summer, which bridges the gap when children turn three and age out of services.
- Today was the kick off for the ARPA Boulder County working groups, which includes Economic Development, Mental Health and Social Resiliency, and Housing. The purpose of these funds is to respond to the disproportionate impact COVID-19 has had on the community. The final recommendations will be put before the County Commissioners in May 2022.

Seiden asked for an update on Imagine!'s staffing. Novinger shared that DSPs pay rate has been increased to \$20.00/hour and they are seeing an increase in applicants, however, they are not seeing applications for the awake overnight or weekend shifts at this time. The previous rate was around \$16.00 - \$17.00/hour.

Boulder County Updates

Seiden shared the following updates:

- Boulder County is still working the disaster recovery center and providing financial assistance to individuals and families impacted by the Marshall Fire: <https://www.bouldercounty.org/disasters/wildfires/marshall/#financial> / <https://www.bouldercounty.org/disasters/wildfires/marshall-en-espanol/#1641165296385-7143323c-7adb>
- Jewish Family Services is offering six free therapy sessions to people directly impacted by the fire: <https://www.jewishfamilyservice.org/bcc>
- There is a new Americorp program addressing healthcare shortages: <https://servecolorado.colorado.gov/news-article/new-amicorps-program-tackles-healthcare-workforce-shortage>
- Seiden reminded the council that there are still funds available for individuals with IDD to use for emergency purposes: <http://www.bocorentassistance.org/> / <http://www.bocoayudaconrenta.org/>
- United Way is supporting with free tax services.
- SNAP benefits are offering discounted admissions rates to various educational, recreational, and cultural locations such as local museums. RTD Live program provides discounts to various activities as well.

IDDAC Professional Development

The council discussed what types of professional development would be helpful. Seiden provided some examples such as a presentation about Traumatic Brain Injury (TBI) or a seminar on home ownership. The council provided the following recommendations as well:

- Assess how other communities/counties are addressing housing needs and what strategies they used for community engagement. Seiden suggested holding a forum and invite communities and organizations who have successfully implemented housing solutions.
- Presentation from programs in the county that serve IDD and what their waitlist are. Greene noted a concern that many PASAs stopped operating during the pandemic and she is unaware of what services are still available. Minden noted community integration resources would be important to review too. Stewart and Fisher shared that it would be helpful to have a presentation from all partners, including how they are spending funds, what services they are providing, and what model of inclusivity they use.
- Review what advocacy organizations are available to support with navigating resources, such as housing and legal supports.
- Evaluate ways in which the community has enhanced accessibility and ways to inspire others do to the same (example: new Table Mesa Kings Soopers). Stewart discussed how doing so enhances our ability to be good neighbors with one another and supporting all citizens, including the most vulnerable.
- Evaluate special education and children services available, including assessing programming in the school system at both districts.

Disaster Preparedness for IDD, Autism, TBI

The council discussed how Boulder County and the council can best approach disaster preparedness for the individuals we serve. Seiden shared the one approach she is moving forward with is redesigning the website to highlight resources available. The council provided the following recommendations as well:

- Sharing the skill workshops available, such as those provided by CPWD. Stewart noted that these types of workshops are typically not well attended and that it would be interesting to see if it could be added into a service plan. Seiden shared that she will discuss this with Imagine! Seiden shared this resource with the council: <https://www.ready.gov/disability>

Where Do We Pick Up for 2022?

Seiden reviewed the work completed by the subcommittees to date and some new things the subcommittees could focus on, including specific goals and objectives.

- Case Management and Systems Navigation:
 - Received approval to hire a systems navigator; next step will be to get the RFP done. Goal would be for this person to assist with advocacy efforts.
 - Putting case management on hold until there is further clarification from the state on the new case management structure.
 - *Evaluate ways in which the website can be improved and the additional resources that should be featured. Stewart recommended the council provide resources to Seiden who would work with the Boulder County website team to update the site.
- Mental Health
 - Partnering with START services.
 - *Review what the barriers are for current providers to be able to provide services to the IDD population, billing for services, and addressing the misinformation related to Medicaid patients. Goal would be to increase the number of providers available.
 - Ensure there is an understanding about the way emotional wellbeing plays into a person's stability, such as housing stability and disaster preparedness.
 - *Addressing social isolation and ways to connect people with one another, including researching what PASAs and employment services are still available and accepting individuals. Stewart shared there is a new DVR person who will be focusing on the SWAP program.
- Housing
 - Assess the results of the housing survey and prepare a presentation of the findings.
 - Determine the possibility of a home ownership program. Greene shared about a housing share program in Denver.
 - *Meet with housing experts to learn more about the strategies they implemented to address housing needs. Stewart recommended meeting with these individuals in a smaller group and reporting back to the full council.
 - Evaluate what some of the constraints are on the county end in order to make sure the council understands what can and cannot be done.

**Topics the council would like to specifically focus on right now.*

Seiden explained that at future meetings, the plan will be to break into subcommittees during the meeting and prior to adjournment, report back to the full council what the subcommittees are focusing on. Fisher stated that she does not think Microsoft Teams will allow simultaneous recording amongst breakout rooms so there will need to be a notetaker for each subcommittee.

Stewart recommended breaking into project specific groups vs. subcommittees, and narrowing the scope of focus. The council supported this plan. Bernstein stated that perhaps the meeting time needs to be flexed to ensure subject matter experts can be present. Stewart recommended bringing Angel Bond to a council meeting to discuss transportation

throughout Boulder County and in the mountain communities. Seiden shared that Angel Bond would like someone from Mobility for All to attend the council meetings to give updates like Novinger does.

Other Business

Seiden review what is on the agenda for the March meeting:

- Introduction of current and new members.; get to know each other activities.
- Electing a new Chair and Vice Chair; a person has come forward expressing interest in being Chair but that a Vice Chair is needed.
- A minute-taker is needed as well since Fisher will no longer be serving on the council.
- Reviewing financials information and contracts currently being funded out of the mill levy.

Public Comments

There was no public comment provided from community members.

Adjournment

Minden made a motion to adjourn the meeting. Bernstein seconded the motion. Motion was unanimously approved. Meeting was adjourned at 7:59pm.

Submitted by Miranda Fisher, Chair



Mill Levy Advisory Council, BCHHS
Monday, March 21, 2022
5:30 p.m. to 8:00 p.m.
Teams Meeting

Meeting Minutes

Advisory Council Members in Attendance: Jolie Bernstein, Robert Enderson, Timothy Maxwell, Jennifer Geiger, Teresa Greene, Andy Minden, Anita Speirs, Anna Stewart, Deana Cairo, Heidi Que, Annette Treufeldt-Frank

Absent: N/A

Boulder County Employees: Rebecca Seiden, IDD Mill Levy Coordinator

Meeting was called to order at 5:35pm by Staff Liaison, Rebecca Seiden. Meeting was held through Microsoft Teams.

Approval of Minutes

Minden made a motion to approve the February 2022 minutes. Bernstein seconded the motion. Motion was unanimously approved.

Chair and Vice-Chair Election

Anna Stewart has submitted a nomination for herself for Chair. Annette Treufeldt-Frank submitted her nomination for herself for Vice-Chair. Seiden read submission for Stewart. Treufeldt-Frank introduced herself and stated what she could bring to the Council. Council voted by email and text and both were approved unanimously.

Imagine! Update

Rebecca Novinger, Imagine! Executive Director and CEO, shared the following updates:

- Imagine! has been reviewing the Early Intervention Evaluation that we discussed last month. Imagine! has been analyzing to decide about whether they will answer the RFP. Concerns include:
 - Concern about capacity and systems that this will be using.
 - Still so many questions about how this is going to work.
 - Children falling through the cracks.
 - Other colleagues across State have similar concerns.
- ARPA funds have taken up a lot of time this past month. Boulder County has about \$60,000,00.00. The ARPA funds are a federal relief funding in the American Rescue Plan Act that is meant to help communities recover from COVID-19 and Boulder County has set up a process and community engagement process. Novinger is co-leading this committee. Ways for Council to be involved:
 - All meetings are posted on Boulder County website.
 - Meetings are open to the public.
 - Meeting notes are posted on that website.
 - Multiple people in the different working groups with strong IDD background.
 - Two working groups. Economic Development has decided to focus primarily on work force stimulation focusing on small businesses and the nonprofit community. Will be looked at through lens of equity and communities that were disproportionately impacted by COVID.

- Novinger announced that she has submitted her resignation to the Imagine! Board of Directors. They will be hiring a search firm to conduct a search for her successor. Currently, she must lean more into family.

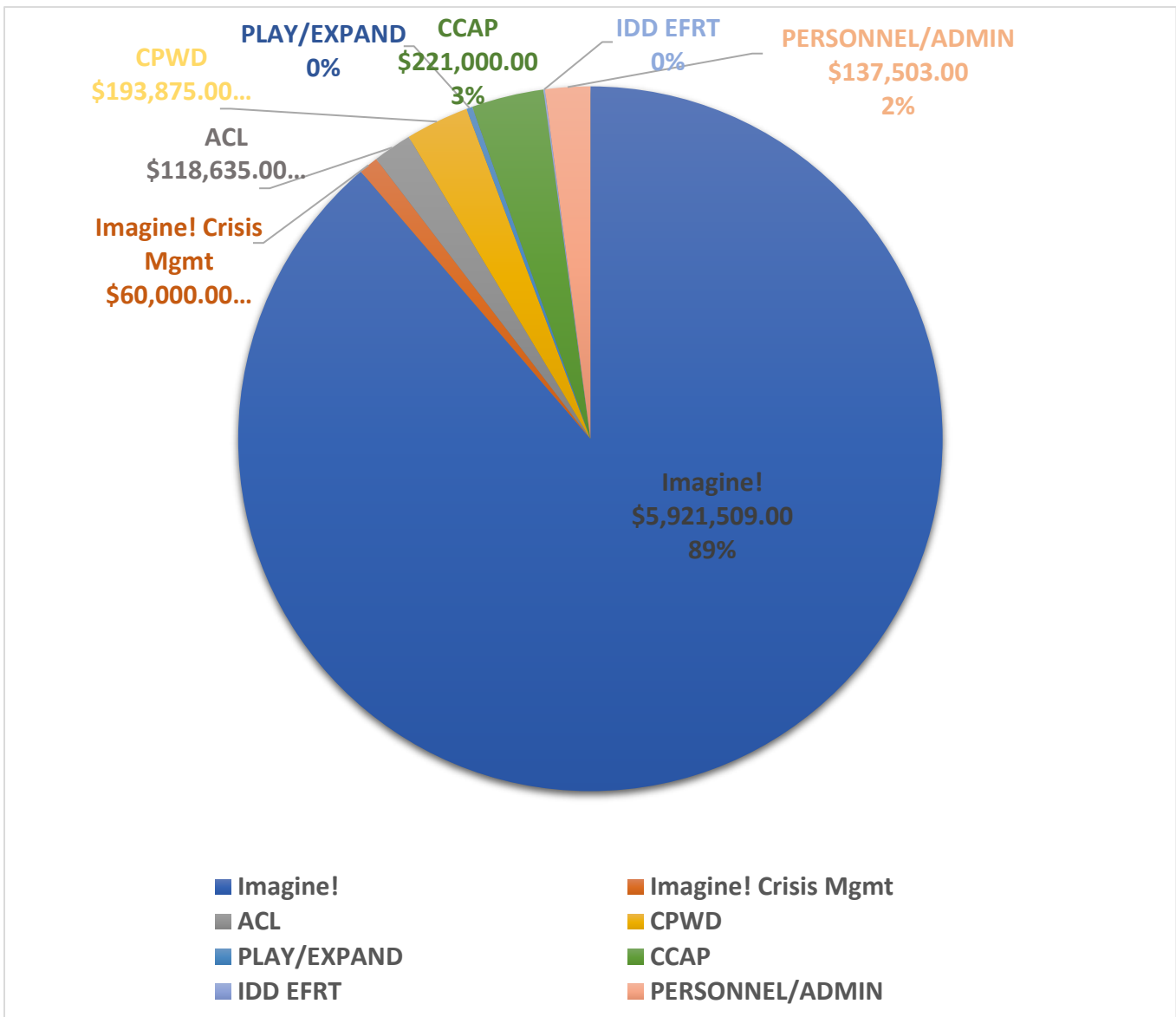
Seiden asked for an update on Imagine!’s staffing. Novinger reported that they will be making offers to 15 people, which is wonderful as they are ramping up school services. Imagine! is trying to get 30 Counselors hired up in the next several weeks to run summer camp. Imagine! is on target to increase compensation for case management and other direct support professional positions in the organization.

