

Mill Levy Advisory Council, BCHS

Monday, July 15th, 2024

5:00 p.m. to 7:30 p.m.

Meeting Minutes

ADA statement

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Advisory Council Members in Attendance: Annette Treufeldt-Frank, Jolie Bernstein, Teresa Greene, Heidi Que

Absent: Robert Enderson, Niccole Mascarenas, Julie Marshall

Boulder County Employees: Rebecca Seiden, IDD Mill Levy Program Coordinator & Ally Joel, IDD Mill Levy Program Specialist

Meeting

Meeting was held through Microsoft Teams. No Public Comments were scheduled.

Approval of Minutes

No quorum – minutes not approved. Will approve May, June, July minutes at August meeting.

A&I Updates

- ACMI and Imagine! Case Management merge is in effect as of July 1st as A&I Avenues. Imagine! is now separately serving clients only as a Program Approved Service Agency (PASA).
- A&I Avenues Intake Program Manager, Alex Brown will attend the following month's IDDAC meeting for A&I Intake updates and Q&A

A&I Avenues Quality Assurance Housing Survey Report Out

Project Findings: April 22, 2024, through June 7, 2024

Overview:

Beginning on April 22, 2024, Imagine! conducted a quality assurance survey that obtained information regarding both client specific statistics and opinion-based criterion on the subjects of personal housing goals, and funding needs/distribution in the areas of current and future habitation. The client sample identified to participate in the survey consisted of individuals that are actively or have received the following voucher(s), waiver(s), or other documented financial housing assistance:

- Section 8 Housing Choice Voucher
- Colorado Medicaid
- DD (Developmental Disabilities) Waiver
- EBD (Elderly, Blind and Disabled) Waiver
- BI (Brain Injury Waiver)
- SLS (Supported Living Services) Waiver
- CHRP (Children's Habilitative Residential Program)
- CES (Children's Extensive Support)
- CHCBS (Children's Home and Community Based Services)
- CMHS (Community Mental Health Supports)
- CLLI (Children with Life Limiting Illness)
- CIH (Complementary Integrative Health) Waiver
- Other Medicaid Waiver (Please specify)
- Family Support Services Program
- Autism Spectrum Disorder Program
- Social Security Disability Insurance (SSDI)
- Supplemental Security Income (SSI)
- Financial Assistance from family/friends

Survey Content:

A twelve variable questionnaire was previously authored by Imagine! staff before the commencement of the official project. Preceding distribution of questionnaire, its contents was transferred to Survey Monkey formatting before circulating in English and Spanish languages. During the course of seven weeks, the survey was conducted over telephone and email correspondence. Both methods were utilized to obtain and record survey subject matter.

Willing participants had the opportunity to respond to survey questions identifying their personal demographics; *care provider or self-advocate, age, current living arrangements, funding assistance, and if parent/caregiver/guardian is currently over 65 years of age.*

Also, documentation of future goals including *ideal habitation, obstacles with obtaining ideal habitation, description of barriers/issues in relation to domicile specifications per client need, supports necessary to be successful with independent living. Sub-situational variables were ranked from 'Most Important, 'Neutral' and 'Least Important,'* in congruency to ideal housing situations. Additionally, open-ended comment boxes provided opportunities to address any other concerns regarding living goals and/or issues.

Sample Aggregation:

The housing survey sample involved one thousand, one hundred and thirty-one (1131) potential participants. The mode accumulative client contact information was provided primarily by case management. Client name, email address and telephone numbers were generated and gathered in spreadsheet form for communication and documentation purposes. Survey Monkey analytics collector was utilized to record relevant data in mean, mode, and median statistical measurements. The emailed option for the survey had a return completion date of June 7, 2024.

Survey Strategy Implementation:

The housing survey was conducted by Gina Manchego, Quality Assurance Specialist. Ms. Manchego has twenty-five years of accumulative experience in human services, special education, advocacy, direct care, senior care, vocational and administrative work with the Developmentally Disabled population of Colorado. During the length of the survey, she conducted the following methodologies:

Telephone correspondence was first implemented on April 22, 2024. An average of approximately one hundred calls were made daily, live call participants were encouraged to give their time to the telephone survey. During live call surveys, Ms. Manchego read the survey aloud to participants, elaborated and gave examples if

necessary. Ms. Manchego also noted any pertinent concerns individuals needed emergency assistance with. Those issues were relayed to Jenna Corder, Director of Client Relations. If a telephone opportunity was declined, then an email version of the survey was sent per participant request. Most live call participants opted for an emailed survey; this trend remained consistent throughout the entirety of the project.

