

Mill Levy Advisory Council, BCHS

Monday, January 22nd, 2024

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

Meeting Minutes

ADA statement

This document contains materials from external parties that may not be fully accessible. To request an Americans with Disability Act (ADA) accommodation, please email ada@bouldercounty.gov, or call 303-441-1386. [View the county's accessibility statement.](#)

Advisory Council Members in Attendance: Annette Treufeldt-Frank, Jolie Bernstein, Miranda Fisher, Robert Enderson

Absent: Teresa Greene, Tim Maxwell, Deana Cairo, Niccole Mascarenass

Boulder County Employees: Rebecca Seiden, IDD Mill Levy Program, Sara Boylan, PCS

Meeting

Meeting was held through Microsoft Teams and in person at 13482 Broadway St. Baltic Conference Room No Public Comments were scheduled.

Approval of Minutes

There was not a quorum for this meeting. November minutes will be passed to February meeting.

Reminder: Minutes are in Teams Files.

Funding of Imagine! Capital Improvement Plan

Commissioner Stolzmann explained that funding streams are being used up. The decision by the Commissioners to take this funding out of the IDD Mill Levy was made to access more funding for other requests in Boulder County. Specifically, this freed up money within the Worthy Cause funds to be able to fund other projects. Council member expressed concern about how the decision was made and if in the future this kind of funding change could happen again. Council members also expressed that they were confused as they felt as if they were not

consulted. Council members want to make sure there is transparency in funding decisions. Commissioner Stolzmann answered all the questions.

Imagine! Update

Kathryn Arbour submitted by email.

Case Management Redesign (CMRD)

With only a little over five months remaining for completion of CMRD, Imagine!'s focus is squarely on implementation of this major initiative. As is clear, Imagine! is in the third transition phase of this implementation, which officially kicks off in March and involves highly structured time with HCPF to ensure the detailed implementation fulfills all the requirements outlined for the newly emerging case management agencies (CMA). CMAs in the first transition have already completed their initial work and are now functioning fully as the newly selected CMA for their service areas. Those in the second transition are close to completing their transitions and will go live in March. There are a number of learnings that HCPF and our colleagues in those CMAs are sharing in the hopes of facilitating our transition.

Case Management Specifics

Our work is on track to implement the new CMA serving Service Area 8 (Boulder, Broomfield, Gilpin counties). We have several key areas of focus now that we are in Q3 of our fiscal year:

- Completing the compensation model – we have designed a new approach for the case management teams as we combine that will focus more on performance/value added, skills, and market realities.
- Team building – we have had several gatherings of the combined case management teams and will plan for a couple more before full implementation; excitement is building as is recognition of each other as they spend more time together; ACMI has moved officially into our Imagine! building located at 1400 Dixon Ave which is slated to be the headquarters for the newly forming CMA.
- A combined leadership team has been working on developing policies and doing the groundwork of preparation for the intensive work with HCPF about to begin in March – includes reviewing data in the State system, identifying and making corrections, and tracking service area

assignments and requests to leave/stay current/future service areas.

Planning additional public Town Hall meetings as part of overall communications plan to help clients and community members stay on top of all the changes underway – we have already held three public forums and have two more planned in February for the 27th (in person at the Imagine! Coal Creek location) and another on the 29th to be held on Zoom. We will have details on our website and on all social media sites. We are also sending out email and snail mail communications to clients on a regular basis.

- We have a special page on our website entitled Imagine! the Future which outlines all relevant information regarding CMRD. We update frequently, post FAQs and links to HCPF and other informational sites and offer videos and timelines of the work underway. Please view this page at <https://imaginecolorado.org/imagine-the-future>.
- A joint CMA subcommittee comprised of Board members from both ACMI and Imagine! have been meeting for over a year, serving as advisors to me and Barb Wilkins-Crowder, Executive Director of ACMI. They are mapping plans for the transition of governance as the newly forming CMA moves towards implementation. For example, new Articles of Incorporation and Bylaws have been drafted to represent the new CMA (which is soon to have a new name that will be formalized once the legal transition has occurred).

PASA

The Board of Directors launched a search for the CEO of the PASA who will take the reins July 1 when Imagine! becomes the standalone PASA and the transition of case management is complete.

Other transition tasks also underway include a review of Articles and Bylaws for slight changes to reflect the new status of Imagine! as a PASA only going forward after July.

The Present

We stay focused on day-to-day operations while building this future state.

Our transition to the Professional Employer Organization, TriNet, is in its second month and while there are still plenty of hiccups to work through, we are slowly moving ahead. Making the change now pre- CMRD implementation ensures that all the kinks will be worked out before each separate agency moves forward with its own HR plan utilizing the PEO as the anchor solution.

We are still exploring options for organizing other support functions, such as IT and financial services support, currently delivered through our single Business Office.

Budget Update

Rebecca Seiden updated the Budget since presented in November of 2023. Included is the funding for the Capital Improvement Plan approved by the Commissioners.

IDDAC Vision/Mission Statement

The Council had started working on a mission and vision statement in 2022 but did not complete. Council Members worked on the wording and came up with the following. This has not been voted on.

Mission

Our mission is to empower individuals living with Intellectual and Developmental Disability, Brain Injury, and Autism and their support networks residing in Boulder County by fostering inclusivity and promoting a compassionate community that recognizes and celebrates the uniqueness of every person as a valued citizen and neighbor.

Vision

Our vision is to champion equitable access for individuals with Intellectual and Developmental Disabilities, Brain Injury, and/or Autism to have a diverse array of choices that align with their aspirations. We are dedicated to facilitating and supporting opportunities for housing, employment, health, wellness, and community inclusion, fostering an environment where everyone can pursue their goals.

Purpose

The Intellectual and Developmental Disability Advisory Council makes informed recommendations to the Boulder County Commissioners that generate impactful investments into innovative strategies that seek to achieve our mission and vision.

Housing Mission Statement

Housing continues to be a priority for the IDD Advisory Council. Council Members worked on the wording for a Housing Mission statement. The following is what was produced. This has not been voted on.

Our Housing mission is to ensure individuals with Intellectual and Developmental Disabilities, Brain Injury, and/or Autism are included in their communities as valued neighbors and citizens through access to safe, affordable, and customized housing solutions. We are committed to a continuum that ranges from emergency housing to homeownership which fosters independence and encourages self-directed housing choices.

Sub-Committees and Goals

Discussion continued about what sub-committees and goals we would like to work on. Housing Committee will continue with Annette being lead. Miranda Fisher will lead the Community Education and Awareness and work on the web site update. Mental Health will continue and will look to other Council Members for the lead. It was decided that each sub-committee would have a lead from the Council. Council Members can join as many committees as they want. Days and times will be decided by each committee and Rebecca will set up in Teams and announce publicly.

Meeting Adjourned at 7:30 p.m.

Minutes Submitted by Rebecca Seiden

Mill Levy Advisory Council, BCHS

Monday, February 12th, 2024

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

Meeting Minutes

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Absent: Deana Cairo

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

Meeting

Meeting was held through Microsoft Teams and in person at 13482 Broadway St. Baltic Conference Room No Public Comments were scheduled.

Approval of Minutes

November 2023 and January 2024 minutes were passed as written.

Reminder: Minutes are in Teams Files.

Imagine! Updates

Kathryn Arbour

Submitted lengthy update in January minutes. Not much more to report. HCPF transition starts in March. As other CCBs and CMAs are transitioning a list is being compiled of client names and locations. Each CMA is developing an exception list. Which will be for clients that want to switch CMAs or stay with a CMA which is out of their area. These requests are being tracked. Imagine! is working on getting their data base clean. A new name has been decided on for the combined Imagine! CCB and ACMI. It is ANI Avenues and there has been a logo

developed. A search for a CEO of the PASA is being launched. The PASA will keep the name Imagine!. There is a joint board sub-committee for CMA legal parts. They have transitioned to a professional HR agency. PASA will have its own HR. ACMI and Imagine! will be under PEO for CMA. They are planning an internal celebration for Spring. Celebrating Imagine!'s history and future. Both the CMA and PASA are keeping most employees including management. There has not been a conversation yet about search for CEO for the CMA. Ration of client to case manager will be 1:65 across the board for the CMA. There will be two townhalls. February 27th is an open Town Hall at the Dixon building. February 29th will be a zoom Town Hall.

Boulder County Navigation Maps

Whitney Wilcox, Family Resource Network Manager presented the Boulder County Housing Navigation Map. Link is:

<https://bouldercounty.gov/departments/housing-and-human-services/navigation-resources/>

Council Members discussed and asked questions. Would like to see some of the other maps and would like to see a version placed on the website for resources. Council Members were very impressed with the work that has been done on these. Whitney will check into answers for some of the questions council members had.

Discussion and Voting

Willoughby Corners

In total a 400 affordable housing planned development located in Lafayette just southwest of the intersection of 120th and East Emma Street. Phase 1 is currently under construction. Phase 2 will create an additional 128 affordable apartments and townhomes. 32 one bedroom, 57 two bedroom, and 39 three bedrooms. Possible companion units above community area with office space for possible concierge type support or PASA office. Disbursed units as well. BCHA would like us to make a commitment on proceeding with units for Phase 2. This is not a commitment for the number of units nor the cost currently. Development would start in Mid-March.

Annette Treufeldt-Frank made the following motion "IDDAC is in favor of proceeding with commitment to affordable unit(s) in Willoughby Corners Phase Two dedicated to IDD, Bi, Autism housing.

Tim Maxwell seconded this motion. No Discussion.

Roll vote was taken. 8 in favor and 1 absent. Motion was passed.

Mental Health Training Incentive

Looking at April and September time slots for training through Oliver Behavioral Consultants. This training has been paid for by funds given to us by CCHA. In addition to the training funds, CCHA also is funding \$2,000 for incentivizing training. Possibility of up to 40 participants per session. It is a 20-hour training consisting of six modules, each devoted to a particular topic. The topics include assessment, attention deficit/hyperactivity disorder, depressive disorders, anxiety disorders, trauma and brain injury, psychotic disorders. Each module contains a pre-recorded zoom presentation, accompanying PowerPoint, a post-test for the material presented in that module, and a class evaluation. Additionally, all participants are invited to a weekly one-hour LIVE session with the workshop instructors to review material, present case studies, and answer questions. This design allows the participants to access the course at their own pace. Council Members discussed an incentive for participants who take entire course, attend sessions, and pass all tests/course. Tim Maxwell contributed that RAE one had given their participants \$3,000 but for them the entire course was in person. \$1,000 was suggested. This would be approximately \$50 per hour. Heidi Que stated that this would not be a reasonable reimbursement for prescribers. It was discussed that this course is not really designed for prescribers. It is for Mental Health providers such as Community Mental Health therapists. Teresa Greene brought up that it would be great to possibly include students that are studying to become therapists. It was decided that we should look at something like that when we discuss Community Education and Awareness but that this is for licensed, accredited therapists that are currently Medicaid Eligible.

Teresa Greene made the following motion “IDDAC recommends an incentive of \$1000 to be paid to each Mental Health provider that completes and passes all parts of Mental Health training to be provided by Oliver Behavioral Consultants. This incentive is for the two trainings offered in 2024.”

Seconded by Niccolle Mascarenass. Roll vote was taken. 7 in favor. 2 absent. Motion passed.

Updates

- We had 21 applications for the IDD Mill Levy Program Specialist Position. Very strong candidates. We are interviewing the top 4 the week of February 26th.

- RFA for Direct Services and RFA for Social Activities and Recreational Activities should be going out in the next week or two. We will be extensively advertising these as well as sending to a vendor list that has been created.
- There is interest from Inclusive Housing Coalition in joining us for a Regional IDD Housing Summit.
- Seiden attended a working meeting with ACL Housing Committee. Imagine! and Tim Dolan from IHC attended as well. Working on breaking down silos and working collaboratively.
- Regional Housing Summit was a few weeks ago. Seiden attended as advocate for housing for IDD, BI, Autism. Message was well received.
- Next meeting March 11, 2024. Time will be 4 p.m. to 7:30 p.m. We will have new members. Also, have invited START from Denver to give a presentation as well as Elevated Communities. At that time, we will be electing new officers for the year.

IDDAC Vision/Mission Statement

Council Members continued to discuss statements and made edits. This has not been voted on.

Our mission is to empower Boulder County residents living with Intellectual and Developmental Disability, Brain Injury, and Autism and their support networks by fostering inclusivity and promoting a compassionate community that recognizes and celebrates the uniqueness of all members of our community as valued citizens and neighbors.

Our vision is to champion equitable access for individuals with Intellectual and Developmental Disabilities, Brain Injury, and/or Autism to have a diverse array of choices that align with their aspirations. We are dedicated to facilitating and supporting opportunities for housing, employment, health, wellness, and community inclusion, fostering an environment where everyone can pursue their goals.