Getting to know each other

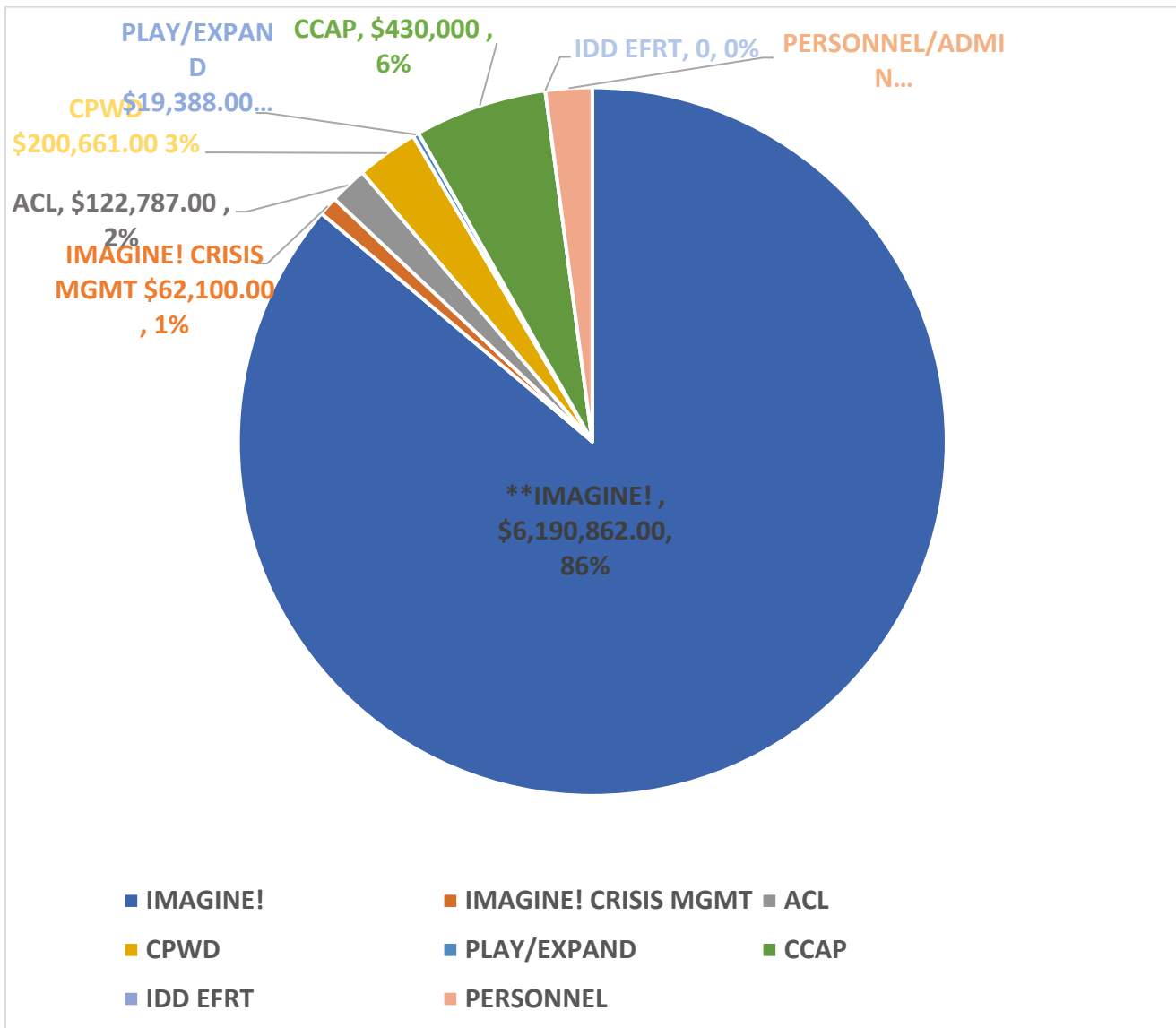
- Council is welcoming two new members, Annette Treufeldt-Frank and Heidi Que. Council participated in an icebreaker to get to know each other. Annette and Heidi introduced themselves to Council.

Contract Update/Review of 2021

2021 Contract Funding



2022 Contract Funding



****Change in data for Imagine! funding from meeting. Incorrect amount was announced at meeting. Above is correct edited amount**

2021 Accomplishments

- IDD Advisory Council continued to meet as three sub committees outside of our larger monthly meeting. There was consistent engagement from the community as well as our partners. Mental/Behavioral Health Sub-Committee, Housing Sub-Committee, and Systems Navigation, Case Management, Advocacy Sub-Committee were highlighted by these sub-committees.
- Mental/Behavioral Health Sub-Committee
 - Sent survey to Mental Health/Behavioral Health providers within Boulder County to determine gaps in Mental Health Services. Data needs to be reviewed.
 - Researched the START program which is a Mental Health Program to work with individuals with Intellectual and Developmental Disabilities. The IDD Advisory Council has recommended unanimously to participate in a Community Systems Analysis that will provide data and recommendations for Mental Health/Behavioral Health Services.
- Housing Survey completed by persons with and families of IDD, TBI, and Autism who reside in Boulder County to determine gaps in Housing Availability and future opportunities needed. Data needs to be reviewed.

- Systems Navigation, Case Management, Advocacy
 - Developed Job Description for a designated Systems Navigation employee for Boulder County.
 - The IDD Advisory Council has recommended unanimously to provide a designated Systems Navigator Position for Boulder County to support persons with IDD, TBI, and Autism. Continuation of IDD EFRT.
- “The purpose of the IDD Emergency Funds is to provide quick access to funds for urgent unmet needs without burdening the applicant with extensive paperwork during the COVID-19 crisis. Funding under this Emergency Fund is short-term.”
 - \$4,769.03 has been disbursed for Rental Assistance, Housing Supports and Emergency Placement from IDD Mill Levy Funds during 2021.

2021 Goals and Updates

- Collaboration with Boulder County Housing on feasibility of Housing Voucher system for IDD/Autism/TBI within Boulder County. ***Will continue to look at whether this is feasible.***
- Focus Groups to discuss gaps in Housing and how to address those gaps with specific housing recommendations. ***A Housing Survey was developed and completed by Boulder County residents with IDD, TBI, and Autism. The data from this survey needs to be analyzed.***
- Development of training needs for Mental/Behavioral Health practitioners to work with persons with IDD/Autism/TBI. ***Survey was sent out to Mental Health/Behavioral Health practitioners. Data needs to be analyzed. We are recommending funding for a Systems Analysis and the Development of a Professional Learning Community (PLC) to be completed by Center of START Services at the University of New Hampshire (UNH) Institute on Disability.***
- Coordination of Systems Navigation across Boulder County Departments addressing gaps and making recommendations for IDD/Autism/TBI. Investigate usage of Boulder County Connect. ***A designated position for a Systems Navigation Position within Boulder County has been recommended.***
- Development and completion of training for Boulder County Departments/Partners to increase knowledge of working with persons with IDD/Autism/TBI. Development of Screening questions. ***Have participated in training with IMPACT and TGHR. Continued consultation with CRTs, Caseworkers as requested. Continued education on IDD systems and resources.***
- Begin to address digital divide in Boulder County. Possibility of partnering with Coleman Institute to provide Emergency Desktop Software. ***Not addressed this past year.***

2022 Goals

- Completion of Systems Analysis and the development of a Professional Learning Community (PLC) by Center of START Services at the University of New Hampshire (UNH) Institute on Disability.
- RFP for Systems Navigation Position completed and awarded.
- Evaluate ways in which the website can be improved, and additional resources featured.
- Address social isolation and ways to connect people to one another.
- Increase positivity from providers to work with IDD, TBI, Autism and Medicaid.
- Assess results of the housing survey and prepare presentation of findings.
- Have housing experts present to Council to learn strategies and funding for housing. Evaluate county constraints for housing.

Other Business

Seiden review what is on the agenda for the March meeting:

- Introduction of current and new members.; get to know each other activities.

- Electing a new Chair and Vice Chair; a person has come forward expressing interest in being Chair but that a Vice Chair is needed.
- A minute-taker is needed as well since Fisher will no longer be serving on the council.
- Reviewing financials information and contracts currently being funded out of the mill levy.

Public Comments

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Adjournment

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Submitted by Miranda Fisher, Chair



Mill Levy Advisory Council, BCHHS

Monday, April 19, 2022

5:30 p.m. to 8:00 p.m.

Teams Meeting

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Absent: N/A

Boulder County Employees: Rebecca Seiden, IDD Mill Levy Program Coordinator

Meeting was called to order at 5:33pm by Chair, Anna Stewart. Meeting was held through Microsoft Teams.

Approval of Minutes

Annette TF made a motion to approve the March 2022 minutes. Minden seconded the motion. Motion was unanimously approved.

Housing and Mental Health Survey Results

Jacob Stoudenmire is a Statistical analyst with Boulder County Housing and Human Services

Some logistics first in terms of this survey. We did have a total of 67 completed surveys that were collected to give you some perspective on how this may or may not translate to the to the community at large. If you know the IDD, Autistic, and TBI population of Boulder County is somewhere around 22,000 individuals. This provides us with this information. This sample of surveys 67 provides us with a plus or -12% margin of error. That is a bit large. Typically, in social science research the standard is plus or -5% for marketing research. We would need to have about 377 completed surveys and that is a big jump to get to plus or -5. If we just wanted to get to 10%. We would need 96 completed survey. This by no means invalidates the responses. These are actual opinions and perspectives of this population.

Looking at the overall results first looking at the type of respondent who took the survey. You can see our vast majority of respondents were parents or Guardians of the individual in question.

In terms of their housing tenure. We had about 55% report that they rented their home or apartment with close to 20% owning. In terms of the living situation or housing type a vast majority reported that they were living with their Parents, Friends or Guardians followed by those living alone at 12%. Moving on to whether they felt that their

housing bill was affordable. We have close to 42% saying that it was, 27%, saying that they don't pay for housing so it's affordable. Keep in mind that they felt it was affordable moving on to their barriers in terms of their ideal living situations.

The most common or the top barrier ranked first among the respondents was money keeping them from living where they want to live. Speaking with Rebecca this morning, she brought up a great point. The previous question talks about their current living situation now and in terms of where they would like to live. So maybe they feel it's affordable where they're at now, but should they move to where they would like to live it becomes not affordable. Inability to care for themselves was another high one at about 31%. In terms of where they get their information about housing, community or word of mouth was most common response at 20%. That was followed by Imagine!

What type of housing was in an array of answers. Intentional communities of others with similar skills and abilities and concerns and care needs was highest but not by far. There were those that did not necessarily want to live with others but living in an area where they would have interaction and a sense of community with a chance to socialize. Ideal housing included safety as a big issue. This is both in terms of physical safety as well as people talking about the fear of being taken advantage of and falling prey to fraud and scammers. Financial abuse was backed up with some of the open-ended responses as well. Following the top priority was having staff support available when needed, not necessarily in the home but readily accessible when it would be needed. Respondents wanted to live near others with similar needs, not necessarily with them. Response was highest for living in urban areas.

People did not seem to know about where to find information so that would be a good area to look at as far as communication about what is out there. Most common age range was those 22 to 34, followed by 16 to 21. Young demographic. In terms of who took the survey, parent, friend, guardian. That age group was primarily 50 to 64. Gender identity was relatively split. In terms of racial identity, white with no responses from Hispanic Latin origin.