For survey calls that went directly to voicemail, a message was left with the reason for the call, along with a contact number for Ms. Manchego. Voicemail calls were noted on the spreadsheet for second, then third round call backs. After three failed attempts to reach live call participants, the email version of the survey was distributed utilizing file email addresses (if available) for the survey sample individuals.

There was a total of fifty-nine Spanish speakers/readers on the survey list. Those individuals were distributed a Spanish version of the same housing survey along with a translated introduction letter describing the contents of the survey and due date for completion.

Survey Sample Statistics:

Surveys distributed through phone call and email were attempted to all one thousand, one hundred and thirty-one (1131) participants. During the course of the survey there were *twenty (20) wrong numbers, one hundred and seventeen (117) no email contact available, one hundred and eleven (111) disconnected phone numbers and one hundred and sixty-five (165) that declined the opportunity to participate in the housing survey in any capacity.* The total number of participants tallied at three hundred and thirteen (313,) with a twenty-seven (27) percent accumulative survey completion average.

Survey Assessment Results:

The following data correlated was from accumulated mean numeric percentages from combined housing surveys. ‘*Total Surveys*’ documents the number of completed survey answers per question, any discrepancy is a result of survey questions that were not answered by choice of participants.

Survey Participant Identifier

Total Surveys:	Self-Advocate:	Care Provider:	Other:
307/313	114	160	33

Age of Person Receiving Services

Total Surveys 313/313:	Average Age Percentages:
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16-21:	41.69%
21 and under:	1.98%
22-35 years:	25.08%
36-49 years:	16.02%
50-64 years:	8.85%
65 years +:	6.94%
Preferer Not to Answer	0.00%

Current Living Arrangements

Total Surveys 299/313:	Living Arrangement Totals:
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Live with parents/family/friend(s)/guardians in their home:	73.87%
Live in a home/apartment with roommate(s):	1.72%
Live alone in a rented apartment:	9.98%
Live in a 24hr staffed setting/group home:	.73%
I am homeless:	.23%
I live in a Companion Home Model:	.37%
I live in a Host Home Model:	8.87%
I live in a home that I own:	4.93%

Funding Assistance for Housing Supports

Total Surveys 297/313:	Funding Assistance Percentages:
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Section 8 Housing Choice Voucher:	14.14%
Colorado Medicaid:	58.63%
DD (Developmental Disabilities) Waiver:	31.08%
EBD (Elderly, Blind and Disabled) Waiver:	0.73%
BI (Brain Injury) Waiver:	0.36%
SLS (Supported Living Services) Waiver:	11.01%
CHRP (Children’s Habilitative Residential Program):	0.00%
CES (Children’s Extensive Supports):	2.46%

CHCBS (Children’s Home and Community Based Services):	0.12%
CMHS (Community Mental Health Supports):	0.12%
CLLI (Children with Life Limiting Illness):	0.00%
CIH (Complementary Integrative Health) Waiver:	0.00%
Other Medicaid Waiver:	0.36%
Family Support Services Program:	12.97%
Autism Spectrum Disorder Program:	14.53%
Supplemental Security Disability Insurance (SSDI):	14.32%
Supplemental Insurance Income (SSI):	24.25%
Financial Assistance from family/friends:	4.53%

Age of Family Member/Parent/Guardian 65+ (If co-habitation is applicable)

Total Surveys 277/313:	Yes:	N/A:
Age 65+	76	201

Desired Supports for Ideal Habitation

Total Surveys 291/313:	Ideal Habitation Scenario Percentages:
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Live with parents/family/guardian in their home:	50.54%
Live in a home or apartment with roommates:	10.14%
Live alone with someone I could check in with:	4.75%
Live in a group home w/ 24hr. staff:	5.64%
Live in a skilled nursing facility:	.25%
Live in a Companion or Host Home Model:	9.00%
Live on my own or with caretaker near family:	14.0%
Live alone:	14.56%