Our purpose is to make informed recommendations to the Boulder County Commissioners which generates and encourages impactful investments that supports inclusivity and access for all members of our community.

Our Housing mission is to ensure individuals with Intellectual and Developmental Disabilities, Brain Injury, and/or Autism are included in their communities as valued neighbors and citizens through access to safe, affordable, and customized housing solutions. We are committed to a continuum that ranges from emergency housing to homeownership which fosters independence and encourages self-directed housing choices.

Discussion of Impact of Delay in Services

Medicaid Redeterminations are a big issue. During Covid redeterminations were automatic. When that period ended people were not used to having to do redeterminations again. System is backed up. State has tried to set up stop gaps. Does Boulder County have the resources to help? Delay in establishing plans. There has been a lot of turn over due to case management redesign. PASAs have been told that they may not get back pay due. Some PASAs are continuing to support people without plans and being able to get paid. Council would like to see County become involved by looking at the Medicaid redeterminations and possibly having County Commissioners weigh in on reimbursement delay.

Meeting Adjourned at 7:40 p.m.

Minutes Submitted by Rebecca Seiden

Mill Levy Advisory Council, BCHS

Monday, March 11, 2024

4:00 p.m. to 7:30 p.m.

Meeting Minutes

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

Absent: Deana Cairo, Julie Marshall, Niccole Mascarenas

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

Meeting

Meeting was held through Microsoft Teams and in person at !1333 Iris Norton Conference Room No Public Comments were scheduled.

Introduction of New Council Member

Julie Marshall is our newest member of the Council. Julie was on our first Council and served as the Chair until her resignation due to employment.

Vote on Chair and Vice-Chair

Annette Treufeldt-Franck will serve as Chair and Miranda Fisher will serve as interim Vice-Chair. Voting took place via text and was 6 yes and 3 absent.

Approval of Minutes

Annette motioned to accept February minutes as written. Miranda seconded. Voting was 6 yes and 3 absent. Minutes approved.

Reminder: Minutes are in Teams Files.

Imagine! Updates

Kathryn Arbour

Barb Wilkins-Crowder

Kathryn from Imagine! and Barb from ACMI attended as representatives of new Case Management Agency, A & I Avenues. Imagine!'s name will stay with Direct Services PASA. A & I Avenues will be new case management entity. Jodi Walters from Parker Personal Care Homes has been chosen as Executive Director of the Imagine! PASA and will start at the end of May. Stephen Shaunessy will stay as Chief Service Officer. ACMI has moved into the Imagine! building. Combined number of clients on waivers will be 3,000. There has been no decision on case managers caseload size. After July 1 it will be 1:65. There is an initiative (Super Waiver Colorado) that is working on getting waivers to be the same across the board. Phase 2 began last week. They currently have 3 to 4 openings. Other places have a lot of turnovers. HCPF software is still not working correctly which is causing delays. ½ million has not been paid out yet in past billing to Medicaid. Kathryn explained that as long as there has been billing and tracked, it will be paid. There is advancing payment to PASAs which should help.

Denver START Program

Jodi Litfin and Brian Tallant presented on the Denver START Program and provided a PowerPoint presentation.

Denver START Clinical Program

for individuals with intellectual & developmental disabilities (IDD)

Denver Human Services
Rocky Mountain Human Services
The Center for START Services



START Program Certification Options



Clinical Team: A program certified in clinical team services only, serving adults, children, or lifespan



Clinical Team Plus: A program certified in both clinical team services and therapeutic supports (resource center, therapeutic coaching, or both) to either adults (18+), children (6-21), or lifespan (6+)



Denver START is pursuing certification as a Clinical Team Plus (clinical team plus therapeutic supports for lifespan, but no resource center at this time)

Director

- Full time supervision and 24/7 support to clinical team
 - Ensures team members align with mission and practices of the START model
 - Administrative supervision for Clinical Team Leads, Clinical Director, and Medical Director
 - Works with NCSS to develop program and maintain fidelity to the model
 - Serves as liaison to community providers and develops community linkages
 - Chairs advisory council

Current Team



Leadership: Program Director (AD), Clinical Director, Medical Director, Clinical Team Lead (PM), Therapeutic Coaching Team Lead (PM)



START Coordinators (Currently 6)



Therapeutic Coaches (Currently 2 with one vacancy)

Clinical Director

- Oversight of all clinical aspects of the program
 - Prepares START coordinators for certification
 - Facilitates clinical consultation and peer review
 - Reviews and approves START tools
 - Provides clinical supervision to Clinical Team Lead
 - Provides trainings/education to clinical team
 - Provides consultation to community providers/psychologists
 - Clinical Education Team preparation and presentation/facilitation
 - Maintain up-to-date assessments and forms

Clinical Team Lead

- Operational and clinical support to START Coordinators
 - Live supervision
 - Coaching on START coordination
 - Review/approve START tools
 - Regular supervision with each coordinator
 - Referral assignment/enrollment
 - Scheduling
 - Productivity monitoring

Medical Director

- .25 position
- Provides consultation and training to team
- Collaborates with primary treating physicians of person supported by START
- Consultation to psychiatric hospitals
- Participate in team meetings and provide recommendations
- Participate in monthly CETs
- Assist with the collection of meds assessment data and analyze data with team

Therapeutic Coaching Team Leader

- Provides oversight and supervision of therapeutic coaches
 - Ensure training requirements are met
 - Work with coordinators and clinical director in planning and scheduling coaching
 - Facilitate admission and discharge planning
 - Assist therapeutic coaches in identifying strategies to meet the goals
 - Ensure all coaching activities are entered in SIRS
 - Communicate with caregivers and support systems regarding care
 - Communicate with clinical team regarding responses to therapeutic coaching

Data-Driven Program



SIRS data ensures fidelity to the model and allows NCSS oversight (compliance)



Demonstrates the outcomes and value to the community



Identifies gaps and areas for improvement and allows for continuous improvement, for each person supported and for program as a whole

START Assessments

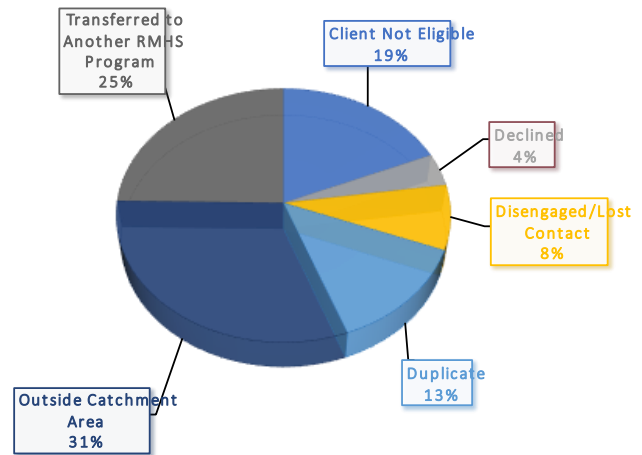
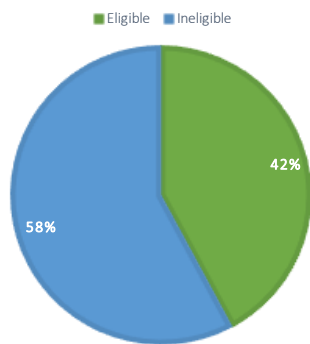
- **START Intake Form**
- **Aberrant Behavior Checklist**
- **Family Experience Interview Schedule (FEIS)**
- **Personal Experience Interview Schedule**
- **Matson Evaluation of Drug Side Effects (MEDS)**
- **Recent Stressors Questionnaire**
- **Happiness Assessment**
- **Caregiver Perception of Stress Survey**
- **Emergency Assessment**



Referrals

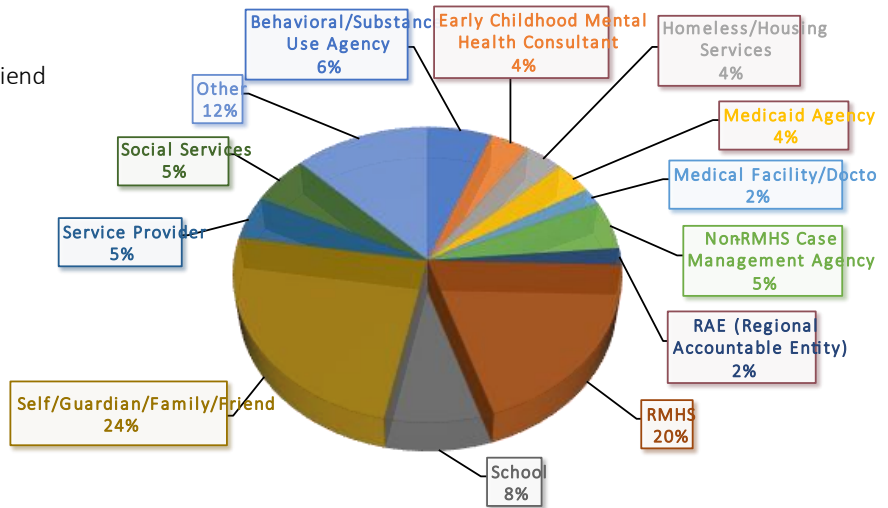
- The program has received a total amount of 166 referrals
- Of those referrals, 70 were eligible and 96 were ineligible

ELIGIBLE VS. INELIGIBLE REFERRALS

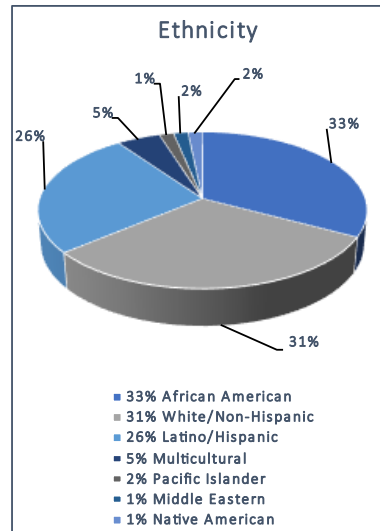
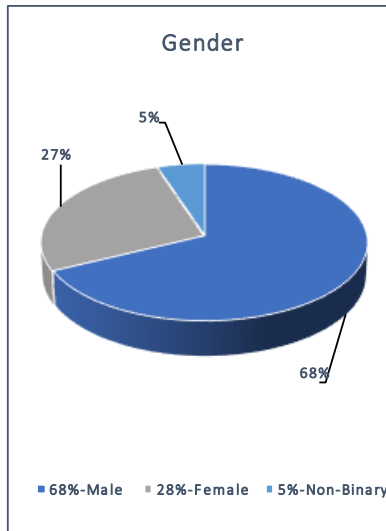
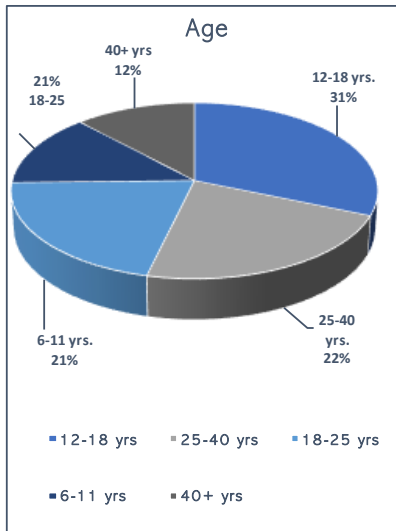


Referral Sources

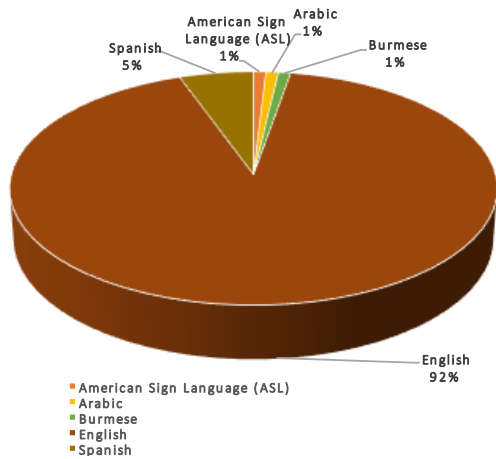
- Self/Guardian/Family Friend (24%)
- RMHS (20%)
- Other (12%)
- Schools (8%)
- Behavioral Health (6%)
- Social Service
- Service Provider
- Non-RMHS CCB (5%)
- Medicaid
- Homeless/Housing
- Early Childhood (4%)
- RAE (2%)
- Medical (2%)