We now get into our open-ended responses about barriers. Lack of in-home support led the way. Affordability was close behind. Safety is high as well. A lack of support and sense of community were tied and woven responses. Wants for living situation was general support and supervision either in the home or out. Information about seeking information on life skills was mentioned. How do I do my finances, how do I cook, how do I care for myself? The open-ended questions were backing up the quantitative responses. We are seeing similar trends.

Now we get to results separated by city. Respondents were most commonly parents, guardians throughout cities data. Disproportionate number were not aware of whether they rented or owned. Affordability was priority across cities. Longmont, Boulder, and Louisville said that yes they feel their housing is affordable. In Lafayette they felt it was not. What was interesting is that in the survey results about the sense of community and the intentional community none of those responses came from Longmont. Highest need of support was in Boulder and Lafayette with 24/7 support and whether they would like to live near people with similar needs and abilities and concerns. Erie and Louisville stated no government financial assistance. No big surprise that people living alone still want to live alone.

Annette TF pointed out that it seemed to be missing data from unincorporated Boulder. She had filled out survey and it is not in report. Jacob S confirmed that they had not received it. Annette went on to point out that it looked that under barriers transportation was listed. It did not seem high. Was wondering how question was worded. Seiden confirmed that these questions were ranked.

Andy M stated that there has been talk about intentional communities being in a rural setting, but this data shows most people was to live in an urban setting. Seems as if transportation in urban intentional communities seems to go in a different way. Is there a big picture that you pulled out?

Jacob S-I wish I could give you a great answer as to what you should absolutely focus on. What the numbers say. Unfortunately, I'm just not a subject matter expert in this area. Research methods are kind of my area. You can take confidence in numbers are what they are granted with that margin of error. However, many thousands of folks in Boulder County and surrounding communities have similar situations. You can take comfort in these 70 or 67 respondents that when they tell you that you know lack of community support or a sense of community was a

barrier for them.. Currently, their housing situation. You can take confidence in that's important to these individuals. In terms of any kind of directional focus or decision, making for this council that's just not something I have the expertise said.

Jennifer G stated that her read of the data is that these folks are young adults who feel isolated and they want a greater sense of community. It looks as if there are agenda items coming up where we will be addressing this. Rebecca S stated that it seems as if the data shows that there is still a need to provide different options and not one size fits all.

Jacob S stated that focus groups could be run to back up the open-ended questions.

Mental Health Survey

Jacob S presented the Mental Health/Behavioral Health practitioner survey.

Logistics. We had 22 completed surveys. There were also 2 as test surveys. We are analyzing 20 surveys here. A lot of the responses were uninformative. We had what I refer to as low effort responses. What services do you provide? Different ones, various ones. That doesn't really tell us a whole lot. All the questions here were open ended so it's very difficult to draw any kind of trend in the responses. It leaves the door open for uninformative or low effort responses. There are also a few things in the responses that led me to believe that maybe the person taking the service taking the survey wasn't exactly the best person to take it. There were a lot of don't knows or I'm not sure or supervisor handles that. That is another pro about focus groups that you can target specific individuals to participate at a certain level in their organization. There was a lot of jargon and acronyms and again not having that subject matter expertise. It was nearly impossible for me to categorize them so as we get into some of the results. Here we see you know the accepted billing methods. We have 54% saying that they accept Medicaid and 17% accept Medicare. Commercial insurance all the waivers on down. I don't know the difference when the DD waiver and SLS waiver. Maybe they should be grouped together. Maybe they should be split out. I don't have the expertise to pull out responses. The TBI Instruments. The autism instruments. Again, very interesting that in all these categories, none is the most common response. Any screening assessment evaluation diagnosis trainings that they've used. A lot of folks responded that they just had an informal training through their job or that they just used multiple types. Service reliability training is completed. Trainings between any agencies that they've completed. Those interested in participating in additional trainings. This was positive and useful 100% of respondents said they want to participate in additional trainings. Desired topics was kind of a wide variety. Most people said multiple or I'd like to take all of them or anything that's available. Again, the recommendations here are focus groups would be incredibly helpful again, allowing for that clarification and brings them into the process as well. It helps engage them. They are stakeholders in this community in the services bring provided so we can give them a sense of ownership in the process. If we do want to stick with this kind of a survey balancing out those open-ended questions. What's some quantitative ones to make it easier to draw some trends?

Any questions on this one.

Jennifer G-Was there a question about job title?

Rebecca S-No

Jennifer G-Looks like that was a miss because we don't know who these people are. They are completely untrained, and they don't use specific instruments. It might be worth repeating.

Rebecca S-I want to check with START first to see what they will be doing.

Annette TF-I had a similar question to Jennifer as I just wondered if these were the people giving services and if we don't know who they are and what and where they fit into the Mental Health World.

The survey is not too useful. I agree that we should probably get better data.

Tim M-How was survey sent out? Was it word of mouth?

Rebecca S-I made a list from CCHA Medicaid providers, our partners, Children's Hospital, Imagine!, MHP. There were 265 providers we sent it to. It went out through the County through Survey Monkey.

Heidi Q-I saw it in my junk mail but did not know what it was. Just a little feedback. The title was hard to see what it was. My husband is a mental health provider, but his email is private. Many are.

Rebecca S-There was some interesting data. Looked as if people wanted TBI training which is great.

Increase Social Connectedness and Recreation

Sent out IDEAS from the City of Denver. Seiden keeps track of what our neighbors are doing. Sara B and I have been talking at length about increasing social connectedness and increasing recreational activities for our population. I had just received the new IDEAS from the City of Denver Mill Levy, and I wanted us to look at this concept

Jennifer G-I thought it looked phenomenal. It certainly does meet a need. The themes from the survey that we just saw talk about a sense of community and isolation. I think those things are interwoven through the questions. There is a central agency called Point B. Would Boulder County do that?

Rebecca S-I sent out an email to my contact in Denver to find out how they chose this agency. I was wanting to know their process. I think it is something we should investigate. It's a neutral agency and they set up the parameters and process and they review the applications. I think it makes sense for us to investigate it and see if there is a comparable agency in Boulder County. They have a lot of experience with IDD.

Andy M-I was interested in knowing if this is available or are they just thinking of it.

Rebecca S-No, they did it last year as well.

Andy M-I was trying to get a sense of about how many grants they are funding. It is \$600,000 so up to \$20,000, that is about 30 to 70 or 80 grants depending on if my math is anywhere close to correct. And trying to think of how that would translate to Boulder County and how many targeted agencies, that could potentially utilize this funding. To understand the scope of the experience that Denver 's had in the first year. Did they find that was accomplishing something effective at that size or was it mostly small ones? One of my criticisms of some of the funding mechanisms that come out of the Boulder Community Foundation is that they give lots of people small amounts of money. Therefore, in terms of being impactful. It may not have that much of an impact. What has their experience been in terms of making an impact.

Rebecca S-I think that is one of the things that we need to find out from them. We don't have to do \$2000 to \$20,000 right? We don't have to do \$600,000. You would decide as a Council the parameters and ideas for funding. It is a good point Andy as we do want to make a difference for programs. As background I did contact all recreational facilities in Boulder County. The only program for IDD, Autism, TBI is Expand. Longmont does host Imagine! events. Longmont is very interested in developing a program like Expand. Erie is also interested. Many current classes in Boulder County you can ask for accommodations, but it would be up to the parent to provide the extra staff. When I spoke with Lafayette and Louisville there did not seem to be an interest. Would want to include on the RFP list so that it might jumpstart them.

Annette TF-Just wondering what percentage of our amount will be dedicated to administration, responding through the applications and responding to them whether they are funded or not so there's a lot of person time in here. What percentage are we thinking about of our total funds we are going to dedicate to this.

Rebecca S-I think that is something the Council will need to discuss. Generally, we go with a 10% administrative fee.

Annette TF-Design it so that it was the 10% would do the job and then go from there. I guess what I'm saying is if you must have someone that is a full-time position running this that is \$50,000-\$60,000 a year.

Rebecca S-You mean a fulltime position running if for the agency that gets awarded the monies? Because for this we most likely are not going to be paying an administrative fee.

Annette TF-N not the individual grants. The person who runs this program that administers the grants.

Rebecca S-I don't think we are to that point yet because we have not decided how we are going to run this. I am not sure if we could run it through a Boulder County. I am not sure yet if it would be run through me or another person with Boulder County so that is kind of a question that I need to talk a little bit more with the County about what their ideas are but also want to find out more about Point B so I can present that as well.

Annette TF-My other point is the mountain communities. We only have one rec center up here and it is in Gilpin County. For this area, Peak to Peak region we are used to working across Peak to Peak region, which is Jefferson

County, Gilpin County and Boulder County up to Estes. Imagine! may be taking on Gilpin County on the waiver side. There is a population of kids that go to BVSD districts here that live in Gilpin County.

Rebecca S-The definition of IDD Mill Levy funding is residents of Boulder County. To receive funding, they must reside in Boulder County. I am emphasizing the Mountain area in recent work.

Deana C-In the document you sent us it has who is eligible to apply and the last bullet point says people with IDD who have an idea for a project. Do we know what this would look like? Has Denver completed this?

Rebecca S-I have not but I find that to be an exciting idea. I will follow up with Denver. Entrepreneurship for our population. Perhaps someone from Denver could come and talk to us. I do like their categories, relationship and community building, creation and promotion of neurodiversity activities. The creativity and creative expression sound wonderful. Health and Wellness. We could put recreation in there. I had someone who was looking for a book club. Person Centered Projects and Skills Training. I am not sure we would want Entrepreneurship and Employment. There are other funding streams for those projects. We do not want to fund projects that have other funding streams. DBI and autism and you know what a great idea right to having a book club or social clubs. And then the person-centered projects and skills training. Entrepreneurship and employment are covered under DVR so I'm not sure that we want to go there. We don't want to be funding projects that there can be other funding for. I just thought that this was something that we've talked about and could meet a need here in Boulder County.

Andy M-I think this is a wonderful resource to take advantage of.

Rebecca S-I have the beginnings of social isolation in the Teams files. There is a spreadsheet in there for you to start putting ideas down for this project. They have transportation skills in their proposal which is interesting. Perhaps we could braid funding on that one. There are many of you that may be applying for this funding so I will be writing the RFP in order to not have a conflict of interest.

Heidi Q-Will there be training because of the population that they will be working with? From a risk reduction standpoint. We need to make sure that there is liability insurance to cover things.

Rebecca S-The County requires liability insurance for all their contracts.

Heidi Q-Areas of training, background checks,

Andy M-It would be interesting to get data on how much per year it takes Expand to support one person.

Andy M-Yeah, when we were talking earlier, about the amount of funding. Etcetera one thing that be an interesting reference point. There is with expand? What is the? What is their budget versus the number of people hours or whatever you do it the right metric is I'm not sure that they serve so that we know that? For instance, let's say it costs them \$5000.00 a year to support one individual. Well, that gives us a sense of the impact we can make as a reference point in our community. I don't know what the real numbers are obviously. That could be a way to try and help us judge. In addition to whatever we can learn from Denver.

Rebecca S-I can ask Lori from Expand if she has a per person amount. We will be having presentations from our different partners.

Annette TF- I'm just curious how we think that this fund will supplement. Are we trying to get other entities involved beyond Expand? That's what we're trying to do? Is foster some buddy to step up and offer more than what's out there or are we also considering supporting Expand since it is the only thing around.

Rebecca S- We only support expand to the tune of I think approximately \$18,000.00 a year. What we don't want to do is support anything that can be Medicaid funded. That was one of the requirements in the city of Denver program. Expand could very well come in with a proposal. I think the idea is to support agencies and entities that are not getting funding. More services to our clients and this are what we are supposed to be doing, according to the mill levy. We are not supplanting Medicaid, but offering services in addition to Medicaid.

Annette TF-Did expand gain the ability to build Medicaid again?

Rebecca S-Yes

Housing

Rebecca S-What did people think of the housing results? Still looks as if people want a variety of different housing options. I will send out Power Point and data as soon as I get them from Jacob.