Obstacles Regarding Ideal Housing

Total Surveys 249/313:	Obstacles Regarding Ideal Housing Percentages:
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I don't have the skills to live independently:	51.85%
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I don't have enough money:	53.28%
I worry that I will be lonely:	21.45%
I can't find an apartment/house:	10.12%
I worry that I cannot take care of myself:	21.86%
I am scared people will take advantage of me:	29.10%
People don't treat me the same:	9.79%
I don't know who to ask for help:	8.28%
There is no transportation:	11.75%
I need housing that meets my physical needs. (Wheelchair, bathroom accessible, open floor):	18.88%

An additional two hundred and fourteen (214) participants commented on concerns regarding logistical challenges clients face with current living situations. Those comments are predominantly described as a lack of monetary resources to fund bigger living spaces with accessible laundry facilities on-site, residential funding services that allow more opportunity for physical disabilities management and the lack of choices Section 8 vouchers provide for domicile growth and movement both in Boulder County and in other neighboring counties. Following the main concern of funding, many clients described a lack of necessary skills to live as independently as they would like to. The challenge with forward progress falls short with training opportunities to achieve lasting independence residentially. Finally, there were concerns about living in housing that felt unsafe due to the location and population of the given neighborhoods was documented.

When clientele and caregivers were asked about any additional housing barriers or issues (physical and otherwise,) in the subject of housing and living independently, one hundred and ninety-seven (197) people stated the following: Due to the insufficiency of appropriate housing funding distribution there isn't opportunity to fix broken items in their current homes to help manage present physical barriers. Many clients and caregivers documented such issues as broken showers, broken

kitchen appliances, broken beds, lack of wheelchair ramps leading into homes and/or only one working emergency escape route. Lastly, several clients made note that community access was limited because disability accessible transportation was inadequate and hard to schedule. The privation of transportation and an inability to drive hinders many from reaching their current and future goal of independent living.

Supports for Independent Living

Total Surveys 260/313:	Support Percentages:
I need 24/7 Staff:	36.10%
I need help during the day:	27.50%
I need help during the night:	14.18%
I need occasional help during awake and night hours:	9.70%
I need someone to stop by my home every day for assistance:	7.47%
I need someone to stop by my home every few days for assistance:	22.91%
I don't need someone coming to my home during the day or week for assistance:	15.43%

One hundred and ninety-four (194) survey takers commented that in order to achieve optimal independence regarding future housing they would require ongoing training in the following: Money management, paying monthly bills and grocery shopping. Daily living skills training that would address accurate medication administration, food preparation, house cleaning practices, hygiene, and appointment planning/scheduling. Many caregivers stated that in order for

their client/child to be successfully independent, home healthcare funding with consistent, trustworthy staff was a necessity. Housing close to family would be important, and more respite availability for those clients that don't have the skill set or medical capabilities for independence would be imperative. Also, it was reported that the majority of survey participants feel that more supports in the area of mental/primary healthcare services specializing in the Developmentally Disabled population, more peer social activities, and more vocational/job training opportunities would be beneficial for consistent independent habitation. Conclusively, a small sample of clients/caregivers suggested that a service collaborator which specializes in the transition to independent living would make the process ideal.

'Most Important/Neutral/Least Important' variables in an Ideal Housing Scenario (Mean Averages)

Total Surveys 292/313:	Most Important:	Neutral:	Least Important:
To live in a safe neighborhood:	91.58%	7.68%	0.73%
To be near a bus stop:	32.72%	48.23%	19.05%
To be in walking distance to retail/ restaurants/leisure activities:	56.27%	30.37%	13.35%
In walking distance from grocery stores:	49.66%	34.76%	15.58%
In areas where you can eat with other people:	37.16%	48.35%	14.48%
In a community space w/on-site community activity:	49.46%	20.45%	29.99%