Demographics



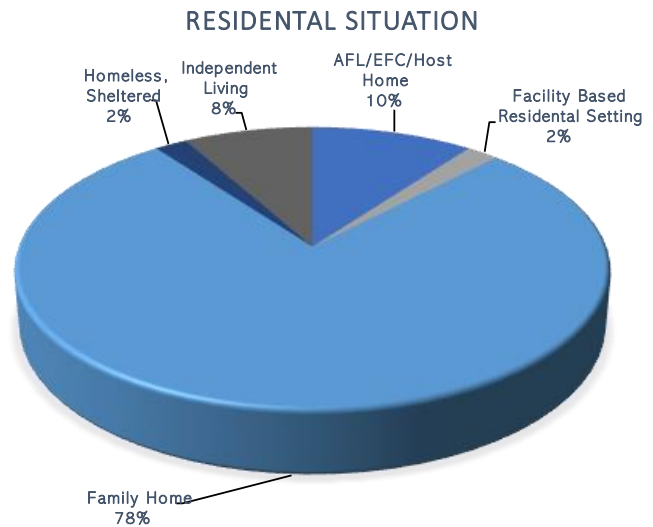
Demographics (continued)



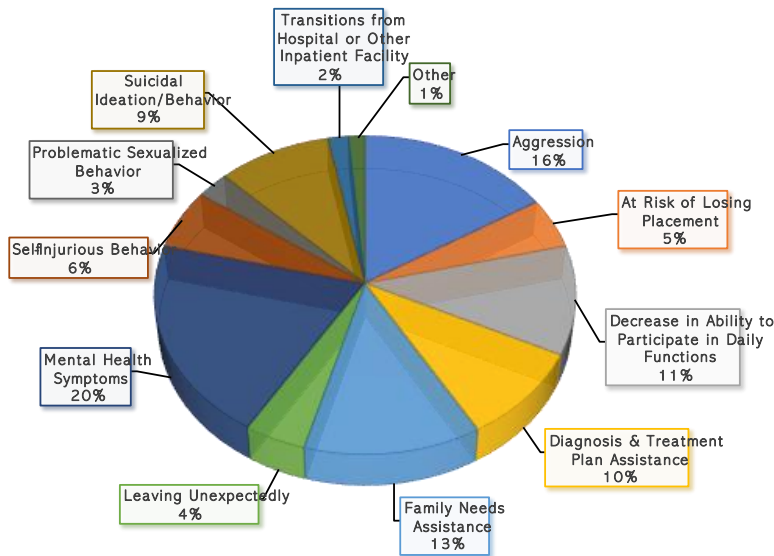
| Level of Intellectual Disability (%) | | |
|--------------------------------------|-----|-----|
| No ID/Borderline | 20% | 22% |
| Mild | 55% | 56% |
| Moderate | 15% | 20% |
| Severe-Profound | - | - |
| Not specified | 10% | 2% |

Demographics: Residential Situation

- o The most common residential situation for the Denver START Program is the Family/Relative home at 78%
- o The next top residential settings are:
 - o AFL/EFC/Host Home (10%)
 - o Independent Living (8%)
- o It is likely that many host homes exist outside of the Denver City limits.
 - The Denver START Program has experienced several clients moving to new host homes that are in Arapahoe County.



Presenting Problems At Enrollment



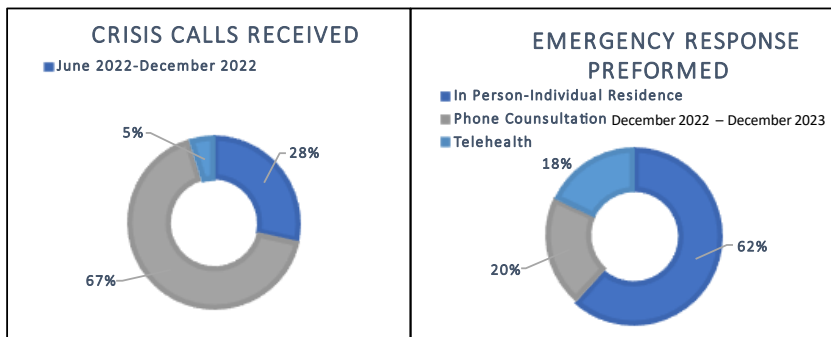
The main presenting problems at the time of enrollment are:

- Mental Health Symptoms (20%)
- Aggression (16%)
- Family needs assistance (13%)
- Decrease in ability to participate in daily functions (11%)

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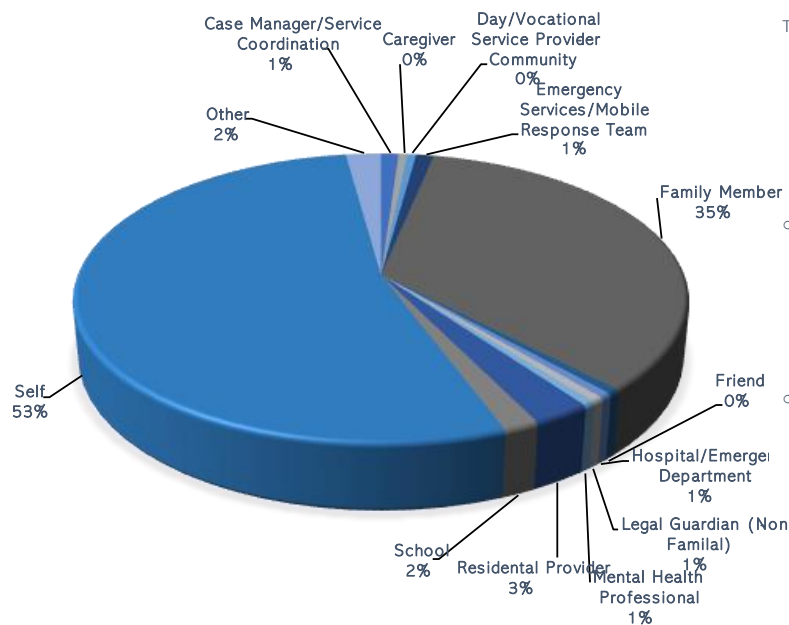
Crisis Response

- The data reflects that there has been an increase in crisis calls.
 - 2023 reflects the most amount of crisis calls due to the amount of data available
- Our in-person crisis responses are increasing significantly.
- Our crisis response is mainly inperson unless:
 - It is specifically in their crisis plan that a phone consultation and/or telehealth call is to take place prior to an in-person response
 - The client/provider/family member etc. has requested for the team to not come out.
- We are one of the START teams participating in a study conducted by NCCSS, to understand the impact of care received via telehealth versus in-person.



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Source of Crisis Call(s)



The data reflects the source of crisis call(s) are:

- **Self 53%**
 - This means that the majority of crisis calls come from the person in crisis themselves. This is often because they are feeling overwhelmed and don't know where else to turn.
- **Family member 35%**
 - This means that a significant number of crisis calls come from family members who are concerned about someone who is in crisis. They may be calling to get help for the person in crisis, or to get support for themselves.
- **Other 12%**
 - This includes calls from Host Home providers, friends, coworkers, neighbors, and other community members who are concerned about someone who is in crisis.

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Diagnoses

Neurodevelopmental and Mental Health Diagnoses

Trends in recorded psychiatric diagnoses are similar to START programs overall

Rates of those diagnosed with ADHD are higher in Denver than national averages

Rates of autism spectrum disorder are lower for Denver compared to national averages

Medical Diagnoses

No children or adults were reported to have any immunology/allergy (e.g., asthma, seasonal allergies, specific food allergies) conditions.

Only 2% of adults enrolled had recognized endocrine conditions (e.g., diabetes, thyroid disorders, hormonal imbalances), while nationally, over 15% of those served are reported to have an endocrine condition

Outreach Activities & Time



The team has performed 2132 outreach activities



1,046 hours conducting outreach activities



Coaching Strategies



2837 Coaching activities strategies year-to-date

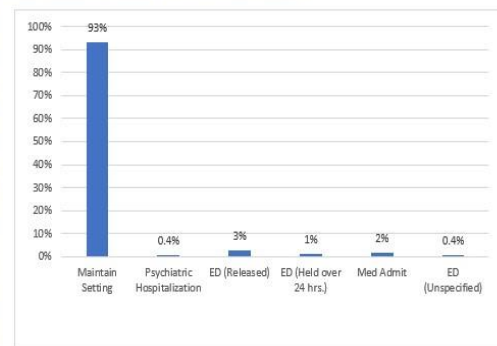


Crisis Response

Crisis Response (Program Inception through October 2023)

| Denver START | | |
|--|------------|------------|
| Variable | Children | Adults |
| Crisis Contacts | | |
| Number of Individuals with a contact | 16 | 18 |
| Number of Crisis Contacts | 69 | 155 |
| Range of Contacts | 1-12 | 1-53 |
| Frequency of calls with each type of Intervention N (%) | | |
| In-Person | 58 (84%) | 84 (54%) |
| Telehealth | 11 (16%) | 71 (46%) |
| Average Response Time (In-person contacts) | 44 minutes | 59 minutes |
| Crisis Disposition for each crisis contact N (%) | | |
| Maintain Setting | 64 (93%) | 145 (94%) |
| Psychiatric Hospital Admission | 1 (1%) | - |
| Emergency Department (released) | 2 (3%) | 4 (3%) |
| Emergency Department (held over 24-hours) | 1 (1%) | 2 (1%) |
| ED (outcome not specified) | 1 (1%) | - |
| Medical Hospital Admission | - | 4 (3%) |
| Crisis Stabilization | - | - |
| Other (jail/detention) | - | - |

Disposition of Denver START Crisis Contacts

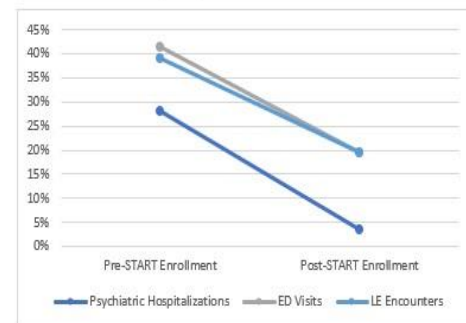


Emergency Services Utilization

Change in Frequency of Pre- and Post-START Emergency Service Utilization (Program Inception through October 2023)

| Denver START (n=82) | | |
|---------------------------------------|-----------|------------|
| Variable | Children | Adults |
| N | 26 | 56 |
| Psychiatric Hospitalization | | |
| Prior to enrollment, N (%) | 12 (46%) | 11 (20%) |
| Mean Admissions (range) | 1.3 (1-3) | 1.6 (1-3) |
| During START, N (%) | 2 (5%) | 1 (2%) |
| Mean (range) | 1.0 (1) | 1.0 (1) |
| Average length of stay (days) | 11 days | 5 days |
| Emergency Department Visits | | |
| Prior to enrollment, N (%) | 17 (65%) | 17 (30%) |
| Mean Visits (range) | 2.1 (1-6) | 6.1 (1-30) |
| During START, N (%) | 7 (27%) | 9 (16%) |
| Mean (range) | 1.4 (1-2) | 1.6 (1-4) |
| Law Enforcement Involvement | | |
| Prior to enrollment, N (%) | 13 (50%) | 19 (34%) |
| Mean Visits* excludes outlier (range) | 2.4 (1-5) | 4.8 (1-50) |
| During START, N (%) | 7 (27%) | 9 (16%) |
| Mean (range) | 1.3 (1-2) | 2.0 (1-3) |

Change in Frequency of Pre- and Post-START Enrollment Emergency Service Utilization



Areas of Focus



The above presentation did not copy clearly. If you want a copy sent to you, please let rseiden@bouldercounty.gov know.

Boulder County Needs Assessment Review Working Session

Rebecca will send out an email after each meeting to sum up what decisions have been made and items to work on for the next meeting. Council Members will work on the following items for next time:

- Website Ideas-take a look at our website and come up with ideas for additions and changes <https://bouldercounty.gov/departments/housing-and-human-services/intellectual-and-developmental-disabilities-advisory-council/>
- Housing-what other housing options should we be looking at? A suggestion of increasing HHPs in Boulder County and how to do that and Home Ownership perhaps a mentoring program so people with IDD/Autism/BI could take the Workforce Home Ownership Program.
- Community Education-What would you like to see presented to increase knowledge and understanding of IDD/Autism/BI? What programs do you think would be valuable for the community such as DVR, Advocacy?
- Housing-what agencies, stakeholders, politicians should be included in a regional summit?

- Housing-what stakeholders should be a part of forums and community outreach to determine support needs for Willoughby Corners?

It was also decided that 10 to 15 minutes of each council meeting will be devoted to discussing the upcoming agenda for council members to provide input on presentations including community partners to come give a report out.

Meeting Adjourned at 7:30 p.m.

Minutes Submitted by Rebecca Seiden

-

Mill Levy Advisory Council, BCHS

Monday, April 15th, 2024

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

Meeting Minutes

ADA statement

This document contains materials from external parties that may not be fully accessible. To request an Americans with Disability Act (ADA) accommodation, please email ada@bouldercounty.gov, or call 303-441-1386. [View the county's accessibility statement.](#)

Advisory Council Members in Attendance: Annette Treufeldt-Frank, Jolie Bernstein, Miranda Fisher, Robert Enderson, Teresa Greene, Niccole Mascarenas,

Absent: Deana Cairo, Heidi Que

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

Meeting

Meeting was held through Microsoft Teams and in person at !1333 Iris Norton Conference Room. No Public Comments were scheduled.