Andy M-I was just wondering whether after we have a chance to digest all those rows and tables and columns. If there might be an opportunity to get Jacob back in so that we can ask some questions? We might need some help to interpret things.

Rebecca S-That's a great idea.. Maybe tentatively Mays meeting? Or maybe there's even a subset of us that are really interested, and it could be a sidebar meeting.

Annette TF-So I thought one of our previous discussions was that we had agreed that we wanted. Some experts to come in even if they were just from the county to give us some parameters that we could work within. About housing vouchers? What kind of things we need to be thinking about so that we don't make recommendations that aren't workable so whether that happens within the subject committee or project meeting outside of the normal meeting? I think we should try to get that done in the next month.

And then also I think it would be good for us to just do a quick brainstorm about let's narrow down what it is, we want to look at is it going to be vouchers or homeownership or communal living. I mean, so that we get categories out there that we can start working with.

Rebecca S-I do have somebody from the workforce center that is an expert in homeownership. She's working the Marshall fire right now, so I haven't been able to meet with her, but she is willing to come in and talk to everybody here about homeownership. She does webinars and trainings on homeownership. How can we transfer to our population? I will set that up. I'm hoping to get somebody from housing. We do want to talk about vouchers. Wondering if we can get Boulder Housing Partners in to discuss how they go the funding for 30Pearl?

Andy M- I have a meeting scheduled with the developer of projects on Wednesday morning to with the idea of understanding how the whole financing come together and if this would be reproducible as another model. I'd be happy to ask her to come.

Rebecca S-I think that would be wonderful if she's the developer of projects. I really think that would be great for her to come here, so people can ask questions and we can better understand the development of the project. It's the funding piece. Where do you where? Are you getting the funds from? How do you get developers involved? That's a project that seems to it would fill a need for some of our clients. Intentional community who do you think we should have come in and talk to us about that? SM evidently has a presentation that she is giving to ACL. SM and KZ are very knowledgeable and have done a lot of research on housing.

Andy M-What do you use the word intentional community? Are you identifying it with that something that is 100% our population? Or is it something that is outside of that because I think my understanding of SM and K Z's perspective, is 100%.

Rebecca S- Intentional community such as SM and KZ might be thinking. Tim is Blue Spruce intentional?

Tim M-It's debatable. I remember when we were working on the survey questions and this came up. What does intentional community mean? People will kind of decide what it means for them, but we are back there again. Kind of a broader issue. I think we have a lot of diverse perspectives and I think that.

We are getting stuck because of it. We've brought in a lot of experts that have offered up a lot of diverse perspectives. I don't think lack of available information is our log jam right now.

Rebecca S-That's valid Tim.

Annette TF-Yes, I agree Tim and when I said experts I was talking more about the financial piece. How can we make the best recommendation we can to the county? If they can't work with what the Council is saying then it's not going to go anywhere. If we wanted to do a voucher recommendation would it fly and how do we word it? If we wanted to try to do homeownership through vouchers is that even going to go anywhere? If we think about intentional community as a place where people will have services and resources local as opposed to this community is going to have all these things like a nursing home, or retirement community. Do people feel safe? To be themselves and to get the services they need. If we frame it like that when we think of intentional community it might be broader than what some other people are thinking about.

Rebecca S-We might want to bring the guy in from Jacksonville, FL. They had a unique way for funding.

Tim is correct, we have had a lot of people come in. Do we want to start with vouchers? We need to figure out whether we can develop a voucher program for our population. *Show of hands confirmed that Council agreed with starting with vouchers.*

Tim M-I think that is a good start.

Rebecca S-We did start to figure out how much a voucher would cost. We need to remember when we give a voucher it is for lifetime. We need to understand that unless they move off it for some reason we need to commit to it for the life of the individual. What I'm hearing is that we really don't want more presentations about housing. We might a home ownership presentation and a presentation from Boulder County about vouchers. For vouchers we need to look at cost and we need to include an administrative cost on the vouchers. I know that Boulder County does not have the capacity to take on another voucher. Probably a percentage of an FTE for that in order to administer it.

Annette TF-So are we considering running our own voucher program through this fund? Or are we just considering having a pot of money that existing voucher programs in the county could draw from if they apply to for under certain circumstances.

Rebecca Seiden- I think what we're saying is that it's a pot of money, that will be specifically go to vouchers for IDD, TBI and Autism. How do we get that set up?

Jennifer G-How many people are we how many people or is this going to serve do we have any idea?

Rebecca S-Again, I think it's going to depend on how much it costs. We're probably going to have to decide after we find out per person cost. This will need to be budgeted yearly.

Jennifer G-Would there be a new group of people that could be given vouchers every year? How are people selected?

Rebecca S-We would have to decide on a selection process. I'm going to assume it would be very similar to what BHP is doing for 30Pearl except we would be including TBI and Autism. I know that they require proof of disability. With autism they may not necessarily be on a waiver, so it might just be proof of disability diagnosis. We can look at how project-based vouchers are administered.

Jennifer G-TBI you know is a wide range.

Rebecca S-We have, I believe 26 people on the TBI waiver in Boulder County. It seems as if they would be eligible. The eligibility process is something that we would need to discover. I think it's talking to the housing people and seeing what do they require for the project based for mental health? What do they require for the homeless housing vouchers? Cost can be a range. It is not going to be one size fits all.

Andy M-For that so then we would be able to say for these 20 units it's costing X amount up front and X amount per year. I'm pretty sure that BHP has done some home ownership projects. Then we can look at the impact of how much does \$1.00 or \$100.00 or whatever it is how much does that play in each one of these different categories. Then we can figure out how we can support maybe different approaches.

Rebecca S-Homeownership may be another category that you're going to make a recommendation on.

Tim M-The mill levy is approved and renewed by the voters periodically correct?

Rebecca S-No

Tim M-So there's not the possibility of that going away.

Rebecca S-Although if there's any changes to it, then I think it goes through that process.

Increasing the Mental Health and Behavioral Health Providers within Boulder County/Medicaid Positivity

Rebecca S-Some of the data within the survey was interesting. What constitutes informal training?

Jennifer G-I don't think we can take anything from this survey as we don't know what position the people that answered the survey were within the organization. We don't know what title they were. The only data point I found interesting was the 8% for commercial insurance. The majority of people that responded had already taken Medicaid. I think the target audience for increasing positivity for taking Medicaid would be the ones taking commercial insurance.

Annette TF-If a provider takes Medicaid then their fee schedule is set. They can't charge a different fee than Medicaid. So even though they take Cigna or Aetna and they happen to be able to bill those they can't?

Deana C-That is correct.

Annette TF-I think that is the biggest hurdle for providers. We went out of network, we just went to people that didn't take insurance because they were the ones appropriate for our child and we could afford it for awhile.

Heidi Q-I think that is happening a lot in Boulder County. There are a lot of Mental Health and Behavioral Health providers that will work with clients.. They are not cheap. They just don't want to deal with insurance at all. There is that segment of people and then there are people at the other end of the spectrum that can only deal with Medicaid and can only go to Medicaid providers because they don't have any other pot of money to draw from. It would be beneficial to talk about using funds for a pot of money from the mill levy set aside to gain the Mental Health and Behavioral Health that they need outside of the Medicaid system.

Annette TF-If there was a fund that say I need rent this month, When you find a provider that works for your child you want to continue with them.

Rebecca S-Questioned whether or not we skewed results because we sent out to a list of Medicaid providers. I do understand what you are saying. When you are looking for a provider especially a Psychiatrist, a lot of them do not take insurance. Deana had a recommendation awhile back about bringing a psychiatrist into the County to work with this population and using an incentive such as loan pay back.

Deana C-I don't think the results were skewed because most of the population receives Medicaid and so most of our DD population has Medicaid for health insurance. When a person has both Medicaid and private insurance which sometimes happens especially in people who are under the age of 26 and who are carried on their parents health insurance program Medicaid is the payer of last resort, so it hits the insurance first then if it's not a covered benefit then Medicaid will pay. Then to the extent that it goes over the private insurance benefit amount Medicaid would pay to the extent that their reimbursement rate is higher, which is never. It's a disincentive for providers to take Medicaid because Medicaid reimbursement is so low even when you compare with Medicare reimbursement, which is actually pretty good. Medicaid drives the price down very far and it's a lot of paperwork for providers to bill Medicaid so there's a disincentive there. A lot of psychiatrists as you pointed out appropriately are getting away from taking any insurance whatsoever. It is against the law to balance a bill for a Medicaid patient. If you take a Medicaid patient that you know is on Medicaid, but you don't go through insurance. Are you technically balance billing them? Some providers are uncomfortable doing this and the law is very ambiguous. There have been maneuvers to clarify but the short answer is providers are saying nope. They can't see you and they won't accept your money. Some private providers will say I am not signed up with Medicaid so I will see you. I think the problem is that if we offer money directly to beneficiaries to pay their bill for behavioral health we are going to get into thorny issues about support. That will reduce the client's ability to stay on Medicaid and they could potentially lose their benefits because it does not take a lot. Sad story is that it is a legal quagmire. This is what is holding a lot of providers back from participating in Medicaid.

Heidi Q-I manage a medical office and we can only take two insurances because that is all the infrastructure I can manage. If we took more we would need to increase our infrastructure. I agree it's the infrastructure and that is why doctors are bowing out. There are a lot of things to navigate in addition to seeing patients. I heard a few years ago that Colorado has 450 psychiatrists and that about 1/3 of that number were retiring and not taking patients. I wonder if we would qualify for the Public Health Service Corps for getting funds to increase that percentage of psychiatrists according to population. They take size of population and the number of providers. If it meets a certain formula then you can qualify to hiring providers.

Andy M-Quick anecdotal experience of a psychiatrist taking private pay and not Medicaid and therefore not in a position to provide prescription medications. By not being Medicaid, this individual said she was not eligible to provide prescription medications.

Jolie B-It sounds like we need to incentivize providers, attract more providers in various ways. Have a portion of their clients be Medicaid. Billing has become more and more a nightmare. I think we might want to look at other ways to incentivize their participation in supporting community. Raising awareness in the community of this population and the specific needs that we have in this population. I'm thinking Best of Boulder for IDD, TBI, and ASD for community notoriety and recognition. I am not just talking mental health providers but all services.

Rebecca S-That was something that Jennifer brought up. We need to incentivize but also attract the providers we have and new providers. Within this whole conversation we had talked about educating the community, educating the providers about working with our population.

Jennifer G-In regard to billing. If you work in healthcare it is a nightmare, but it is not Medicaid specific. We need to be careful in this Council about perpetuating that notion that there is something unique about billing Medicaid. You take on the billing with any insurance company. I think that the wealthier practices and Boulder County would be willing to care for Medicaid patients if they could guarantee that they will not screw over a Medicaid patient by causing somebody to lose their benefits. If we could make some headway in the legal quagmire and get to the bottom of the risks. If you have a voucher or have a friend of the family that pays for you to see someone out of pocket then I'm sure more providers in the wealthier practices would be able to absorb some of these patients and they would take on the billing nonsense.

Rebecca S-I have contacted Megan Billesbach from CCHA and she is willing to come and work with us. What would you like from her? What kind of questions do you have for her? What answers do you want in order to figure some of these things out. You as council members can make recommendations that don't have anything to do with money. You can make recommendations that bills need to be changed or make recommendations that are going to further our work and further the benefits of our clients.

Jennifer G-I feel that more people would be willing to take Medicaid if the policy was clearer. So perhaps clarification in the legal language so you know exactly what happens? Is it possible that you could see someone that does not take Medicaid? If you saw someone who does take Medicaid can you pay out of pocket or with a grant? What if it is a protection clause so that people don't lose benefits. It might take some legislation.

Rebecca S-What if we take on training providers? We could ask CCHA what training opportunities that could be offered to the community practitioners?

Jennifer G-How they go about billing and reimbursement. The larger practices have a decision point, which is do I become a Medicaid provider and take a hit financially on every Medicaid patient that comes in the door? It's a payer mix issue. The larger practices could absorb that hit by then seeing other private pay patients or patients with commercial insurance. It washes out. They must be guaranteed that it's not going to be a nightmare of billing. I think the main thing is to not incentivize necessarily more people to take Medicaid but more people who see patients who have Medicaid.