To be close to spiritual opportunities:	23.00%	42.18 %	34.81%
To be close to recreational activities:	48.33%	31.49 %	19.83%
To have staff to help me with things like: Getting dressed, cleaning or cooking:	56.31%	25.75 %	17.93%
To be close to on-site job training/job opportunities:	41.41%	30.43 %	27.47%
To have access to assistive technology needed to participate in daily activities:	46.75%	26.18 %	27.06%
To have access to special lighting:	18.29%	30.59 %	51.11%
To be near parks and green areas:	47.80%	40.13 %	12.07%
To be near farm animals, agriculture and/or gardens:	24.62%	44.11 %	31.26%
To have social opportunities with others:	68.15%	18.99 %	12.85%
To be close to friends and family:	87.97%	6.61% 5.41%	
To be near my doctors/medical/therapy appointments:	66.81%	22.82 %	10.36%

Observations and Recommendations:

Generally, during live calls, the survey participants were willing to candidly disclose their opinions regarding housing and funding distribution. Overall, they are satisfied with the options accessible to them for habitation in congruence with the waiver(s) and voucher(s) available for utilization. The common thread among survey takers was gratitude for the staff that helps facilitate the obtainment of housing services. Additionally, those clients requiring assistance with daily living tasks resoundingly expressed appreciation for direct care workers that aid in more independent living.

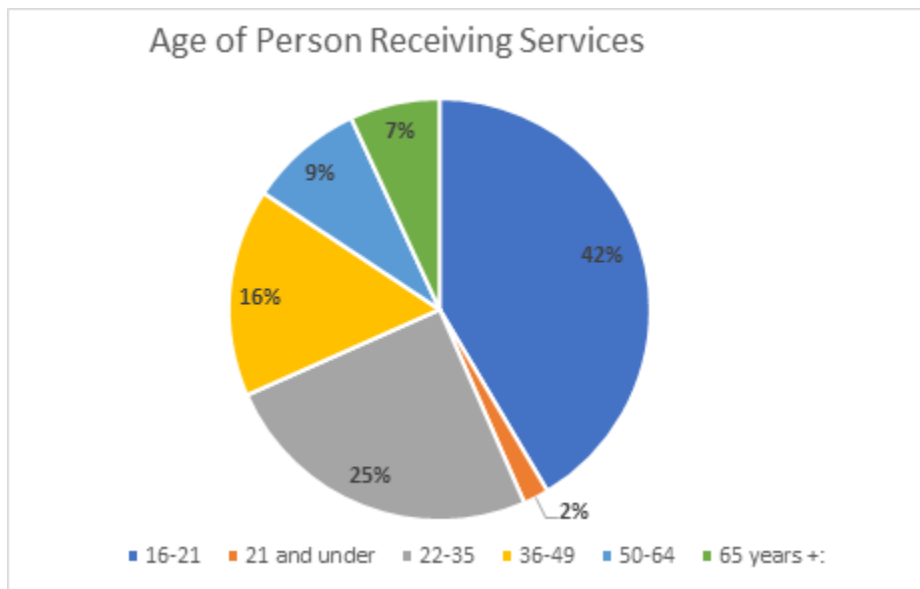
There was a percentage of individuals who indicated that because of the rise in the cost of living, were concerned that the amount offered through waiver(s), and voucher(s) did not reflect the standard daily living financial expense fluctuation. Some participants voiced worry about 'making ends meet,' since housing prices have gone up so expeditiously. It was also expressed that the Section 8 Voucher was quite limiting in the ways of accessibility and physical location, therefore it made the prospects of relocation difficult, even when necessary or urgent.

Upon reviewing the results of the Spanish language surveys, it was evident that many in this sub-cohort of clientele have crucial housing needs that are falling through the cracks in conjunction with implementation of service waiver(s), voucher(s) and necessary funding. A percentage of respondents described housing situations that put their daily health, safety, and wellbeing at risk. The added variable of the language barrier is making it more difficult for this portion of individuals receiving services to communicate housing issues that are immediate in nature. A deeper assessment of housing standards must be reviewed for this sub-set of people receiving housing services. Ms. Manchego's recommendation would be an additional layer of quality assurance practices to ensure the Spanish (and other non-English) speakers have due opportunity to express their concerns with effective assistance from a translator/service specialist.