Introduction of New Boulder County IDD Mill Levy Program staff

Ally will support Rebecca's role by working on ground level tasks/projects to free up Rebecca on higher projects/networking. Ally brings a background in IDD systems; worked at Imagine! (services and care coordination) for 10 years, was a live-in family caregiver for her cousin in IDD services, and has experience in conducting SIS & Adaptive IDD assessments.

Approval of Minutes

Miranda motioned to accept March minutes as written. Annette seconded. Voting was 6 yes and 2 absent. Minutes approved.

Reminder: Minutes are in Teams Files.

Imagine! Updates

Kathryn Arbour

Barb Wilkins-Crowder

Neither Kathryn from Imagine! or Barb from ACMI (representatives of A&I Avenues, the new CMA for IDD, Autism, and BI effective July 1st) attended, however, they provided a written report that was reviewed.

Highlights included:

- Imagine PASA will be keeping name. CMA will be taking A&I Avenues name.
- Successful Crisis Specialist position at CMA, and now merging role into ongoing A&I Avenues contract to also serve BI clients effective July 1st.
- Kathryn staying with CMA
- For clients outside of A&I Avenues jurisdiction, the State is moving towards replacement, however, there is a process for A&I to keep those existing clients for continuity of care.
- CMS tech issues have led to some eligibility breaks, wrong information in the system and lack of notice/inundated caseloads.

Full report provided below:

Boulder County Community Initiatives Unit

Whitney Wilcox

IDD Mill Levy Program moved from IMPACT to the Communities Initiatives Unit, where the Family Resource Network also resides. Whitney oversees the Community Initiatives Unit housed under Partnerships, Contracts, and Services within Housing and Human Services (soon to be Human Services).

Elevated Communities

Wendy Klusak, Boulder County IDD Mill Levy Systems Navigator

Year anniversary of Systems Navigation!



Program Overview

This program will create Boulder County's first designated Systems Navigation position for persons' with an I/DD, BI and/or Autism diagnosis, funded by the IDD Mill Levy. The Systems Navigator will support individuals of all ages and/or their families living with IDD, BI and/or Autism to access, engage and secure local, state and federal supports and other services that will empower them to lead healthier, meaningful and self-directed lives in Boulder County. The purpose of this position includes having knowledge of relevant and appropriate resources and providing accommodations and support as needed to apply for programs which the person may be eligible for.



Program Background

The Development Disabilities property tax, approved by voters in 2002, supplemented an existing mill levy to support developmental disabilities programs in Boulder County. For the purposes of funding, this includes persons with IDD, BI and Autism and their families, residing in Boulder County. In the Boulder County IDD Needs Assessment 2019 report, stakeholders repeatedly mentioned the need to supplement case management services with systems navigation and advocacy services. "Many stressed a need to re-ex-examine the idea of a single-entry point or "one stop shop" as few know families [sic] who have had that experience as it was intended. Many stressed that the current system and workforce simply does not have the capacity to help families navigate through complex eligibility determination processes and access needed services. "As one family member described "*We need just general systems navigation.....if you don't have the right buzzword, you get sent down the wrong alley.....Oftentimes, people are turned away from funding resources when really, they should have been just essentially led to a different door.*"


<https://assets.bouldercounty.org/wp-content/uploads/2019/08/Boulder-County-IDD-Needs-Assessment-Full-Report-January-2019-UPDATED.pdf> (Keystone Policy Center, Omni Institute pg.23)

Mission Statements:

It is the mission of Elevated Supports to provide unique, individually crafted supports to elevate and expand the independent living skills and the quality of life for each person Elevated Supports serves.

Elevated Communities' mission is to support Boulder County community members in need of an accessible and safe space to overcome barriers towards self-sufficiency, provided through individualized strength focused advocacy, resource navigation, and employment readiness strategies.

The Vision of Elevated Communities is that all people experience purpose and meaning in their lives.

| | | | |
|---|---|---|---|
| <p>Nicole Newsom Program Director nicole@elevatedsupports.com 720-256-5191</p> | <p>Wendy Klusack Resource Navigator wendy@elevatedsupports.com 720-786-8944</p> | <p>Rebecca Seiden IDD Mill Levy Program Coordinator, Boulder County rseiden@bouldercouty.org 720-564-2730</p> | <p>Intake</p>  |
|---|---|---|---|

Link to intake form:

<https://elevatedsupports.socialsolutionsportal.com/apricot-intake/1a533e56-9d87-4a21-b381-20303ac7d056>



Key Personnel

Wendy Klusack - Resources Navigator

Empowering others is at the core of what inspires Wendy Klusack to serve as a Resource Navigator through Boulder County I/DD Mill Levy Navigation Services. Wendy joined Elevated Supports in 2019 and served clients under the Supported Living Services Waiver. She developed the program to serve clients to maximize waiver benefits while connecting them to life enriching resources and opportunities.

Wendy is a graduate of Colorado State University with a Bachelor of Arts in Human Development and Family Studies. Her professional tenure has included time spent serving Special Education students throughout K-12 levels, teaching pre-school, residential group homes for youth, parent/tot recreation classes, community based mental health organizations and providing host home and foster care services.

In her new position as Resource Navigator with Elevated Communities, she will connect with members of the Boulder County I/DD, Brain Injury and Autism Spectrum Community to offer individually crafted supports to identify needs and services to increase independence, quality of life and self-sufficiency. Her goal will be to support clients to overcome barriers and strengthen the cohesiveness of programs offered within Boulder County.

Key Personnel

Nicole Newsom - Program Director

Nicole has over 20 years of experience working with individuals with Intellectual/Developmental disabilities in the Boulder County community. Her education includes a Bachelor of Arts in Sociology from CU Boulder and a Master of Arts in Advocacy from Regis University. She began her career at Imagine! in 2003 as a Supported Living Counselor and later as an Adult Case manager. She served on the Human Rights Committee from 2008-2016. In 2008, Nicole worked as a Program Navigator through Workforce Boulder County on a grant commissioned by Social Security called Colorado Youth WINS. During this time, she gained extensive knowledge on the rules and regulations of Social Security benefits. When the grant ended, she went to work as an Adult Advocate at the Association of Community Living. During her 8 years there, she provided resource information and navigation and direct consultation to 200+ adults with disabilities and their families. She also developed an extensive community resource guide and provided dozens of trainings regarding guardianship and transitioning from school to adult services. Nicole also worked as a legal aid, assisting with Social Security appeals. Since 2016, she has been the owner and Executive Director of Elevated Supports, which provides supportive services to over 120 individuals with IDD in Boulder County.

IDD Mill Levy Systems Navigation

Resource navigation assistance for individuals with:

- Intellectual and Developmental Disability (IDD)
- Brain Injury (BI) or
- Autism (ASD)

of **all ages in Boulder County** to access, engage, and secure local, state, and federal supports as well as other services to empower people to lead self-directed, meaningful, and healthy lives



Office hours available at 637 Terry St. Longmont:
 • Monday - Friday 9am - 5pm
 • Wednesday 5 - 7pm by appointment only

Scan QR code to access referral services form



<https://elevatedsupports.socialabstentionsportal.com/apricot-intake/1a2535e56-9d87-4a21-b381-20503ac7d056>



Sistema de navegación de recursos para personas con discapacidad intelectual y del desarrollo

Este servicio está financiado por los impuestos Mill Levy y está disponible para personas de todas las edades en el condado de Boulder con:

- Discapacidad intelectual y del desarrollo
- Lesión cerebral
- Autismo

El propósito es facilitar el acceso y participación en apoyos locales, estatales y federales, así como otros servicios, con la meta de capacitar a las personas para llevar vidas más independientes, plenas de satisfacción y salud.



Escanee el código QR para acceder al formulario de servicios de referencia

<https://elevatedsupports.socialabstentionsportal.com/apricot-intake/1a2535e56-9d87-4a21-b381-20503ac7d056>

Horario de atención sin cita disponible en

- Martes de 12pm a 3pm
- Miércoles de 4:30pm a 7:30 pm
- Viernes de 9am a 12pm

Para citas fuera de estos horarios, sírvase contactarnos a:



Program

Details

- Launched April 1, 2023
- Office location: 637 Terry St Longmont, CO 80501
- Office hours: Monday-Friday 9-5pm. Wednesdays 5-7pm by appointment
- Utilizing Apricot software to maintain client database
- Reporting data to Boulder County IDD Council quarterly
- Total clients engaged, 128. Clients moved through or exited program, 28
- Community organizations connected with, 85
- Presentations given, 31
- Resource fairs/events attended, 18
- Ability to engage with new referral has shifted from 2 weeks to scheduling out 3 weeks due to current demand.

| Quarterly Metrics 2024 | Q1 3/31 |
|--|-----------|
| Number of referrals by residency for systems navigation | |
| Boulder | 15 |
| Lafayette | 3 |
| Louisville | 2 |
| Longmont | 9 |
| Other Cities Inside Boulder County | 2 |
| Homeless Inside Boulder County | 4 |
| Mountain Region | 1 |
| Unknown | 0 |
| Number of Referrals | 36 |
| All Referral Cases By Age | |
| 0-5 | 1 |
| 6-12 | 5 |
| 13-17 | 5 |
| 18-24 | 8 |
| 25-54 | 15 |
| 55 or older | 2 |
| Child- Age Unknown | 0 |
| Adult- Age Unknown | 0 |
| Total | 36 |
| (Waitlist/Unable to Serve) | 0 |

| Race | |
|--|-----------|
| American Indian/Alaska Native | 1 |
| Asian | 1 |
| Black/African American | 0 |
| Native Hawaiian or other Pacific Islander | 0 |
| Mixed Race | 0 |
| White/Caucasian | 23 |
| Other | |
| Unknown | 11 |
| Total Race | 36 |
| Hispanic, Latino or Spanish origin | |
| No, Not of Hispanic, Latina/o, or Spanish origin | 22 |
| Yes, of Hispanic, Latina/o, or Spanish origin | 7 |
| Unknown | 7 |
| Total Origin | 36 |

| Referral Source | |
|----------------------------|-----------|
| Boulder County | 3 |
| BVSD | 0 |
| Other | 4 |
| CPWD | 0 |
| Imagine! | 2 |
| Jail/Criminal Justice | 3 |
| DVR | 2 |
| Advocate | 5 |
| Mental Health Partners | 3 |
| ACL | 2 |
| APS/CPS | 2 |
| The Our Center | 2 |
| Sister Carmen | 1 |
| Current waiver participant | 1 |
| Community Member | 1 |
| Self | 3 |
| SVVSD | 2 |
| Total | 36 |

| Resources referred to | |
|-------------------------------------|-----------|
| ACL | 2 |
| CPWD | 0 |
| Family Resource Network | 0 |
| Abby Care | 1 |
| ACMI | 1 |
| Boulder County Human Services | 1 |
| Boulder Housing Partners | 1 |
| Boulder Neuropsychological Services | 9 |
| Brain Injury Alliance of Colorado | 2 |
| Colorado Healing Collective | 5 |
| Cultivate | 1 |
| DVR | 7 |
| Frontier Internal Medicine | 1 |
| Imagine! | 13 |
| Inspiring Talkers | 1 |
| Precious Child | 0 |
| Other | 0 |
| Total | 45 |

| All active system navigation cases by SSM domains addressed | |
|--|----|
| Food | 2 |
| Housing | 9 |
| Income | 2 |
| Childcare | 0 |
| Employment | 6 |
| Money Management | 18 |
| Transportation | 1 |
| Workplace Skills | 1 |
| Adult Education | 1 |
| Child Education | 0 |
| Parenting Skills | 0 |
| Relationship Safety | 0 |
| Support System | 28 |
| Life Skills (Household Management) | 9 |
| Healthcare Coverage | 21 |
| Physical Health | 8 |
| Mental Health | 7 |
| Substance Abuse | 0 |
| Functional Ability | 9 |
| Criminal Justice System | 0 |
| Legal (non-criminal) | 0 |