Deana C-I don't know if there is a way to do that. I disagree that there is no difference between Medicaid and other types of private insurances. They are all hassles, but Medicaid truly does reimburse at levels that most providers will not tolerate. The only people that do them are providers that must because they work in a facility that accepts Title 10 funds.

Jennifer G-I'm not saying that there is no difference in terms of getting the paperwork deal with. It is all nightmarish. I recognize the financial difference.

Deana C-Medicaid and Medicare billing it's way more.

Jennifer G-What I can tell you is that it absolutely is something that can be worked out financially, but providers must see people without fear that they are going to cause harm.

Rebecca S-I think we need to bring Medicaid into the conversation because I think there are some questions that CCHA can help us to provide information on.

Annette TF-Sounds like this is a big issue and we are not going to solve it tonight. We may not be able to address it at all in the end. As far as funds that we might want to dedicate I do want to say that maybe we should be looking at other ways and not just focus on this topic. Do we know what the County and clients want? Psychology, psychiatry, ABA? Suicide prevention is a need in the younger and older population. Have we done a survey like that or could we gather information? Instead of just looking at what the providers need. They are equally important. Is there a way to target our energy? Need to have Imagine! be clearer on the age populations they serve.

Tim M-A while back you would ask about the value of training providers. And I just wanted to jump in. I think Jennifer something you touched on was profound. I think I do agree. There are some issues with Medicaid. But I think a lot of it also comes down to that education piece and the perception of Medicaid. I think being able to demonstrate that, some perspectives that are held by providers about what Medicaid might be is not always accurate and we could at least educate and that might help encourage some people as well. I would say that's something very simple that we could move forward on and might be a good first step.

Rebecca S-That was Jennifer's recommendation from a few months back. Jennifer talked about education.

Meeting Times and Set Up

Anna S led the Council in a discussion about meeting format. In the past, we have met as separate sub-committees once a month in addition to our larger council meeting. We did not have great participation from Advisory Council members during these meetings. After discussion and input it was decided that we would meet as sub-committees, project committees the first hour of the regular Council meeting and then as a larger Council for 30 minutes. We will invite our partners and interested community members to the committee meetings the first hour to bring that engagement back. Guidelines for sub-committees.

- Leadership in sub-committees. Report out to larger Council.
- Designation of note taker in each sub-committee.
- Rebecca will rotate within each meeting. Can chat with questions.
- 2-3 Council members on each sub-committee.
- Suggestion that Council members only choose one sub-committee.
- Homework and bring information to each meeting
- Can use teams to provide information.
- Need to do better job at targeting discussions and doing things outside meetings.

Rebecca will send out email to sign up for committees.

Public Comments

There was no public comment provided from community members.

Adjournment

Minden made a motion to adjourn the meeting. Bernstein seconded the motion. Motion was unanimously approved. Meeting was adjourned at 8:03 p.m.

Submitted by Rebecca Seiden, Staff Liaison



Mill Levy Advisory Council, BCHHS
Monday, April 19, 2022
5:30 p.m. to 8:00 p.m.
Teams Meeting
<https://boco.org/hP9gxT>
[+1 720-400-7859](tel:+17204007859), 132481376#
United States, Denver

The Mill Levy Advisory Council makes recommendations to Housing and Human Services and the Board of Commissioners on how best to address the needs of Boulder County Residents with IDD.

If you wish to make a public comment, please sign up upon arrival or email rseiden@bouldercounty.org prior to meeting.

If you need special assistance, contact Julia Yager, ADA/AA Coordinator, or the Human Resources Department at 303-441-3525 at least 72 hours before the scheduled event.

Meeting Minutes

Advisory Council Members in Attendance: Jolie Bernstein, Heidi Que, Jennifer Geiger, Andy Minden, Tim Marshall, Annette Treufeldt Frank, Deana Cairo and Anna Stewart

Absent: Robert Enderson, Teresa Greene, Anita Speirs

Boulder County Employees: Rebecca Seiden, IDD Mill Levy Program Coordinator

There were technical difficulties with the Teams rooms. From 5:30 p.m. to 6:19 p.m. a presentation was made by Laura Scheinbaum, Director of Real Estate with Boulder Housing Partners.

Meeting was called to order at 6:19 p.m. by Chair, Anna Stewart. Meeting was held through Microsoft Teams.

Approval of Minutes

Jolie B made a motion to approve the April 2022 minutes. Minden seconded the motion. Motion was unanimously approved.

Seiden discussed length of meetings. 1.5 hours is not long enough to be able to complete sub-committee meetings as well as a full Council meeting. Public comment needs to be offered for 21 minutes if the public signs up. Also, we want to have partner presentations this year as well as updates for Imagine! There were comments that it would be best to move forward with 2 hours for the combination sub-committee/council meeting.

Tim M commented that he feels we would be more productive if we were in person. Seiden responded that she would set up the June meeting to be hybrid. With the times we will probably continue to need to offer hybrid so people can join us. Seiden also mentioned that if any of the committees wanted to meet extra she would join and set up the meetings for them with Teams and the venue.

Seiden mentioned that there has been an uptick in Covid and that Boulder County is at a medium level right now.

Council moved out of official Council meeting at 6:30 p.m. and moved into Sub-Committee meetings. Housing Sub-Committee members are: Annette Treufeldt-Franck, lead, Andy Minden, Karen Zeid, Tim Maxwell, Robert Enderson (not

in attendance), Anita Speirs (not in attendance), Sue Myers (not able to join by phone). MH/BH Sub-Committee members are: Jennifer Geiger, lead, Heidi Que, Ailsa Wonnacott, Catlin Looney, Tamara Schardt, Megan Billesbach, Miranda Fisher and Kristin Halvorson. Increasing Social Activities includes: Anna Stewart, Lead, Deana Cairo, and Jolie Bernstein.

We returned to Council Meeting session at 6:49 p.m.

Sub-Committee Updates

Housing-Annette TF reported that given the numbers we were just given, it's probably not feasible for us to make a recommendation to fully own a project of housing through IDD funds. There are current low-income housing projects in Erie, Superior, and Longmont and it would be what can we offer to those projects to help free up units designated to IDD, TBI, and Autism. What could we bring to the table for them. We need to introduce ourselves, introduce the subject and become a partner with their projects. Karen Z is meeting with Willoughby Corner. This committee is also deciding that they would like to meet outside of the Council meeting so that they can really set goals.

Increasing MH/BH providers-Jennifer G reported that their conversation focused on ways to support and encourage providers who are existing Medicaid providers. Getting to the bottom of whether non-Medicaid providers can under any circumstances take Medicaid patients is a thorny issue. CCHA can offer some trainings that could be beneficial as well as other things such as highlighting in the CCHA newsletter about the gap in services. It also would be beneficial for the Behavioral Health Director to work with us to give some sort of detailed and specific information about very common sticking points and frustration points that come up with providers that see folks who have Medicaid and are specific to our population. As we were ending Heidi was talking about potentially applying for or looking into a federal shortage documenting Boulder County's shortage with providers. We are interested in learning more about that. Heidi Q stated that if we were approved as indicating we met the criteria that we have a federal shortage then we would qualify for loan repayment for some professionals which would attract more professionals to Boulder County. You would get more bodies to work with patients. Seiden reminded the Committee that we are signing the contract to bring START in to complete the system analysis.

Increasing Social/Recreational Activities-Anna S reported that we want to be careful. One of the things we thought of is bringing DVR in and wrapping this in potentially looking into employment opportunities. We are looking at marketing materials that could potentially use Mill Levy Funds to help with a higher level of marketing and getting the word out. We just started to wrap our heads around things. We could think of places but there is such a gap. We want longevity and not a feeling of charity. We want to be mindful that this is meaningful engagement in the community for people with and without disabilities with a variety in a lot of different settings. We cannot replicate Medicaid Services. Another angle would be bringing DVR to the table and asking how we could partner with them to look at people with disabilities being employed in these industries that we want to bring people to. This would elevate the conversation. Seiden asked if it would be helpful to meet with the liaison from City of Denver as they sent out a similar RFP. Seiden said she would set that up.

Our next meeting ends up being on Juneteenth which is now a Holiday. Seiden will send out a survey to see if June 13th or June 20th works for our next meeting.

Deana C shared the sad news that Julie Beckett, mother of Katie Beckett who was famous for creating the Katie Beckett waiver which was the first home and community-based services waiver for children in the country has passed away.

Public Comments

There was no public comment provided from community members.

Adjournment

Anna Stewart adjourned the Council meeting at 7:02 p.m.

Submitted by Rebecca Seiden, Staff Liaison



Mill Levy Advisory Council, BCHHS
Monday, June 13, 2022
6:30 p.m. to 7:30 p.m.
Teams Meeting
<https://boco.org/hP9gxT>
[+1 720-400-7859,,132481376#](tel:+17204007859)
United States, Denver

The Mill Levy Advisory Council makes recommendations to Housing and Human Services and the Board of Commissioners on how best to address the needs of Boulder County Residents with IDD.

If you wish to make a public comment, please sign up upon arrival or email rseiden@bouldercounty.org prior to meeting.

If you need special assistance, contact Julia Yager, ADA/AA Coordinator, or the Human Resources Department at 303-441-3525 at least 72 hours before the scheduled event.

Meeting Minutes

Advisory Council Members in Attendance: Anita Speirs, Anna Stewart, Andy Minden, Annette Treufeldt-Frank, Heidi Que, Deana Cairo, Robert Enderson, Teresa Greene

Absent: Jennifer Geiger, Tim Maxwell, Jolie Bernstein

Boulder County Employees: Rebecca Seiden, IDD Mill Levy Program Coordinator, Sara Boylan, Interim Division Director

Call to Order

Meeting was called to order at 6:28 p.m. by Chair, Anna Stewart. Meeting was held through Microsoft Teams.

Approval of Minutes

Minutes were suspended until July meeting.

Two Updates

Seiden stated that Sara Boylan and she met with START. We will be starting the Systems Analysis in late August. We will kick it off with a large stakeholder meeting. CCHA has agreed to compile data for the Analysis. The second update is that the RFP for the Systems Navigation position is with risk management. It should be coming out shortly for responses. Questions will go to an email. I will not be able to answer any questions about this RFP during the process.

Imagine! Update

Rebecca Novinger-System updates include early intervention. Changes are going on in early intervention from a system standpoint. There is very little that is not changing. Changes that are happening in early intervention are not specific to this community. They are statewide EI Colorado driven changes. The process for children to receive an evaluation to determine eligibility for early intervention will belong to a third-party starting July 1. An RFP was sent out. We are still waiting for the results of the RFP. Rebecca expects that there will be multiple entities that will win this RFP. Early intervention budget process is under way across the State. All the EI providers and brokers are seeing increases in their cost to the programs related to both labor market cost going up but also provider costs are going up. EI services are provided by a variety of providers in the Community. Brokers have submitted increases in their budgets. EI Colorado has appropriated a 2% increase. All the children who fall into the eligibility criteria that was eliminated in 2020 will come back next January of 2023. It is a federal mandate that children who are eligible do

not have any sort of delay to access services. This is an issue that we should pay very close attention to as a community and as a county because children who have delayed access to EI are going to experience negative ramifications immediately. The Boulder County Open Steering Committee update is that in early May there was a presentation to the Boulder County Commissioners on all the three committees' proposals. Novinger was co-chairing the Economic Recovery Committee with Susan Caskey, from Boulder County Housing and Human Services. The County has accepted our proposal. This will put 7.5 million under the Survive and Thrive initiative on the economic recovery piece which will put money toward nonprofits that have been disproportionately impacted by COVID. It will also put money towards small businesses that are the operate out of the census track areas. There is lots of information on the website that you can dig through. Housing Stability and Social Resiliency and Mental Health have also been proposed. The Commissioners should be putting out a more formal notification later this month. HCPF and Case Management Redesign Contractor Health Management Associate (HMA) are meeting individually with all the Community Centered Boards and Single-Entry Points that would be impacted by case management leaders time. This will be to walk through the readiness surveys that CCBs all individually completed. The purpose of these meetings is to have HCPF and HMA provide the CCBs with information on what kind of consulting services and change management services and technical assistance will be available to all the organizations going through case management. What to expect from those two groups as far as deliverables. A transition plan is supposed to be prepared and turned into the State to help them understand how continuity of services will be ensured and minimize disruption to services as much as possible. All the organizations did a deep dive financial analysis assignment at the end of May. Rates will be released this Fall and rates will inform how the business will work for case management agencies. Imagine! has seen an uptick in applicants for direct service positions and case management positions. Imagine! put forward compensation adjustments. Imagine! also made some changes to how we are hiring and onboarding as well.