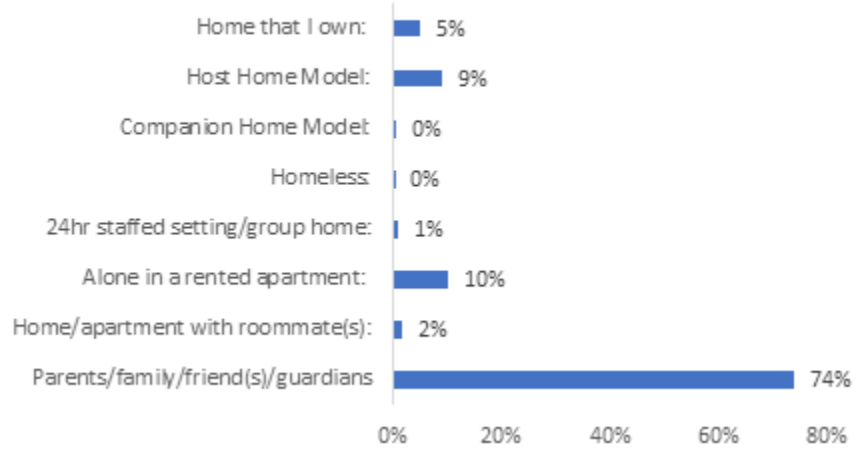
Finally, the most concerning trend identified during this project was the topic of transition for clients currently being cared for by aging parents. The issue came up over and over again, when senior caregivers described insufficient future support for their adult children requiring arrangements after parental/guardian/caregiver passing. Consequently, most aging parents/guardian/caregivers expressed concern for those clients that will be moved into the system for residential care. Senior caregivers lack knowledge about the process of obtaining ongoing services. They

also vocalized there are not any incumbent resources to bridge the transitional gap for this sub-sample of clientele. It was extremely clear that the situation requires action sooner than later, since the rigors of client care are increasingly more difficult to facilitate with aging parents/guardians/caregivers that are in charge of all aspects of physical, behavioral, and medical care. Ms. Manchego's recommendation at the completion of this specific survey is the suggestion of a liaison that would be a specialist in parent/guardian/caregiver transitional support for their adult children. An advocate whose primary focus revolves around resource coordination and paperwork assistance. An employee representative who is available to parents/guardians/caregivers that require aid in the navigation of transition of their (client(s)) children receiving services through Boulder County and Imagine!

All information, both statistical and opinion based for this closed survey can be reviewed through Survey Monkey. Necessary verification of survey correspondence during the course of this contracted project can be retrieved through Zoom call logs, sent email receipts and spreadsheet denotations.