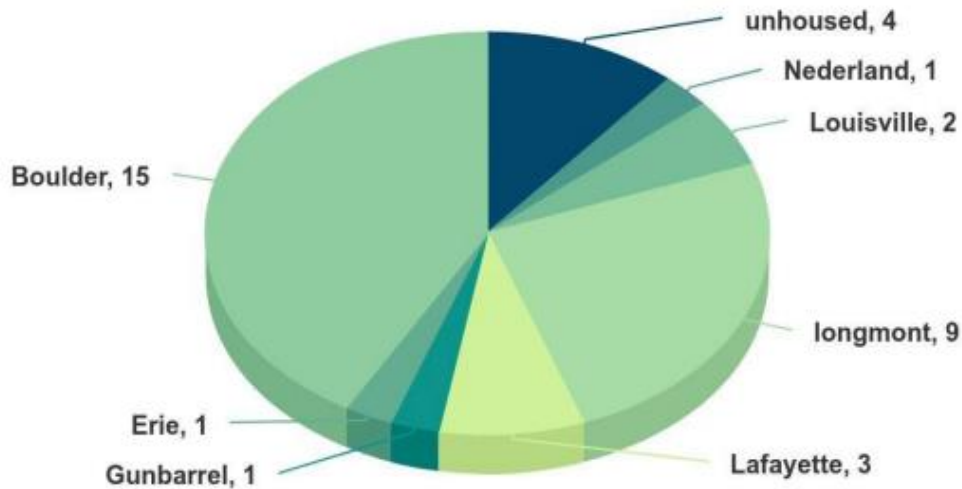
| Successful Systems Applied to | |
|---|-----------|
| Medicaid | 3 |
| Social Security | 12 |
| Imagine! | 16 |
| ACMI | 1 |
| Housing Voucher | 5 |
| Division of Vocational Rehabilitation | 3 |
| LTC | 16 |
| LEAP | 3 |
| SNAP | 2 |
| CCAP | 0 |
| Other (system does require application) | 28 |
| Total | 89 |
| Unsuccessful Systems Applied to | |
| Medicaid | 0 |
| Social Security | 0 |
| Imagine! | 0 |
| ACMI | 0 |
| Housing | 0 |
| Division of Vocational Rehabilitation | 0 |
| LTC | 0 |
| LEAP | 0 |
| SNAP | 0 |
| CCAP | 0 |
| Other | 0 |
| Total | 0 |

| Barriers | |
|--|----|
| Delay in scheduling Assesments greater than 30days | 4 |
| Delay in scheduling Assesments greater than 60days | 9 |
| Delay in scheduling Assesment greater than 90 days | 0 |
| Lack of natural supports | 12 |
| Lack of documentation | 14 |
| Delay of enrollment greater than 30 days | 3 |
| Delay of enrollment greater than 60 days | 16 |
| Delay of enrollment greater than 90 days | 6 |
| Delay in processing greater than 30 days | 0 |
| Delay in processing greater than 60 days | 2 |
| Delay in processing greater than 90 days | 23 |
| Waitlist (ASD program or State SLS waiver) | 2 |
| Lack of engagment | 3 |
| Lack of funding to achieve goal | 13 |

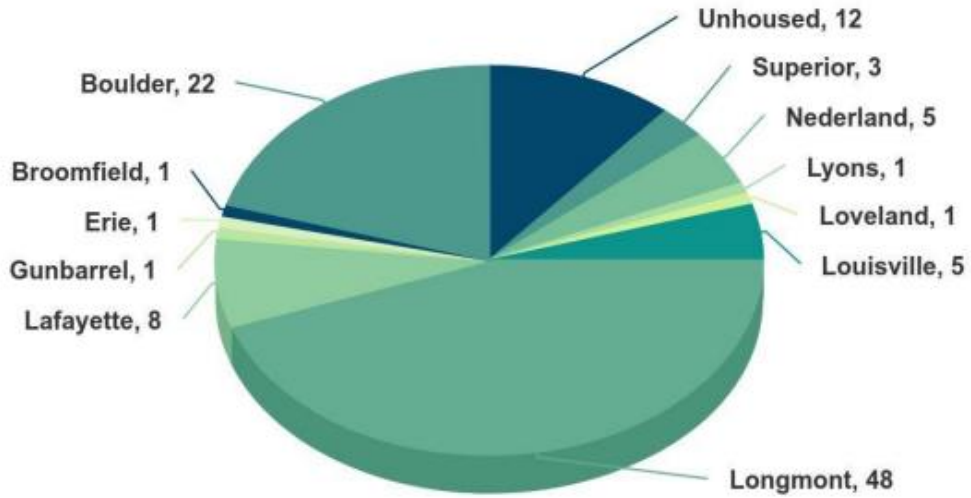
Solutions

- Identifying assessors with the shortest wait times and supporting client to complete scheduling process. Provide assessor with historical data to support request. Ensure attendance of appointment without barriers and assist with delivery of report to CM agency.
- Support client with navigating records request and delivery of obtained documents.
- Aide eligibility determination by providing support documents with application that will generate the best chance of first time approval.
- Maintain weekly contact with CMA through working document to allow for updates and needs.
- Establish relationship with ARBOR to ensure support documents are shared by Boulder County.
- Share received disability determination with County and CMA to ensure smooth coordination.
- Identify opportunities for engagement during wait times.
- Utilize direct aide fund to overcome financial barriers.