Rebecca N introduced Kathryn Arbour who is the new CEO of Imagine! The IDD Community will sincerely miss Rebecca N as she has been a strong advocate and community member. We welcome Kathryn.

Housing Report Out

Committee members spoke about narrowing down focus and getting some recommendations out for the year. Committee wants to look at rent, subsidy options/vouchers and home ownership. Members want to look at and submitting items to populate the housing part of the IDD Advisory Council webpage. Teams would be used for items that the team needs to share but would like to use webpage for anything that's applicable for Boulder County or Statewide, regional based housing options. There is a group called PAL in Golden that Andy will be looking at. They lease units in individual buildings. Members also discussed a residential housing specialist that would go along with funds so that there is someone to help people be successful in their residential setting. Two questions from sub-committee. 1. What kinds of funds for Housing. 2. What kind of timeframe to get recommendations through the commissioners.

Seiden: I am unable to give a specific amount that would go into Housing. We have unallocated funds from this year's budget. The recommendations that you make would be would come from those funds. What we are looking at recommendations from each sub-committee and then the Council would vote on what recommendations to move forward. We are only working on three of the recommendations from the Needs Assessment and we have other work to be able to fund as well.

Boylan: That is a great question. Now that the Council is making specific recommendations or will be making some specific recommendations that we need to look at those unallocated funds and then star to thin about some specific carve outs for you to work with and include. We will need to pull in some of our finance people to talk about the unallocated funds and the fund balance. It is time to really sit down and talk about actual figures and projecting some of the things that you want to invest in out however many years we want to make those investments.

Seiden: As far as timeline there really is not one and it will depend on what it is. The two recommendations that you made last November were approved quickly. Due to fires, pandemic, etc. it did take longer than I would have anticipated to really get them going. The more thorough a job we do the quicker it will move.

Boylan: It depends on how complicated and how much it will be. It really goes to our HHS administration and then we do present to the Commissioners so that they can ask questions and be aware of it and give their blessing. We are the fund manager, so we want them to buy in.

Anna S.: that she would like to know the process that is involved with making recommendations such as she was not aware the Systems Navigator position had to go through risk management. We would like to know all the things that the County is going to require. We would like to know what risk management is looking for. Would this impact what we are talking about for the social groups. If we understand the process we can be backward thinking a little bit more and plan accordingly.

Seiden: Risk management looks at all contracts. As far as the fund balance those are funds that have built up because the yearly budget was kept at the same amount. Those monies are in a different accounting. We have our budget which has an unallocated amount and we have a fund balance where money is also being held.

Anna S: I think we need more clarification on amounts.

Andy M: Along the lines of the funding question, I think one thing that might be useful is that as an entire Council, we work on defining our priorities. Within those priorities, if there was a way for us to have a conversation that says we think we should be spending 20% of the unallocated money to mental health. If we could have a Council wide discussion about how money is distributed between different priorities that we are trying to promote. And that way we come to a consensus of some sort somehow. Example is for social isolation activities, we think we should be allocating 30% of our total annual budget towards that. The individual committees can say how can we best use that money.

Seiden: How would we do that equitably. We have quite a few priorities from the needs assessment that we need to look at and I really think it needs to be per project. I think we look at our recommendations and figure out cost. We are going to have some costs that are a one-time deal and others that will be long term. I think we still need to prioritize.

Andy M: I am thinking that in terms of the way in which a government entity decides how it spends its money, some projects are one off-projects and some things result in a longer-term commitment and you know whatever priorities we have this year and is some of housing is a priority focus for the group. How do we provide longevity? Guardrails for our thinking so we are not coming up with something that is outside of the scope of what's possible.

Seiden: I think for housing there could be something that we don't have to put all the funding in for right now. That is where we can be innovative for housing. For housing there are many of you that is the top priority but for others it might be something else.

Boylan: Love this conversation. This is exactly the stage that this group is in. Chicken or the egg. There is a lot to figure out and you can't move forward if you don't know how much you need to spend. And you don't know how much you need to spend if you don't know how to develop the right things. It is time to sit down and provide transparency with funding and sit down and try and figure this out. It is very complicated because of all the things that we can leverage this money with. There is ARPA money in the next couple of years. There is money coming from MBH. There are a lot of different things that we can blend and braid. Keep an open mind and bear in mind that government does not move quickly. Procurement, contracts all take time.

Mental Health Report Out

Heidi Q: Our main goal is to talk about how to expand providers who take Medicaid. That was our big discussion this meeting. One of those ways would be the Community Health Colorado Community Health Alliance.

Billesbach: The Colorado Community Health Alliance is the regional accountable entity and Boulder is one of the counties that is overseen. CCHA administers the primary care and behavioral health network for Medicaid members. This conversation is specific to Medicaid. Since we are behavioral health providers we need to contract with a RAE in order to get reimbursed for providing behavioral health services to Health First Colorado members. I am working with Kristin H and Eva K from Imagine!. They are going to write up an article on the perspective of working in the behavioral health field and working with individuals with IDD. The hope is to talk to the communication and marketing team and have that featured in one of our provider newsletters. Getting that information out there and having this resource. If we do have a provider that currently accepts Medicaid, but they don't necessarily work with

anyone with IDD if they have questions about that we could use Kristin and Eva as a resource. The other piece is the hot topic of contracting with the RAE and talking about rates and what does the process look like for reimbursement. People are assigned to their RAE not by where they live but where their provider is. I have talked with our Director of Behavioral Health Team and she is going to come in July or August so that the group can ask questions. If we could provide questions ahead of time so that I can provide them to her. As far as contracting with a RAE for reimbursement it is supporting and getting individuals to be open to taking Medicaid again. There are a lot of providers that do not accept Medicaid and there are shortages. We have talked about finding a psychiatrist. Finding a psychiatrist in general is difficult but it is very difficult to find one that takes Medicaid. My hope is working with this group and at least connecting the dots between this group and CCHA. There are all kinds of insurance out there but there is a high Medicaid population. Please email questions to me directly. We do have funding opportunities that will discuss with Rebecca.

Seiden: Would you be interested in talking with other providers?

Billesbach: Yes. The goal is to be able to provide a perspective for those that take Medicaid and work with IDD.

Heidi Q: The committee talked about loan reimbursement programs and we will be investigating that. It evidently had been discussed previously. They start with analyzing the community to see if the community would be eligible to go to the next level. It is a full review to see if your community would meet criteria for professional reimbursement programs. There are a ton of different options. You start with the federal analysis process.

Seiden: How do we find out that process? I will check with Public Health to see if they have any information.

Heidi Q: The committee also discussed offering education in working with our population that offers professional education credits. She mentioned she is familiar with this program.

Public Comments

There was no public comment provided from community members.

Adjournment

Meeting was adjourned at 7:28 p.m.

Submitted by Rebecca Seiden, Staff Liaison



Mill Levy Advisory Council, BCHHS
Monday, July 18, 2022
6:30 p.m. to 7:30 p.m.
Teams Meeting
<https://boco.org/hP9gxT>
[+1 720-400-7859](tel:+17204007859), 132481376#
United States, Denver

The Mill Levy Advisory Council makes recommendations to Housing and Human Services and the Board of Commissioners on how best to address the needs of Boulder County Residents with IDD.

If you wish to make a public comment, please sign up upon arrival or email rseiden@bouldercounty.org prior to meeting.

If you need special assistance, contact Julia Yager, ADA/AA Coordinator, or the Human Resources Department at 303-441-3525 at least 72 hours before the scheduled event.

Meeting Minutes

Advisory Council Members in Attendance: Anita Speirs, Andy Minden, Annette Treufeldt-Frank, Heidi Que, Deana Cairo, Robert Enderson, Jennifer Geiger, Jolie Bernstein,

Absent: Tim Maxwell, Teresa Greene, Anna Stewart

Boulder County Employees: Rebecca Seiden, IDD Mill Levy Program Coordinator

Call to Order

Meeting was called to order at 6:27 p.m. by Vice-Chair, Annette Treufeldt-Frank. Meeting was held through Microsoft Teams.

Approval of Minutes

Minutes were suspended until August meeting.

Updates

Seiden expressed that she would like to schedule a retreat possibly in September for the Council and Sub-Committees to meet for an extended period. Safety was brought up as a mitigating factor. It was suggested that possibly we have it outside and offer a virtual alternative as well. We want to have presentations from our partners so possibly a 3-4-hour meeting. Seiden will send out survey to schedule.

Seiden-RFP for Systems Navigator went out on June 28th. START will be kicking off with an 8-week professional learning community.

Annette TF-Clinica has just opened in Gilpin and Nederland. They work with Mental Health Partners. CPWD has transitioned to peak to peak.

Seiden-Meeting with Imagine!. There have been many changes in EI in Colorado. Sounds as if there are not enough people to complete assessments and they don't have enough people to set up services follow through.

Annette TF-There are insurance and non-insurance providers in Boulder County. Would it be worth trying to widen field?

Seiden-Unfortunately EI is something that must go through the structure of EI but perhaps ask Kathryn the question.

The MH subcommittee is talking about ways to get more providers within Boulder County. What kind of incentives can we ask?

Jolie B-Basically the state hired a big agency to complete evaluations. The state is now the main portal for all referrals to early intervention for the state of Colorado. It is quite a large agency for evaluation. Once those evaluations have been done and the child's been either determined eligible or not. If they are eligible then they get triaged to the CCB. The CCBs are in a holding pattern because the State said they were all ready to go a few weeks ago but they are not. It seems to be moving forward no. We have 30 plus referrals hanging out for us to start landing into our caseloads.

Kathryn Arbour-Imagine! Update

Week 6 of beginning at Imagine! Rebecca N stepped out at end of June. Transition is going well. Process is working and I am delighted to be a part of it. El Colorado is allowing benchmarks. Evaluation group is to complete evaluations for kids who have speech concerns which was not happening initially. There has been movement on the backlog because there are so many kids in the queue. We did fill in Rebecca and Sara that we are ending Fiscal year 22 I a deficit in early intervention. El is using a very different approach for payment than is traditional.

Seiden-Jenna made it clear that it is very hard to develop a budget and the State is being very strict on the budget.

Kathryn A-The CMRD (Case Management Redesign) work that HCPF is doing. The newest development is that Imagine! has been assigned a transition coach. There is a lot of design and strategy that has been happening. The RFP is due out from the State sometime in October. Interested parties who want to apply to be the case management agency. Catchment areas have been slightly redefined. HCPF has teamed up with a company that specializes in change management. It is called HMA Health Management Associates and they have assigned a transition coach to each of the CCBs. Imagine! is meeting with their transition coach. The State is requiring a transition plan of everyone who does plan to submit or respond to the request for proposal.

Seiden-Have you been able to hire a lot more employees? Are you able to offer those services that you had to cut back on yet?

Kathryn A-I would not say we are caught up. There are still quite a few openings. We came through the month of June in positive terms with both applications and new hires. I have intel from other metro areas. In Jeffco, they tell me that July has slowed way down and even our director of HR said that the number of applications is not as robust as it had been in May and June. We are being creative with our announcements and postings. The big needs are case managers and direct service professionals.

Annette TF-Would Imagine! be able to share data about what kinds of housing people are using in Boulder County so Housing Sub-committee can be informed of data. Might be appropriate for us to ask ACMI if they have data as far as how many people will be coming into Adult services in a year.