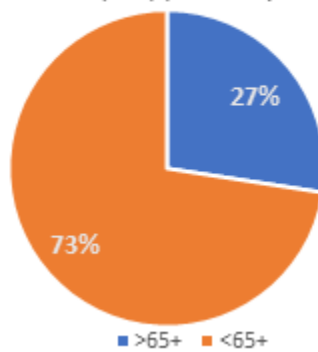
Current Living Arrangements



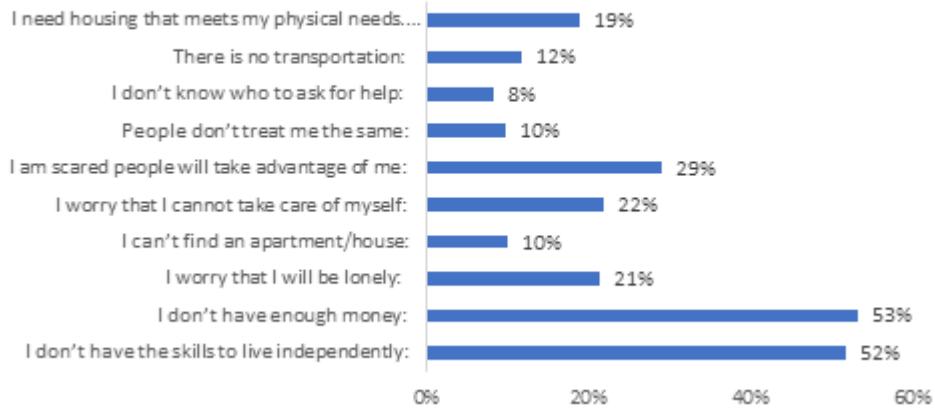
Desired Supports for Ideal Habitation



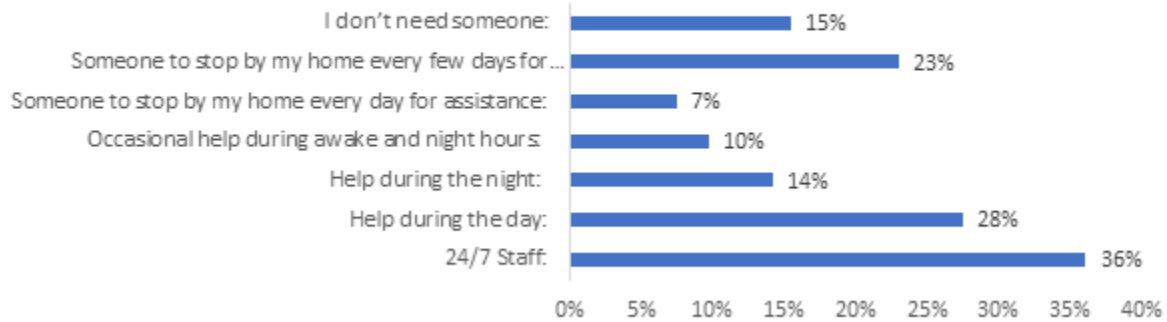
Age of Family Member/Parent/Guardian 65+ (If applicable)



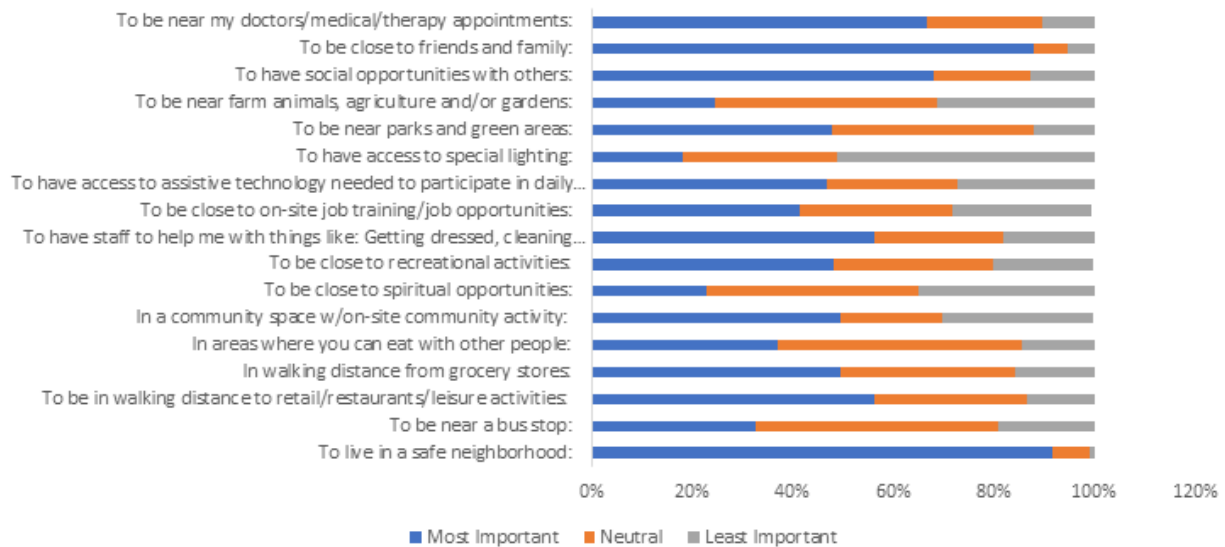
Obstacles Regarding Ideal Housing



Supports Needed for Independent Living



Levels of Importance for Ideal Housing Scenarios



IDD Mill Levy Updates

Contracts

- Meeting with all RFP recipients monthly starting in July.
- All Contracts should be finalized by August 1st.
- Inclusive Acres is hosting an early Halloween treasure hunt at 10am on Sept. 14th - spread the word.