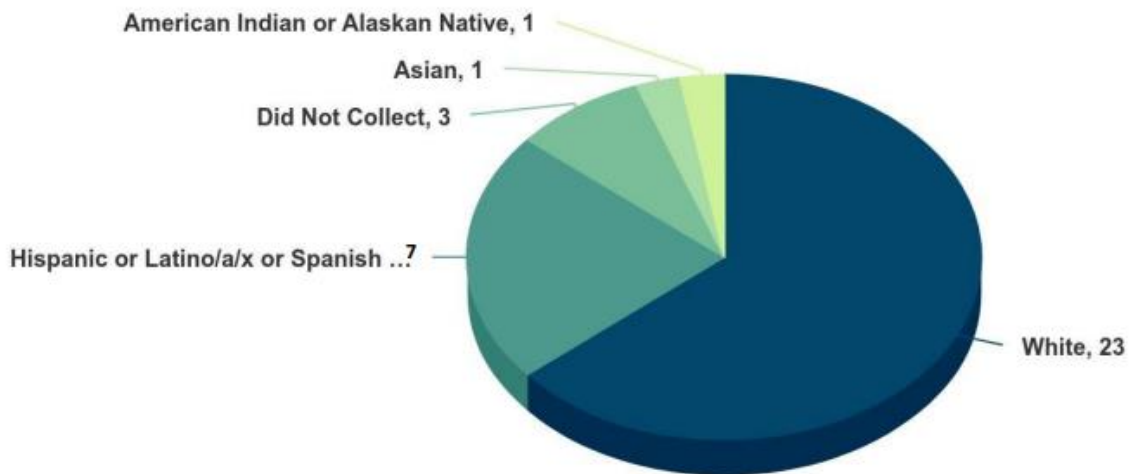
Quarterly Clients by City



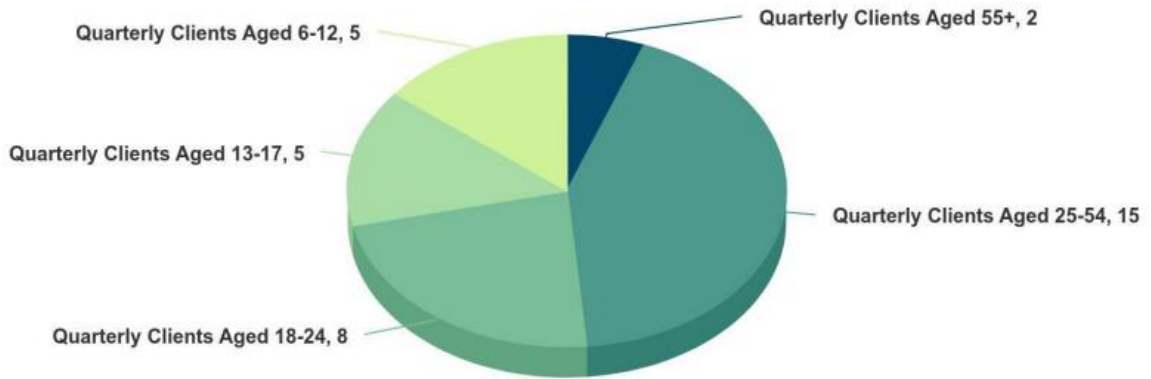
Total Participants by City



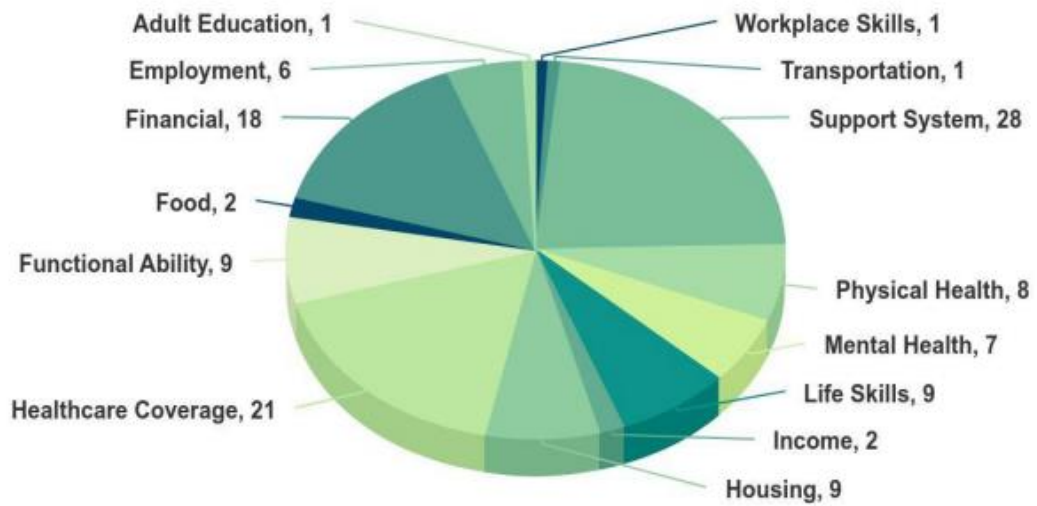
Quarterly Clients by Race



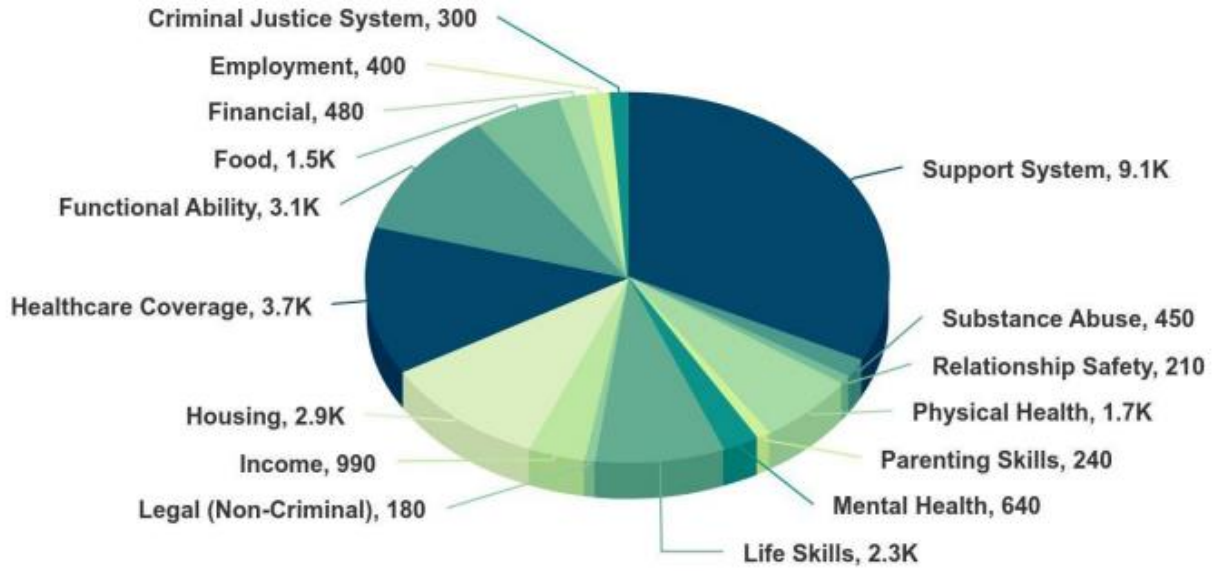
Quarterly Clients Age Summary



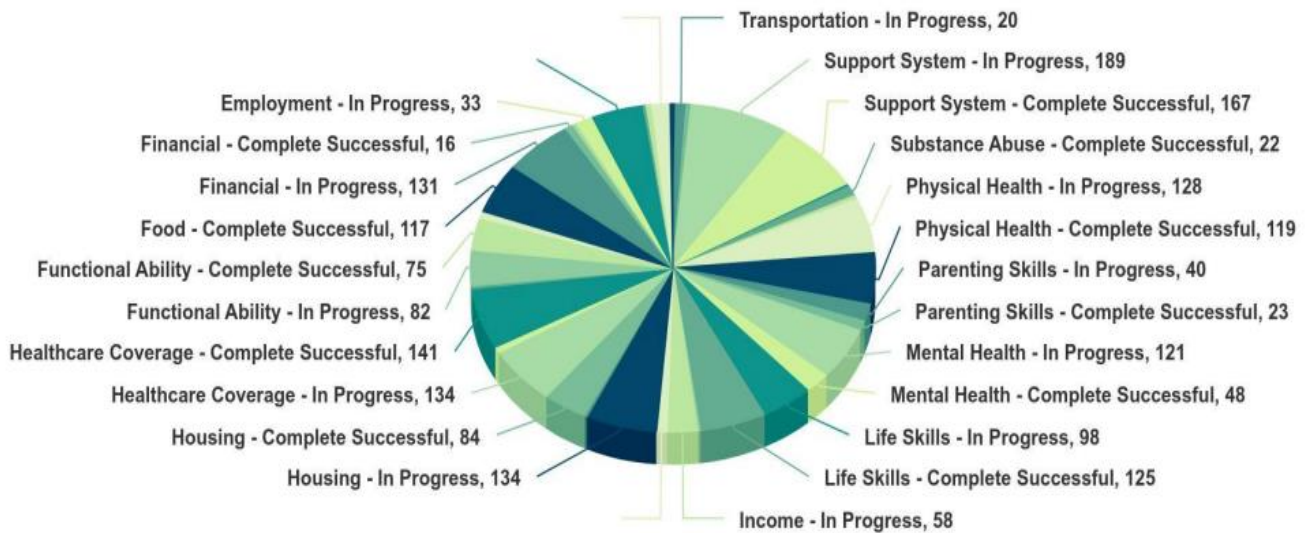
Quarterly ISPs by Domain



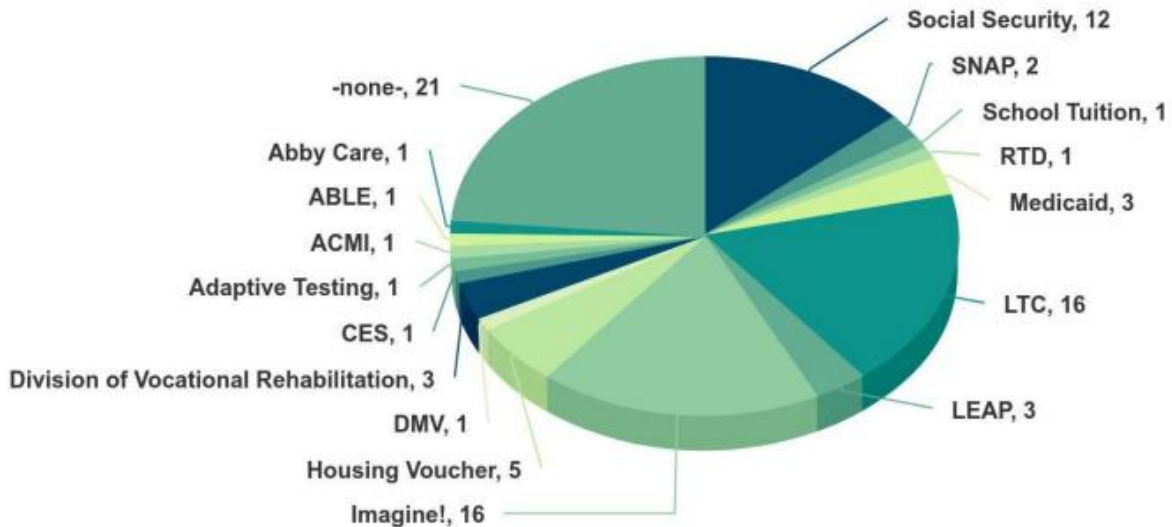
Service Time by Domain



Goal Status by Domain



Quarterly Successful Applications



Examples of Supports

- New born child of Spanish speaking family born while visiting Boulder with significant medical needs. Requested support by Family Connects Colorado Nurse. Completed LTC, SSA and SNAP applications, provided parent support group info. Advocated for funds to support burial costs.
- Supported unhoused client to accept housing at Blue Bird Apartments in Boulder and obtain furnishings. Started with a request to support him to complete LTC app by Imagine. Evolved into scheduling and transporting to adaptive assessment, applying for SNAP, HUD voucher, switching PO offices, moving, address change, establishing PCP. Waiting on SIS scheduling to complete enrollment.
- Connected family to a service agency to become licensed caregivers in order to navigate the challenges of preserving employment while caregiving for high needs child. Referred by PCP who learned they were in jeopardy of losing their home due to frequent employment terminations.
- Facilitated DVR initial engagements due to only option offered being virtually and client not having access to technology.
- Purchased Big Red Box resource through The Autism Society to address elopement concerns a parent faced for their child. Other funding sources denied the request.

Goals for 2024

- ~~Complete the Courageous Conversation Class by 2/21~~ Canceled
- Grow referral network of 51 organizations by 10% ✓
- Attend resource events at least once per month ✓
- Overcome financial barriers to achieve goals by utilizing direct aid fund
- Attend Neurodivergent Fair on 1/28 ✓
- Host monthly caregiver mixers Feb-Oct
- Continue to develop resource guide to be completed by 12/24
- Attend personal development training focusing on Social Security, Medicaid benefits and brain injury awareness.

IDD Mill Levy Updates

Rebecca Seiden

Housing

Willoughby Corners:

- Met with housing developers w/ BCHA. Tonja (developer) met with Desiree to further develop those units.
- Looking at building forums, pulling from day programs, etc. Could potentially occupy 25% IDD, around 30 units for Phase 2, ideally dispersed.
- Hope is for several units over a community center for more support, potentially with a staff office.
- Feedback from 30 Pearl: need companion apartments with 2 bd +2 bath
- Still working on supportive services side (i.e. Desiree to help produce more comprehensive plan for Boulder County, ideally next in Longmont).

Inclusive Housing Council exploring:

- How to get a more qualified supply of HHPs,
- Gauge previous HHPs and find out what doesn't work for long term support, specifically providers in Boulder County.
- What training and support are they potential/current HHPs getting - depends on PASA.
- Will include these topics in the Summit

Mental Health

START Mental health course - upon completion, practitioners receive a \$1k stipend.

RFPs

- Committee review currently and should conclude by weds/thurs of this week. Hope is to execute by July 1st.
- Ongoing contracts take priority
- More follow up needed on housing positions
- Agencies are preferred for RFP respondents as the goal is to have the biggest impact in the community which typically occur through agency programs.
- RFPs will be released as needed and dependent on funding availability. Anticipated for next year based on budget/funding. Whatever Boulder County funds needs to be available ongoing.
- Addressing CM needs was put on hold until after A&I officially merge.

Contracts

- Imagine! (CCB & PASA) received Mill Levy funds. Now with the split, Imagine PASA will have to respond to the RFP to continue to receive funding, instead of their previous ongoing contract.
- Looking at more specialized Case Management for client cases that need more specialized case management, within the CMA (A&I). Crisis Management is entirely separate.

IDD training

- Boulder County PCS staff received IDD Medicaid Waiver training put on by Alex Brown (Imagine! Intake Program Manager).

Boulder County Updates

- HHS splitting into separate departments. Soon will be housed in Dept. of Human Services.

Working Session

Check out Julie Marshall's [housing article](#)

Website Ideas-take a look at our website and come up with ideas for additions and changes <https://bouldercounty.gov/departments/housing-and-human-services/intellectual-and-developmental-disabilities-advisory-council/>

- Suggestion of opening doors to already existing programming both already geared for IDD, and those who aren't but are interested and not sure how to get involved
- Sensory friendly opportunities in the community
- Send ideas to Miranda to post to website

Housing-what other housing options should we be looking at?

- A suggestion of increasing HHPs in Boulder County and how to do that and Home Ownership perhaps a mentoring program so people with IDD/Autism/BI could take the Workforce Home Ownership Program.
- Faith based centers (i.e. Har HaShem, etc.)

Community Education-What would you like to see presented to increase knowledge and understanding of IDD/Autism/BI? What programs do you think would be valuable for the community such as DVR, Advocacy?

- Waivers/transition age options: Imagine!'s *Connecting the Dots of IDD* training, Maureen Welch's online training
- ABLE accounts & Trusts
- Gen Ed. Basic education on neurodiversity. Yes Ambassadors Program, geared towards dyslexia, but good model.
- Community training on how to advocate for your children in the school district. Transitioning from school to adult services - anticipatory knowledge and training at the school district.

Housing-what agencies, stakeholders, politicians should be included in a regional summit? Housing-what stakeholders should be a part of forums and community outreach to determine support needs for Willoughby Corners?

ACL housing committee may have other important contacts. Larimer county contacts? Trailheads?

Next steps:

- Annette getting housing subcommittee going
- Spread the word to recruit
- Miranda moving to Arizona and may want to serve on subcommittee
- Community Engagement subcommittee - Jolie and Julie want to brainstorm this one

Meeting Recording: [IDD Advisory Council Meeting-20240415_173021-Meeting Recording.mp4](#)

Meeting Adjourned at 7:47 p.m.

Minutes Submitted by Ally Joel

Mill Levy Advisory Council, BCHS

Monday, May 20th, 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, Miranda Fisher, Teresa Greene, Heidi Que

No quorum

Absent: Deana Cairo, Niccole Mascarenas, Jolie Bernstein, Robert Enderson

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

Meeting

Meeting was held through Microsoft Teams and in person at !1333 Iris Norton Conference Room. No Public Comments were scheduled.

Introduction of New Boulder County IDD Mill Levy Program staff

Ally will support Rebecca's role by working on ground level tasks/projects to free up Rebecca on higher projects/networking. Ally brings a background in IDD systems; worked at Imagine! (services and care coordination) for 10 years, was a live-in family caregiver for her cousin in IDD services, and has experience in conducting SIS & Adaptive IDD assessments.

Approval of Minutes

April's minutes were not approved – No quorum.

Imagine! Updates

Kathryn Arbour & Barb Wilkins-Crowder

Provided a written report in place of attendance:

Case Management Redesign (CMRD)

Imagine! is in the last six weeks of Phase Three transition of its case management operations as roughly 130 employees plan to merge with Adult Care Management, Inc. (ACMI) to form A&I Avenues. Our weekly meetings with HCPF include a review of all 10 disabilities waivers, discussions of systems and conversations of emails and other critical data, client lists as the comings and goings throughout the State continue to change membership in each CMA, and deliverables expected from the new FY 25 contract which will be signed in June.

The Colorado legislature included a request for stabilization funds from HCPF to be delivered to those CMAs that have already transitioned and to reserve some funds for those transitioning on July 1. The Governor signed the request and communications went out recently regarding their formula for determining the amount of funds that will be distributed. HCPF is basing the amount on the percentage of Members served by Medicaid waivers in the designed service area. It is expected that these funds, which will be issued as State-granted funds and not as part of the contracts CMAs have with HCPF, will be used to help mitigate the many issues that have transpired as a result of “the perfect storm” of many converging events, most of which are outside the control of any individual CMA or transitioning CMA. A reminder of the factors contributing to this environment of great instability:

- The unwind of the public health emergency (PHE) which began officially last May and went into effect in November.
- The care and case management system (CCM) which HCPF launched last summer has encountered multiple difficulties.
- Staffing, which includes challenges attracting and retaining candidates across the sector.

The A&I Avenues leadership team comprised of the CEO of Imagine!, the Executive Director of ACMI, the Director and Assistant Director of Client Relations at Imagine! and the Assistant Director of Case Management at ACMI continue to work together to provide regular communications and team building events to help employees of both organizations stay on top of the many changes in

motion and to integrate with each other as a team. No layoffs have occurred as during this time of joining the two case management teams. Offer letters have been sent and everyone has accepted the invitation officially to join A&I Avenues effective July 1.

Case Management Specifics

Our work is on track to implement the new CMA serving Service Area 8 (Boulder, Broomfield, Gilpin counties). We have many details already completed or in the final stages of completion, in addition to the offer letters distributed and accepted, including the following:

- Completing the compensation design and the outlines of a new performance management approach.
- Planning for data and equipment transfer to ensure employees will have seamless access to their case information and other critical details for successful day-to-day operations in time for the go live date of July 1.
- Communicating the alignment of health benefits and other perks to create a single menu for employees.
- Finalizing the internal organizational structure and business process design.
- Deciding the final plan for distributing Business Office staff to the CMA and to the PASA to ensure continuity for those businesses. The CMA is in the process of hiring a Controller to oversee its financial operations.

The joint CMA subcommittee comprised of Board members from both ACMI and Imagine! are mapping plans for the transition of governance as the newly forming CMA moves towards implementation. For example, new Articles of Incorporation and Bylaws have been drafted to represent A & I Avenues.

Provider Agency

Jodi Walters, the newly hired CEO of Imagine!, joins the agency officially on May 31. She and I have been meeting regularly regarding transition related

matters and to ensure a smooth handoff. Jodi has prepared her first “hello” video for Imagine! which you can see at <https://www.youtube.com/watch?v=2YLpaHqLC9A&t=600s> to get an early glimpse of Jodi and some of her priorities and favorite things.