Seiden-How many are in Host Homes, apartments, houses, or at home with family.

Kathryn A-There is some data. Find the data and talk to folks. Don't see why it could not be shared.

Financials

Seiden-I wanted to concentrate on this year and not past years. We did have some rate increases this year. The first slide represents both the contracts and other expenditures. Also included are amounts for recommendations that were made and acted on in 2021. I have included the Systems Navigation position as well as the START analysis. We are unsure if those amounts will come out of this or next.

Jolie-In what way is the IDD aspect of CCAP implemented?

Seiden-There is an application process through the County. It is income based. The State has guidelines for the additional Special Needs rate.

Annette TF-Clarification on childcare provider. The County pays them the extra amount for extra services in the Day Care not the home.

Seiden-Yes

Annette TF-Does ACMI receive funding?

Seiden-We do not fund ACMI. It does not mean that funding will not change when no conflict of interest is fully implemented.

We have unallocated funds that are a part of our yearly budget and expenditures. The fund balance is a separate fund and we currently have around \$4 million in that fund. It has never been the County's intention to carry a fund balance. Since Housing and Human Services took over the responsibility for the IDD Mill Levy, staff has worked on deeper dives with our partners to obtain more data and increase documentation in order to pay their invoices. The only contract increases were in 2015, 2018, 2020, and 2022. In addition, we have had property tax increases and Boulder County stopped new investments, including program pilots in order to take time to complete the needs assessment and get this

Council up and running. New investments were put on hold while the needs assessment was completed because we really wanted clear guidance on what those new investments needed to be. We also wanted a Council to make those recommendations. We have a fund balance and we have an unallocated funds within our yearly budget. We have possible future investments such as the START program which would be about a \$4 to \$5 million investment over 3 years. We have housing. Are we going to do vouchers? Are we going to have a specialized residential housing specialist? Housing will be a heavy lift. It could include the specialist, vouchers or a new build. We have also talked about \$300,000 to \$400,000 on increasing activities in Boulder County. We have talked about community education, increasing mental health providers. There is talk about incentives for bringing a psychiatrist into Boulder County. Deana C-Do unused allocated funds go into the fund balance if not used in a year?

Seiden-Good question. My understanding is yes but my hope is we could have finance come in August to answer your questions.

Deana C-What is the difference between the fund balance money and the unallocated money? To know what that is. Like can it be spent differently? Are there different restrictions? How the fund balance built up to this amount? Do we risk losing it?

Andy M-I think I hear you saying that our recommendations coming forward should be focused on ways of spending monies from the current level of unallocated funding. So that as opposed to utilizing the fund balance. I am trying to understand if we are constrained to essentially making recommendations for just \$2 million a year.

Seiden-The way I'm looking at it is that we need to be able to exist within that budget every year. Now there are some things that going to be a big lift one time only. If we get to \$0 in our fund balance we would need to be able to exist on our budget every year. System Analysis is a one-time cost, but the Systems Navigator position is yearly.

Andy M-Kathryn seemed to be hinting at desire to solve Imagine!'s financial problem for EI by getting more money. If we as a Council are unable to make recommendations does that put the County in a position of saying we have to spend it down so we might as well give it to Imagine! or something like that?

Seiden-I think the Council needs to trust that Sara and I are protective of these monies. The County wants the money to go to direct services. We have met with Imagine! and we have heard them. It is something the County would look at, but it is not our position to fund agency's deficits. The Council needs to trust that we are doing our jobs and making sure these monies are being allocated correctly. We fund FTEs, crisis management, unmet needs, emergency funds, emergency placements, family support program, and autism spectrum disorder at Imagine!.

Heidi Q-I am surprised at the \$5000 for IQ and adaptive testing. I'd be curious how many people that covers.

Seiden-Yes, it is a small amount but there are other resources in the County. Medicaid will cover those costs.

Andy M-Are the direct services, services that are not covered under Medicaid? When we are looking at housing, are there duplicative services that we are funding at Imagine! that we are looking at funding?

Seiden-These are over and above what Medicaid would cover. With nursing there are only certain areas that Medicaid will cover. These costs are over that. Most of their residential services funding goes into the homes that provide more of the nursing. Imagine! is one of the CCBs that has homes that take the more fragile clients.

Seiden-We fund the crisis management contract at Imagine!. I think we are going on 2.5 years now. This position has been very beneficial. She and I work closely together to make sure that we are using all funding possible. The crisis specialist is the one that helps with grants for emergency situations and unmet needs. We are providing .89 FTE for this position. ACL contract provides 3.50 FTE for advocacy coordinators and the we are providing .175 FTE for advocacy program director. We are providing advocacy services for ACL. Center for people with Disabilities is mainly a general operating contract. ACL is 2% of our budget. Boulder County provides salaries for Play Foundation.

Jolie B-What is Play Foundation?

Seiden-Play Foundation is the expanded program at the recreation centers in Boulder. They are the only recreation centers in Boulder County that offer that program that is specifically geared towards therapeutic recreation for the IDD, TBI, and Autism population.

Annette-So are we as a Council, divvying up the unallocated funds? As we go into sub-committees how do we know what amount of funds that we are ballparking when we make recommendations? I think we keep coming back to that. Do you want each subcommittee to be thinking of a big project and then something with the unallocated funds?

Seiden-No, I think it should be per project. You are making recommendations then we will need to figure out cost and then the Council needs to decide is this a priority? And do we want to fund it? I am reluctant to tell you how we would divide the money. Let's be creative. No recommendation is a bad recommendation.

Annette TF-We don't want to make a recommendation if we don't have the money.

Andy M-So if between now and December, presumably if it seems based on prior experience, it seems unlikely we're going to come up with \$2 million worth of recommendations that can not only be decided upon but spent in the current year. So that in a sense, we're kind of positioning ourselves for essentially 6 million in the fund balance and \$2 million in next year's unallocated fund.

Seiden-I think that is a question for finance. How the movement of money works and how they figure out budget.

Seiden-I will put minutes in Teams files.

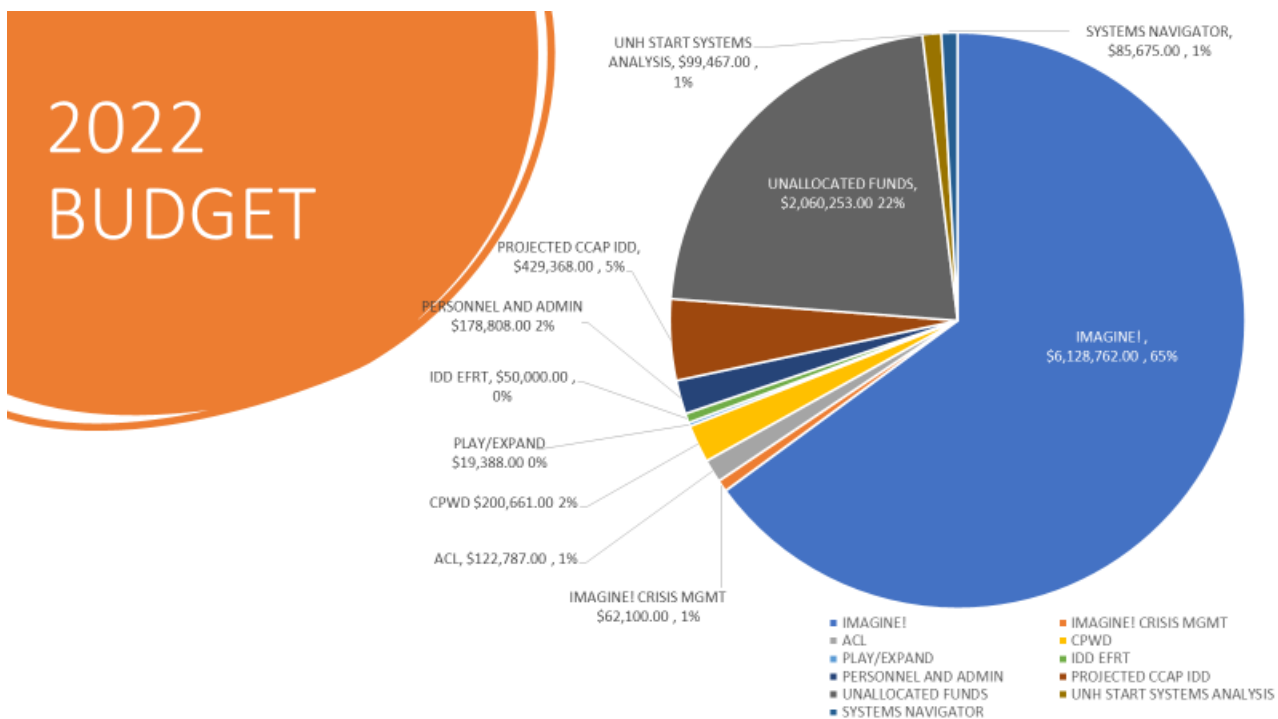
Motion to adjourn by Andy Minden. Second by Heidi Que.

Meeting adjourned at 7:38 p.m.

Next meeting:

September 19, 2022

5:30 p.m. to 8 p.m.



FUND BALANCE-2022



■ 2022 FUND BALANCE

WHY DO WE HAVE A FUND BALANCE?

- Contracts amounts were increased periodically-2015, 2018, 2020, and 2022
- Property Tax increase
- New investments were put on hold while Needs Assessment was completed because Boulder County wanted clear guidance on new investments needed and wanted Council up and running
- Pilots were explored prior to Needs Assessment was being completed

POSSIBLE FUTURE INVESTMENTS

START

HOUSING

INCREASE SOCIAL AND RECREATIONAL OPPORTUNITIES

COMMUNITY EDUCATION

TRAINING

INCREASE MENTAL HEALTH PROVIDERS

RESIDENTIAL HOUSING SPECIALIST

IMAGINE! CONTRACT-2022

COMMUNITY CENTERED BOARD FUNCTIONS	ALLOCATION	DIRECT SERVICES	ALLOCATION
Case Management	\$526,699	Mental Health	\$77,925
Emergency Situations	\$161,420	Embedded Behavior Services	\$22,650
Emergency Placements	\$100,000	School Aged Services	\$507,086
Unmet Needs	\$50,000	Adult Community Services	\$609,545
Family Support Services Program	\$1,250,311	Employment	\$192,912
IQ and/or Adaptive Testing	\$5,000	Residential Services	\$744,932
Organized Health Care Delivery Systems (OHCDS)	\$55,794	Nursing	\$287,846
Autism Spectrum Disorder Program (ASD)	\$274,528	Technology Services	\$195,968
Sub Total Community Centered Board Functions	\$2,423,752	Services Administration	\$293,777
		Sub Total Direct Services	\$2,932,639
Sub Total Community Centered Board Functions			\$2,423,752
Sub Total Direct Services			\$2,932,639
Admin and Indirect Costs			\$772,639
TOTAL CONTRACT AMOUNT			\$6,128,762

IMAGINE CONTRACT-2022



IMAGINE! CRISIS MANAGEMENT CONTRACT

Crisis Specialist	.80 FTE + Payroll Taxes & Benefits	\$62,100
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ASSOCIATION FOR COMMUNITY LIVING CONTRACT-2022

EXPENSE CATEGORY	LINE ITEM	BUDGET
SALARIES		
Advocacy Coordinator - .50 FTE		\$37,420
Advocacy Coordinator - .50 FTE		\$37,420
Advocacy Coordinator - .50 FTE		\$37,420
Advocacy Program Director - .175 FTE		\$15,274
Other Costs		\$0
TOTAL 2022 BUDGET		\$122,787

CENTER FOR PEOPLE WITH DISABILITIES CONTRACT- 2022

GENERAL OPERATING	
SALARIES (POSITIONS)	
Accounting/Administrative Assistant	\$19,402
Receptionist	\$11,369
Director of Development and Communication	\$36,028
HR FT	\$22,425
Director of Operations	\$25,553
Payroll Taxes and Benefits	\$25,253
OPERATING EXPENSES	
Boulder Office Mortgage	\$13,929
Longmont Office Rent	\$10,200
Janitorial	\$10,043
Copier Lease	\$4,008
IT Services	\$7,881
Communication	\$4,659
SUBCONTRACTOR/CONSULTING SERVICES	
Annual Audit	\$9,900
TOTAL PROGRAM BUDGET	\$200,661

PLAY BOULDER FOUNDATION-2022



DESCRIPTION	BUDGET LINE ITEM
Salaries Non-Standard Staff Costs to support people with IDD. Hourly rate of \$13.25-\$23.75 depending on their role and experience. Average \$18.50 for approximately 816.5 hours.	\$15,104
Payroll Taxes & Benefits Non-Standard Staff benefits approximately 18%	\$3,315
5% Administrative fee for PLAY Boulder	\$969
TOTAL PROGRAM BUDGET	\$19,388





Mill Levy Advisory Council, BCHHS
Monday, August 15, 2022
6:30 p.m. to 7:30 p.m.
Teams Meeting
<https://boco.org/hP9gxT>
[+1 720-400-7859,,132481376#](tel:+17204007859)

United States, Denver

The Mill Levy Advisory Council makes recommendations to Housing and Human Services and the Board of Commissioners on how best to address the needs of Boulder County Residents with IDD.