Inclusive Housing Coalition

- Ally & Rebecca working on finding a venue to host the IHC Summit happening ideally in the last week of Oct. CU Boulder is the top contender for event space. Touring event space on Thurs 7/18.
- Summit Agenda (draft):
 - 7am-5pm
 - Includes breakfast and lunch
 - Main Room Sessions:
 - Voices of Those with Lived Experience
 - Data-based discussion of need (i.e. Kelsey Report, Neuroinclusive Solutions, A&I Phone Survey results, etc.)
 - Legislative Updates
 - Breakout Sessions (offered both in am and pm sessions)
 - Vouchers and other Sources of Rent Assistance – How they work and how to better utilize them
 - Medicaid 101 – What is HCBS and how does it interact
 - Financing of Projects Development and Programming
 - Recent CCB/CMA Changes and Higher Needs Housing - Explained
 - Community Partnerships existing and prospective
 - Services depending on type of need. Examples of Projects/Design/Concierge

Boulder County Human Services

- Brain Injury Training by the Brain Injury Alliance, Joey Kyle-Di Pietropaolo, MSW, LSW, Community Liaison. Held in-person at the Longmont Hub located at 515 Coffman 112S Public Meeting, however, we will also have a virtual option.
- Accessibility trainings coming up for BCHS staff. Lots of changes happening with county documents, website updates, etc. to be in

compliance.

Housing Navigator Positions

The IDD Advisory Council is recommending an additional Housing Navigator FTE as part of their Housing recommendations in response to the need for access to affordable housing for persons with Intellectual and Developmental Disabilities (IDD), Autism and Brain Injury (BI). The Boulder County Needs Assessment specifically names Housing as a top priority that needs to be addressed in Boulder County. The purpose of this position is to:

- Address needs of individuals and families experiencing homelessness with a diagnosis of IDD/ Autism/BI who reside in Boulder County.
- Link between clients and services; work directly with clients and alongside case managers, social workers, and other service providers to address clients' needs on entry to homeless services systems, while engaging the system, and after obtaining housing.
- Connect with Housing Authorities and Landlords to develop awareness of housing needs for this population.
- Address housing discrimination based on race, ethnicity, and other protected classes.
- Guide and support individuals and families through the housing search process.
- Communicate, encourage, facilitate, and support each clients' progress and activities toward housing and stability.
- Referrals to resources and benefits within Boulder County to assist with Social Determinants of Health.
- Assist clients with identifying all housing options, resources, and services to obtain housing.
- Participate in a housing needs assessment process that can identify housing preferences.
- Assist individuals and families with expanded housing searches when necessary to ensure timely permanent housing.
- Develop and maintain positive, accountable, and supportive relationships with property managers, landlords, and other housing professionals.

- Offer an intentional and coordinated response to ending the experience of homelessness for individuals and families.
- Ensures that the experience of homelessness is brief and exiting homelessness is sustained.
- Ensuring that the living environment is safe and ready for move-in and assisting with requests for reasonable accommodations as necessary.
- Communicating and advocating on behalf of the client with the landlords.
- Work to develop services to support people with ASD and BI that have not had the benefit of specifically targeted resources, as the IDD population has been the main population of focus.
- Support the infrastructure of being part of the Housing Support team that supports housing needs in Boulder County.
- Responsible to communicate impacts in a feedback loop to the PCS Division, Intellectual and Developmental Disability Advisory Council and the community at large.
- Subject knowledge expert that will expand current Boulder County Housing Navigators knowledge of this population.
- Creating this as a 2-year term-limited position gives us some time to launch this investment, establish the relationship within Boulder County's Division of Housing, and then re-assess if there need to be any adjustments depending on volume of need.
- Data shows that there are 980 people with IDD, Autism, BI who reside in Boulder County currently on waivers that would be able to use this position now or in the future for Housing needs.
- Data shows that in one week period the IDD Systems Navigator at Elevated Communities supported 19 people to enter the BCHP lottery. 7 of those people are currently unhoused.