Other headlines regarding the transition underway:

As a result of the impending transition, separating the direct services provided by Imagine! from the case management and care coordination services, The Board of Directors (BOD) is determining a distribution of assets to each agency going forward. In April, the BOD approved the transfer of the deed for 1665 Coal Creek Drive as the headquarters for the new case management agency, A&I Avenues. The building at 1400 Dixon remains with Imagine! and will serve as its headquarters and transfer hub for clients as they gather to be transported to community-based services. Mental health and behavioral health services will remain at Dixon as will some programming for School Age Services and Adult Community Based programs as needed. Details regarding the move are being prepared and a timeline of related work and upgrades will be distributed to staff shortly. Most of the primary upgrades and moving related business will be completed by July 1. Some work will continue over the summer, but employees and services will be relocated to their respective new headquarters in time for the start of the new fiscal year, July 1.

The Present

We stay focused on day-to-day operations while building this future state. With the coming of the warm weather, watch for summer arts nights in Lafayette and Longmont featuring the artwork of Imagine! clients for viewing and purchasing. To find dates and locations please visit <https://imaginecolorado.org/blog/Good-News-Friday-5-10-2024>.

Thank you for your support and the work you do in support of people with intellectual and developmental disabilities.

Housing Subcommittee Report Out

Annette Treufeldt Frank, Chair

The IDDAC Housing Subcommittee has been difficult to get enough participation and is not currently a functional committee. In place of the Housing Subcommittee, Annette will begin participating in IHC and ACL Advocacy Network meetings and bring IDDAC perspectives to those spaces. IDDAC will also continue to pursue housing specialist positions.

IDD Mill Levy Updates

Rebecca Seiden

Housing

- Met with housing developers w/ BCHA, Tonja, and Desiree last week to explore contract work. Recommending contract work with Desiree for 1.5hrs per month. Phase 2 is set for 2026, and can begin once Phase 1 leasing is through.
- Phone surveys to collect housing demographic data and perspectives on ideal housing options has not been going well. Clients/families are fatigued from being surveyed. Unsure if we will get meaningful data from survey. Clement, Boulder County Human Services' new data manager will help us with identifying important data to collect, and why we need it.
- Discussed the possibility in getting this data through case managers as a contractual deliverable in the future when they have more capacity to not burden families with additional requests/surveys.
- Discussed the idea of bringing in housing people to encourage them to integrate housing data collection. Could join forces with ACL to present to mountain (and other) municipalities to help gather extra data that the ACL has not gathered yet (specifically for Nederland and Lyons). Peak to Peak Housing and Human Services holds housing subcommittee meetings on the odd months. Could be a good place to start; Annette is Vice Chair of this committee and can connect us.

RFP/Budget

- RFPs have been awarded. Rebecca will send out to committee who received what and post to website.
- Still have room in budget for START and housing specialist positions.
- Half of the awards will be taken out of this year, and other half next year.
- Would like to increase budget for Social and Recreational programming.
- Neurodiversity Fair coming up on Saturday, July 27th sharing a booth with Elevated Communities. Ally will be attending for Boulder County IDD.

- IDDAC Board recruitment is open and closes July 10th! Please spread the word. Recruited members might join on August or September's IDDAC Board meeting, depending on timeline of Commissioners approval. Hoping to fill 3-4 seats and would ideally include folks with lived experience. Today is Miranda's last meeting before moving to Arizona.

Working Session

Website Ideas-take a look at our website and come up with ideas for additions and changes <https://bouldercounty.gov/departments/housing-and-human-services/intellectual-and-developmental-disabilities-advisory-council/>

- Create and upload training videos on various topics related to IDD community, i.e. disability etiquette, tenant rights, and co-responder/law enforcement training.
- Explore opportunities to feature training sessions organized by the ACL, such as neighborhood training and safety-first training. Consider reaching out to Caitlin for more information.
- Use intake resources from other CMAs/CCB in other catchment areas.
- Make the Systems Navigation page more user-friendly.
- Update the IDDAC page to provide current information and ensure it is up to par on ADA guidelines. Consider consulting with the ADA coordinator for guidance.
- Develop and include a roadmap to services, possibly in collaboration with organizations like Imagine!/A&I, to assist individuals in navigating available resources.
- Provide a link to the PASAs for easy reference and access to service providers.
- Provide links to important referral resources related to services such as Easter Seals respite and transportation/mobility options.
- Share the "Assume That I Can" video on the website to promote inclusivity and challenge stereotypes surrounding individuals with IDD.
- Provide a suggestion box feature on the website to gather feedback from users and improve the overall experience.

Housing-what other housing options should we be looking at?

- Mountain Housing Coordinators (IMA)
- Governors office
- Joe Neguse
- Kyle Brown

- Faith Communities that own houses
- Media
- Housing groups already doing the work
- Immigrant communities/refugee groups/other groups that hold community-centered values
- Forums:
 - Self-advocates
 - Natural supports
 - PASAs
 - Mobility for All/transportation

Community Education-What would you like to see presented to increase knowledge and understanding of IDD/Autism/BI? What programs do you think would be valuable for the community such as DVR, Advocacy?

Updates to the Needs Assessment

- Collaborate with the communications team to share information to the community regarding recent updates to the needs assessment.
- Highlight the need for additional support, more inclusive voices in the assessment process, and highlight emerging needs.

Community Education about Community Partners/Resource Page

- Develop initiatives to educate the community about available partners and resources.
- Consider creating a dedicated webpage or resource page for easy access to information.

Participation in Boulder County Fairs

- Explore targeted outreach strategies or organize a community resource fair to engage with the community effectively.

"Did You Know That We?" Outreach Campaign

- Establish a public engagement work plan.
- Consider launching an outreach campaign to raise awareness about IDDAC initiatives and services.
- Ensure we've communicated effectively to stakeholders and the community about who we serve and why.

Community Training and Resource Access

- Explore the possibility of creating informative videos for the website, providing links to access available resources.
- Consider filming snippets of council meetings for public viewing.

Support for Non-IDD Businesses

- Collaborate with non-IDD businesses to enhance accessibility and motivation.
- Identify and feature businesses already implementing inclusive practices.

Training Opportunities and Collaboration

- Follow up on training opportunities provided by external organizations, like the ACL's training for Mackey and Boulder Ballet's Gentle Nutcracker.
- Explore collaboration with organizations like the Human Service Alliance and St. Vrain Council to streamline data collection processes.

Community Resource Roadmap

- Develop a comprehensive roadmap outlining available resources within the community. Find already created resources at CMAs.

Neighbors Training and Outreach

- Consider participating in Neighbors Training organized by the ACL.
- Explore collaboration opportunities with organizations like the Colorado Disability Law Center to provide training on various topics.

Exploration of Alternative Options

- Investigate alternatives to the IEP process.

Development of Public Engagement Plan

- Create a public engagement plan and invite trainers to facilitate workshops or sessions for IDDAC, and invite community to come learn.
- Explore opportunities for outreach at Pride events through collaboration with OUT Boulder.

Networking and Events

- Utilize existing contacts for networking opportunities
- Attend outreach events/fairs, like the upcoming Pride celebrations in Longmont and Boulder in early-mid June.

Additional Resources

- [Sensory Guidebook from the Kennedy Center.](#)

IDDAC Training and Representation

- Clarify parameters for representation in the community through IDDAC training.
- Explore the potential inclusion of IDD in DEI efforts through PERL training.

Next Steps

- Heidi will look at CO Disability Law Center - report out (helping on a training panel and/or videos to post)
- Teresa will create a training on how to be a good tenant and bring student rights through IEP process, and will send PRIDE info
- Rebecca will report out on RFP awards
- Develop Public Engagement Plan
 - Training/presenters at meetings to engage community
 - Handout/blurb for council members to share out for recruitment (5-10 in our network)
 - Ally and Rebecca will send out blurb
 - Change for participation without being on the council
- June 17th next meeting

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

Mill Levy Advisory Council, BCCHS

Monday, June 17th, 2024

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

Meeting Minutes

ADA statement

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Advisory Council Members in Attendance: Niccolle Mascarnas, Jolie Bernstein, Heidi Que, Teresa Greene, Annette Treufeldt, Julie Marshall

Absent: Robert Enderson, Deana Cairo

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

Meeting

Meeting was held through Microsoft Teams and in person at !1333 Iris Norton Conference Room. No Public Comments were scheduled.

Approval of Minutes

No approval – will approve May and June minutes at July IDDAC meeting

Imagine! Updates

Kathryn Arbour & Barb Wilkins-Crowder

Case Management Redesign (CMRD)

Imagine! is in the last six weeks of Phase Three transition of its case management operations as roughly 130 employees plan to merge with Adult Care Management, Inc. (ACMI) to form A&I Avenues. Our weekly meetings with HCPF include a review of all 10 disabilities waivers, discussions of systems and conversations of emails and other critical data, client lists as the comings and goings throughout the State continue to change membership in each CMA, and deliverables expected from the new FY 25 contract which will be signed in June.

The Colorado legislature included a request for stabilization funds from HCPF to be delivered to those CMAs that have already transitioned and to reserve some funds for those transitioning on July 1. The Governor signed the request and communications went out recently regarding their formula for determining the amount of funds that will be distributed. HCPF is basing the amount on the percentage of Members served by Medicaid waivers in the designed service area. It is expected that these funds, which will be issued as State-granted funds and not as part of the contracts CMAs have with HCPF, will be used to help mitigate the many issues that have transpired as a result of “the perfect storm” of many converging events, most of which are outside the control of any individual CMA or transitioning CMA. A reminder of the factors contributing to this environment of great instability:

- The unwind of the public health emergency (PHE) which began officially last May and went into effect in November.
- The care and case management system (CCM) which HCPF launched last summer has encountered multiple difficulties.
- Staffing, which includes challenges attracting and retaining candidates across the sector.

The A&I Avenues leadership team comprised of the CEO of Imagine!, the Executive Director of ACMI, the Director and Assistant Director of Client Relations at Imagine! and the Assistant Director of Case Management at ACMI continue to work together to provide regular communications and team building events to help employees of both organizations stay on top of the many changes in motion and to integrate with each other as a team. No layoffs have occurred as during this time of joining the two case management teams. Offer letters have been sent and everyone has accepted the invitation officially to join A&I Avenues effective July 1.

Case Management Specifics

Our work is on track to implement the new CMA serving Service Area 8 (Boulder, Broomfield, Gilpin counties). We have many details already completed or in the

final stages of completion, in addition to the offer letters distributed and accepted, including the following:

- Completing the compensation design and the outlines of a new performance management approach.
- Planning for data and equipment transfer to ensure employees will have seamless access to their case information and other critical details for successful day-to-day operations in time for the go live date of July 1.
- Communicating the alignment of health benefits and other perks to create a single menu for employees.
- Finalizing the internal organizational structure and business process design.
- Deciding the final plan for distributing Business Office staff to the CMA and to the PASA to ensure continuity for those businesses. The CMA is in the process of hiring a Controller to oversee its financial operations.

The joint CMA subcommittee comprised of Board members from both ACMI and Imagine! are mapping plans for the transition of governance as the newly forming CMA moves towards implementation. For example, new Articles of Incorporation and Bylaws have been drafted to represent A & I Avenues.

Provider Agency

Jodi Walters, the newly hired CEO of Imagine!, joins the agency officially on May 31. She and I have been meeting regularly regarding transition related matters and to ensure a smooth handoff. Jodi has prepared her first “hello” video for Imagine! which you can see at

<https://www.youtube.com/watch?v=2YLpaHqLC9A&t=600s> to get an early glimpse of Jodi and some of her priorities and favorite things.

Other headlines regarding the transition underway:

As a result of the impending transition, separating the direct services provided by Imagine! from the case management and care coordination services, The Board of

Directors (BOD) is determining a distribution of assets to each agency going forward. In April, the BOD approved the transfer of the deed for 1665 Coal Creek Drive as the headquarters for the new case management agency, A&I Avenues. The building at 1400 Dixon remains with Imagine! and will serve as its headquarters and transfer hub for clients as they gather to be transported to community-based services. Mental health and behavioral health services will remain at Dixon as will some programming for School Age Services and Adult Community Based programs as needed. Details regarding the move are being prepared and a timeline of related work and upgrades will be distributed to staff shortly. Most of the primary upgrades and moving related business will be completed by July 1. Some work will continue over the summer, but employees and services will be relocated to their respective new headquarters in time for the start of the new fiscal year, July 1.

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We stay focused on day-to-day operations while building this future state. With the coming of the warm weather, watch for summer arts nights in Lafayette and Longmont featuring the artwork of Imagine! clients for viewing and purchasing. To find dates and locations please visit <https://imaginecolorado.org/blog/Good-News-Friday-5-10-2024>.