If you wish to make a public comment, please sign up upon arrival or email rseiden@bouldercounty.org prior to meeting.

If you need special assistance, contact Julia Yager, ADA/AA Coordinator, or the Human Resources Department at 303-441-3525 at least 72 hours before the scheduled event.

Meeting Minutes

Advisory Council Members in Attendance: Anna Stewart, Andy Minden, Annette Treufeldt-Frank, Heidi Que, Robert Enderson, Timothy Maxwell

Absent: Jennifer Geiger, Anita Speirs, Jolie Bernstein, Deana Cairo, Teresa Greene

Boulder County Employees: Rebecca Seiden, IDD Mill Levy Program Coordinator, Sara Boylan, Interim Division Director

Call to Order

Meeting was called to order at 6:31 p.m. by Chair, Anna Stewart. Meeting was held through Microsoft Teams.

Approval of Minutes

Tim Maxwell made a motion to approve May 2022, June 2022, and July 2022 minutes. Andy Minden seconded. Minutes approved unanimously.

Felicia Cain joined the meeting and introduced herself. She is the family health nurse services supervisor with Boulder County Public Health. She is the coordinator for children with special needs program and family connects which will be launching soon.

Seiden: Keeping our teams channel up to date with the minutes, agendas and any power points that are presented.

Behavioral Health Update

Megan B: Update from CCHA. Kristin Halverson with Imagine! had put us in touch with Dr. David Hatfield who has a Behavioral Health Provider Company. He had been working with RAE one. RAE one is our regional accountable entity and they oversee primary care and behavioral health benefits and networks for Medicaid members. The State is divided into seven regions. RAE one is on the Western slope reached out and has been working with Dr David Hatfield to create a curriculum for behavioral health with IDD clients. This curriculum would be used to hopefully increase the number of behavioral health providers that accept or that are willing to take on an individual with an IDD, Autism or similar diagnosis. It is a 6-course curriculum. Each training is 6 hours long. RAE one paid for this but they are not keeping the rights to themselves. Megan stated that our RAE has reached out to Dr David Hatfield to learn more about this curriculum. We have had several discussions with him and gotten examples of the curriculum.

We discussed costs. The cost to have a provider step away for 36 hours total is great. We have discussed what the cost of each workshop would be. We would like to incentivize these workshops so certificates would be given. There are tests, quizzes, pre and post surveys. Now our RAE is working with Dr Hatfield. I have sent it on to our behavioral health team to see if this is something that we want to offer to our behavioral health network. Dr Hatfield is meeting with HCPF about this curriculum. We are currently looking at costs to incentivize providers. We are discussing internally about this curriculum and possibly opening it up to our behavioral health network.

Seiden: That is exciting news. Sara B was in the Mental Health Sub-Committee tonight and Sara and I have discussed how can we use the mill levy funds to help with this and bring it to our providers. All providers, not just Medicaid providers.

Heidi Q: I do think that extending this outside of the providers who are in network with Medicaid is going to be an uphill battle because 6 hours is going to be hard for anybody else to do especially if self-employed. Those are patient contact hours that they cannot be providing services. We could get more people in line with wanting to work with our population or maybe graduate towards the six hours at times but maybe starting with something smaller for those providers because I don't think they are going to sign up.

Seiden: That may be true, but I think we must look at it. From our survey there was definite interest in further training.

Heidi Q: I found some trainings through the American Association for Intellectual and Developmental Disabilities. These could be for providers who are smaller. This could be an introduction.

Seiden: We could look at those as well.

Megan B: The other thing that Kristen and I were working on was creating a blurb for us to send out to the behavioral health network about the need for providers. We are planning on sending something out to our behavioral health network as a reminder and saying this is a niche we need served and providing some resources for individuals that are interested.

Heidi Q: Gallaudet has trainings also.

Other Updates

Seiden: We did have response to our Systems Navigation position. We are looking at the response now and will be having an interview. Sara and I will be meeting with a developer that has a development slated in Superior near transportation, etc. We did not have good response for a September retreat. Will send something out to look at October. I would like to be able to have our partners present and talk about what is new and changes in services.

Finance Presentation

Please see attached copy of power point.

Imagine! Update

Kathryn Arbour: Case Management Redesign (CMRD) has moved to a consulting firm called Health Management Associates (HMA) that is working with all entities involved. Can't really speak to specifics that might impact the potential RFP, but they are working with agencies on change management issues, on readiness, on staffing. Imagine! has had several meetings with our transition coach. HMA assigned a transition coach to each of the entities. Imagine! is choosing to take advantage of all resources that are being offered as this is a huge change. The coach has worked on conflict free case management in other states. She is giving us white papers of how other states have done this. Each state is different. Being last in line, Colorado has chosen a rigorous approach to this conflict free management. We have been given a template that outlines all the elements you need to think about as an organization. Really outlines all the elements that you need to think about as an organization, from staffing to communications to management. We will be working with the coach in completing the template. We have reopened the discussion with ACMI.

I spoke with our statistical data analyst person who really is quite expert at mining whatever data we can get our hands on and you know that's the big thing particularly with housing.

We find there is not a terrific response with surveys. In 2019, was the last major housing survey/residential survey that we did. We received responses for the question, did you have a choice about the housing? Almost half the respondents said no. Housing, of course, is one of the most challenging elements, cause if given a choice, people would like to live independently. They'd like to have a choice, a true choice of where to go and how to live, and to have certain amenities. People I have spoken with the last few weeks have a lot of reasons; money, funding. We do have some data and will send Rebecca's way. We are currently serving 1119 adults in Boulder. But right now, 13 family caregiver providers, 9 companion providers, 31 host homes. 299 adults served under the SLS waiver in Boulder County. I don't have whether any Boulder County residents are in Group homes. It certainly has opened my eyes quite a bit as I'm digging more into well, you know, we probably must come up with different ways to see if we can get behind this data in a different way, you know, to try and understand what's really going on for folks.

Annette TF: You said there were 299 on the SLS waiver and there are 338 on the wait list for DD. Do you know if all 229 are on the waiver and on the wait list?

Seiden: I don't know that Katherine understood your question. My understanding is there's no wait list for SLS and that actually most people who go on to SLS opt to go on the wait list for the DD waiver to my understanding, so I mean I can't say that for sure definitively that all 299 are on the wait list, but I wouldn't doubt that they probably are. There is a question when you go on the SLS waiver about wanting to be on the DD Waiver and I believe families would say yes to that.

Annette TF: Do you know what the sample size was on your survey?

Kathryn: I didn't ask what the sample was. He told me it was very small.

Annette TF: I am just curious out of the 1000 or so individuals you serve was it a 10% response?

Kathryn: I will clarify some of this data and get it to Rebecca.

Tim M: Would it be possible for you to get the data as far as the all the case management that that imagines providing and all the residential services? So that would you know, so if we could get the number as far as case management for host homes, family caregiver and then independent living? Separate from what Imagine!'s PASA is serving.

Kathryn: Host homes, Group Homes, Independent.

Rebecca: They may be with other PASAs. So that would give us a more complete picture of housing if we could look at. Everybody that's every under your case management, everybody that's living in Boulder County. That would give us a more complete picture, but I thank you for this. This is great to know. And I think we just need to continue. We need to continue to talk to see what kind of data points we want.

Andy M: You mentioned when the case management redesign gets completed that that may have impact on the contracts that are the existing contracts. And I don't know if it's been clear or whatever, but do we know how much of? The current funding goes towards supporting the case management side of things versus the delivery of services.

Seiden: We do not know what imagines intentions are at this point. I think what will happen with the conflict free case management is that we will be looking to put more RFP's out for direct services within Boulder County.

Tim M: I was going to say which is worth noting, just for people to think if Imagine! splits up moves towards still doing CCB type work or case management type work that you're going to have the emergence of other

organizations providing case management work as well. So, you have a lot of residential providers within Boulder County and you may have a lot of case management providers or some case management providers. In Boulder County, so imagine won't be the only one.

Seiden: I think so. I think we just don't know who's going to respond. We have ACMI and Imagine! right now. I've been trying to prepare you guys for the fact that there may be more opportunities for RFP's for direct services within Boulder County when that conflict free case management comes about.

Adjournment

Meeting was adjourned at 7:28 p.m. by Anna Stewart

Submitted by Rebecca Seiden, Staff Liaison



What is the difference between unallocated funds and fund balance?

Unallocated funds are budgeted funds that are “available” for new current year spending.

Not available includes spent funds and obligated or encumbered funds that are reserved to pay yet unpaid 2022 invoices for IDD contracts entered in Oracle.

Available funds can be used to encumber new contracted services to year end, fund remaining payroll through December and fund other non-payroll operations (e.g. supplies, training, IDD/CCAP care, etc.).

Fund Balance is the accumulation of excess of annual revenues over annual expenditures. When IDD receives revenues greater than what is spent in a calendar year, that excess of revenue over expenditures increases Fund 115 fund balance.

Is there a difference in spending requirements between Unallocated and Fund Balance?

There is no difference in the spending requirements between current year funds and fund balance.

If current year funds are going to be fully spent down and program needs additional funds to complete the year, we can request that IDD fund balance be transferred to current year budget.

Can monies be
taken from Fund
Balance?

BOCC approval is required to budget
any new current or future year
spending that would draw from fund
balance.

Are there different
restrictions
between
Unallocated Funds
and Fund Balance?

There are no
restrictions
between current
year funding and
spending fund
balance.

How has the Fund Balance built up to this amount?



FUND BALANCE IS AN ACCUMULATION OF THE EXCESS OF CALENDAR YEAR REVENUES OVER CALENDAR YEAR EXPENDITURES.



IF THERE ARE UNSPENT CONTRACTED AMOUNTS (I.E. OBLIGATIONS/ENCUMBRANCES) THAT WON'T BE FULLY SPENT IN 2022, THESE AMOUNTS SHOULD BE "UNOBLIGATED" AT THE POINT WE'RE AWARE OF THE EXCESS CONTRACTED AMOUNT.



THIS ACTION WILL MAKE THESE "OBLIGATED/ENCUMBERED" FUNDS AVAILABLE FOR OTHER CURRENT YEAR SPENDING.

Is there any risk of losing Fund Balance?



There is no risk of losing the funds if not spent during a given timeframe.



Any funds levied and collected for DD will remain in fund balance available for the restricted use in perpetuity.

Do Unallocated Funds move to the Fund Balance at the end of year?

- ▶ Any excess of 2022 IDD revenues over final year-end expenditures will increase fund balance.
- ▶ Although 2021 books aren't completely closed, it looks like the ending 12/31/21 Fund 115 fund balance is approximately \$4.4 million.
- ▶ While the 2022 budget indicates reflect an \$82,782 use (reduction) of fund balance, it's likely we will underspend and increase fund balance unless the Advisory Council specifically identifies new, sufficient spending through December to spend down to (or in excess of) budgeted revenues of \$9,342,814.