The IDD Advisory Council is recommending an additional FTE as part of their Housing recommendations in response to the need for access to affordable housing and stability of housing for persons with Intellectual and Developmental Disabilities (IDD), Autism and Brain Injury (BI). The Boulder County IDD Needs

Assessment specifically names Housing as a top priority that needs to be addressed in Boulder County. The purpose of this position is to:

- Provide early identification and intervention for behaviors that may jeopardize housing, such as late rental payments, hoarding, poor follow-up with physical health, mental health or substance use-related treatment needs, and other lease violations.
- Education and training on the role, rights and responsibilities of the tenant and landlord.
- Coaching on developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy.
- Assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction.
- Linkage to community resources to prevent eviction when housing may be jeopardized.
- Assistance with any annual housing recertification or renewal of lease.
- Assistance with lease compliance which may include activities of household management.
- Providing resources for other prevention and early intervention services when housing is jeopardized.
- Address continuum of needs of individuals and families with a diagnosis of IDD, Autism, and Brain Injury who reside in affordable housing units in Boulder County.
- Link between clients and services; work directly with clients and alongside case managers, social workers, and other service providers to address clients' needs after obtaining housing.
- Connect with Housing Authorities and Landlords to develop awareness of housing needs for this population.
- Communicate, encourage, facilitate, and support each clients' progress and activities toward housing stability.
- Referrals to resources and benefits within Boulder County to assist with Social Determinants of Health.
- Develop and maintain positive, accountable, and supportive relationships with property managers, landlords, and other housing

professionals.

- Ensuring that the living environment is safe and assisting with requests for reasonable accommodations as necessary.
- Communicating and advocating on behalf of the client with the landlords.
- Work to develop services to support people with ASD and BI that have not had the benefit of specifically targeted resources, as the IDD population has been the main population of focus.
- Support the infrastructure of being part of the Housing Support team that supports housing needs in Boulder County.
- Responsible to communicate impacts in a feedback loop to the PCS Division team, the IDD Mill Levy Advisory Council, and the community at large.
- Subject knowledge expert that will expand current Boulder County Residential Housing Specialists' knowledge of this population.
- Creating this as a 2-year term-limited position gives us some time to launch this investment, establish the relationship within Boulder County's Division of Housing, and then re-assess if there need to be any adjustments depending on volume of need.

In recent months two separate referrals for emergency funding have come into the County for rent. These referrals could have been prevented by providing a more proactive response when people were being leased up or there was a change in income. These are only two examples which we have been made aware of.

Working Session

Discussion Topics to Explore:

- Regarding housing development, what does accessibility mean and how is it regulated? What are the ADA requirement standards and how are they not meeting the needs?
- Collaboration with Senior Centers and/or City of Boulder Youth Families.
- Partnerships with the FRN?
- Parent peer groups
 - PA Subcommittee tackling this
 - ACL holds a Spanish speaking support group, operating now as

Caminando Juntos. ACL also runs a range of other support groups and resources.

Public Engagement Plan, Education and Awareness

With whom do we want to communicate?

- Priority BIPOC & other marginalized Populations. Mountain population; Nepalese, Hmong, Hispanic Homeless LGBTQ Other?
- Lawmakers – Chamber of C- Recipients of grants
- Agencies - School Districts; Chamber of Commerce
- FRN Our Center; El Comite, EFAA; Sister Carmen; Local LGBTQ groups
- Faith Communities
- Housing complexes for IDD etc. populations with community centers
- Our Center; El Comite, EFAA; Sister Carmen; Other County Consortium members
- Businesses/– offer training or ‘consultation’

Methods:

- Cultural Sensitivity re serving BIPOC & other marginalized Populations. Mountain population; Nepalese, Hmong, Hispanic, Homeless, LGBTQ, Other?
- Communication and translation needs met
- Collaborate with those already doing fairs; do our own
- Trainings – certifications and or other recognition of value
- Posters or other written material /languages– where?
- Promote events- opportunities such that parent to parent support can happen
- Presence at Community events: Resource Fairs; Farmer’s Market in Nederland, Boulder
- Calls to action

What do we want them to know? Different for client, allies, stake holders

- Description of the typical set of barriers the populations experience - exponential challenges for marginalized folks
- Difficulty reaching and supporting marginalized populations
- How they can help
- What are the resources? How can the particular place help us get word
- Define ‘accessible’. Require Sec 8 owners to use the definition
- Education for families who are potentially in denial.

Next Steps

- Report out on ADA regs for housing development/explore how it is not meeting the need.
- A&I Avenues Intake Updates/Q&A
- Public Awareness Subcommittee Report Out/Updates on parent peer support
- Housing positions updates/find out if bicultural and/or bilingual requirement can be made

Meeting Adjourned at 7:30 p.m.
Minutes Submitted by Ally Joel