Thank you for your support and the work you do in support of people with intellectual and developmental disabilities.

Colorado Disability Law Center Report Out

Heidi Que, Council Member

Called 2-3 times, finally was able to leave a voice message. Sent an email.

Trainings report out: How to be a good tenant & How to be involved in the IEP process as a student

Teresa Greene, Council Member

Will share trainings once she has the trainings ready

IDD Mill Levy RFP Awards & Updates

Rebecca Seiden, Staff Liaison

- List RFP scoring team.
- Direct Services - 7 agencies responded. Total amount 4,280,341.19; well over as total budget.
- Did not have as many applicants as we thought we would.
- Allocation 2.8 million. 3 out of 7 we decided not to fund for one reason or another and tried to grant meaningful minimum

Direct Services

- **CPWD**: awarded \$77,861.25 to expand employment services by hiring an Adult Supported Employment Services Coordinator.
- **Dynamic Therapy Services**: awarded \$5,000.00 to fund movement therapy for 2-5 families.
- **Imagine! (PASA)**: awarded \$2,525,942.75 for their Mental & Behavioral Health program, School Aged Services, Adult Services, Nursing, and embedded Assistive Technology programs.
- **Boulder County Public Health**: awarded \$300,000 to increase Spanish-speaking access for their Children with Special needs (CSN) program.

Social & Recreation

- **Inclusive Acres**: awarded \$7,500 to operate their Community Connections and Self-Advocacy Programs.
- **Community Link**: awarded \$25,674 to provide weekend social engagement and recreation programming.
- **Autism Society**: awarded \$6,500 to provide two recreational events at Gateway Park in Boulder.
- **Ignite Adaptive Sports**: awarded \$25,000 to increase Spanish-speaking supports to adaptive sports programming.
- **PLAY EXPAND**: awarded \$122,986 to increase therapeutic recreation programming opportunities.

Housing

- Meeting with BHP next week about new housing projects to get an “in” on new projects for IDD housing.

- Working with Ian Swallow in charge of foothills & 30th.
- Annette will attend Inclusive Housing Committee (IHC).
 - Ally working to find a venue for IHC Summit
 - Summit is ideally for early Oct depending on Venue.

IDDAC

- Propose holding meetings virtually, except for quarterly in person meetings. All members in attendance, in favor.
- 3 IDDAC member vacancies and closes July 7th.
- Working on creating follow up from the needs assessment by providing updates

Brain Injury

- Family and children services, PCS, and family resource network (EFAA, OUR Center, Sister Carmen) receiving BI training from BIA

Working Session

Develop Community Engagement Plan

What does successful public engagement look like for the IDDAC? How will we know when we have successful public engagement?

- Awareness of resources and services
- Education of the qualifying process
- Engage agencies who are already connected with BIPOC communities
- Networking with other Boulder County agencies
- Human service fairs to include a table for sys nav or new housing position along with workforce disability specialist??
- How do you pull people out of isolation/how do parents connect
- Announcements on educational opportunities - holding trainings/classes and invited folks in.
- do any of the county's roadmaps direct residents to a common source of disability resources?
- Neurodiverse fairs/events and connect with the people already doing these. (Temple Grandin school, Joshua school, etc.)
- Parent networking
- Adam's County has a monthly meeting for business partners and non profits, networking event
- training for county employees, too?
- Partnership with CU Boulder

- Maybe BOCO HR can attend with their booth if we lean towards a fair as they advocate a lot hiring individuals with lived experience
- ACL support groups
- <https://1in5.learningally.org/What-is-Dyslexia> This group used to offer quarterly events with parent sessions and kid sessions targeted to middle to high school aged. The link has self advocacy videos which might be a project we might look at???
- The Taj owner used to host groups
- The OUR Center big open space for events/social time, etc.
- Bling/visual representation for people who took training

What groups/communities are we lacking engagement from who have important voices to include and how do we reach them/include them?

- Jolie open to spearhead, Niccolle and Ally, (Teresa has put on trainings) can work as a subcommittee on this - August 16th turning 70 and last day at A&I Avenues
- Annette asking community members
- Mountain region
- Spanish speaking communities
- Nepali
- Tibetan
- Deaf/HOH communities
- LGBTQ+
- Unhoused/homeless people
- Chamber of commerce/better business bureau - invite Doug Tare well connected
- Blast out about transitional ages and enrolling into services
- Comicon/Loteria and other
- Faith communities
- Fairs - farmers market mountain area
- Pride fest
- Jewish festival
- Longmont FREE themed Bingo Fridays Village Peaks mall - set up a table - DJ drag queen
- Longmont Chamber
- Faith communities
- Rabbi Green - JCC - Har Hashem, Special Shabbat

What engagement strategies can we use to garner successful engagement?

- Fairs

- Community events
- Holding classes/trainings
- Media spread with what we've accomplished
- Flyers/messaging
- "Cracker Barrell" upcoming events on the site.
- Jewish moms support groups through JCC
- OUT Boulder
- Bringing families home program
- Contacting different entities in community (above)

What agencies/who are the important contacts to collaborate with for these strategies?

- El Comite
- Family Resource Centers
- ACL
- Boulder County Area Agency on Aging

What does our Community Engagement Plan timeline look like?

- Messaging: TBD
- Fair list: TBD
- Website updates: by next IDDAC meeting

Next Steps

- Revisit housing positions again
- Invite John Tare (Julie's business contact in) - will introduce him to Rebecca
- Report out on Imagine! phone survey
- Ally will send out questions again
- Rebecca attending affordable housing tax meeting and will report out.

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

Mill Levy Advisory Council, BCHS

Monday, July 15th, 2024

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

Meeting Minutes

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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: |
|------------------------|--------------------------|
|------------------------|--------------------------|

| | |
|------------------------|--------|
| 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: |
|------------------------|----------------------------|
|------------------------|----------------------------|

| | |
|---|--------|
| 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: |
|---|--|
| 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: |
|-----------------------------------|---|
|-----------------------------------|---|

| | |
|--|--------|
| 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: |
|-----------------------------------|---|
|-----------------------------------|---|

| | |
|--|--------|
| I don't have the skills to live independently: | 51.85% |
|--|--------|

| | |
|--|--------|
| 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% | .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.

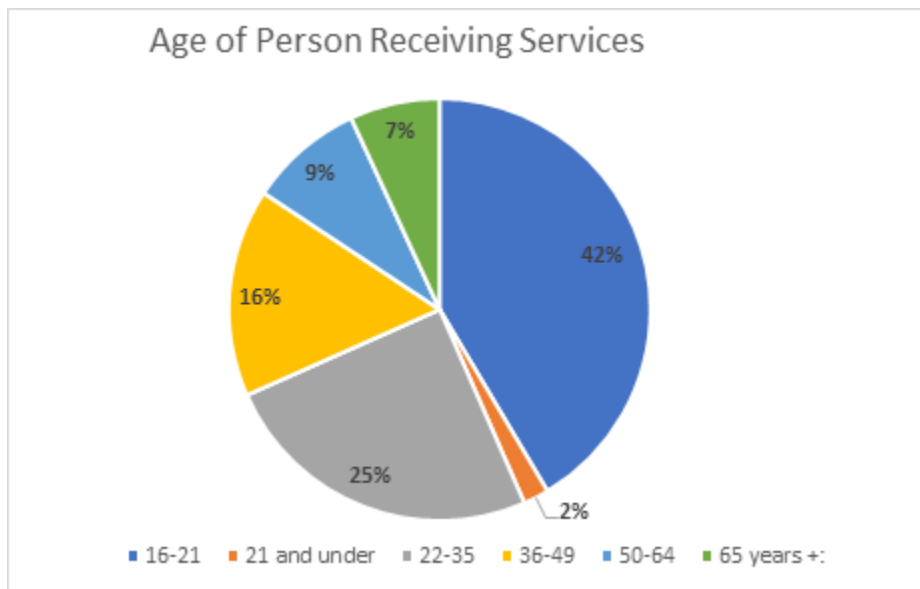
There was a percentage of individuals who indicated that because of the rise in the cost of living, were concerned that the amount offered through waiver(s), and voucher(s) did not reflect the standard daily living financial expense fluctuation. Some participants voiced worry about 'making ends meet,' 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.

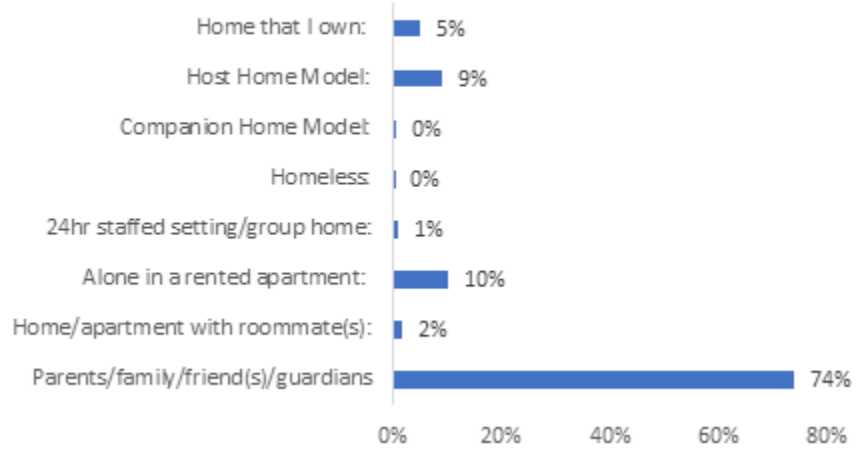
Finally, the most concerning trend identified during this project was the topic of transition for clients currently being cared for by aging parents. The issue came up over and over again, when senior caregivers described insufficient future support for their adult children requiring arrangements after 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!

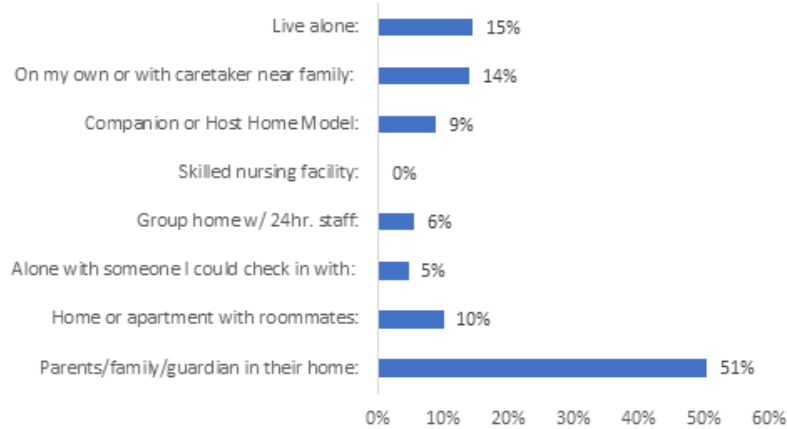
All information, both statistical and opinion based for this closed survey can be reviewed through Survey Monkey. Necessary verification of survey correspondence during the course of this contracted project can be retrieved through Zoom call logs, sent email receipts and spreadsheet denotations.



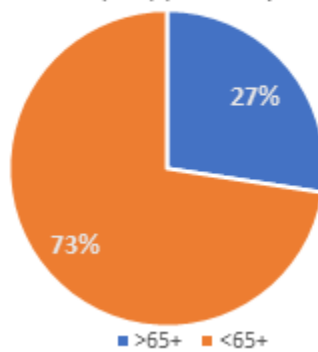
Current Living Arrangements



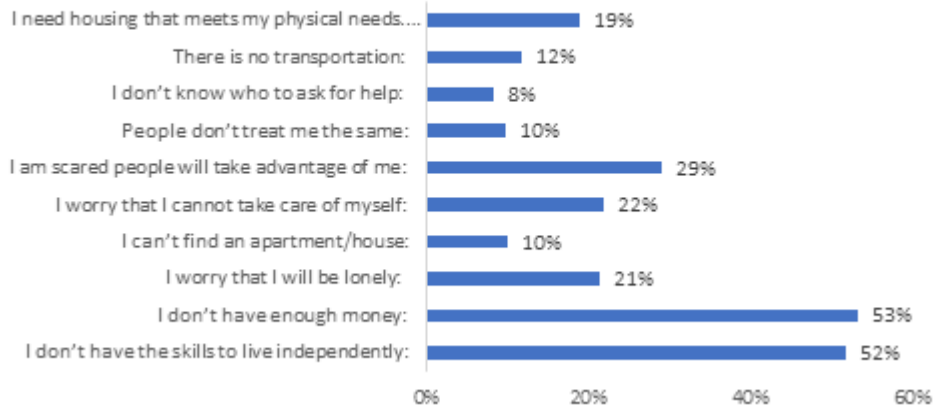
Desired Supports for Ideal Habitation



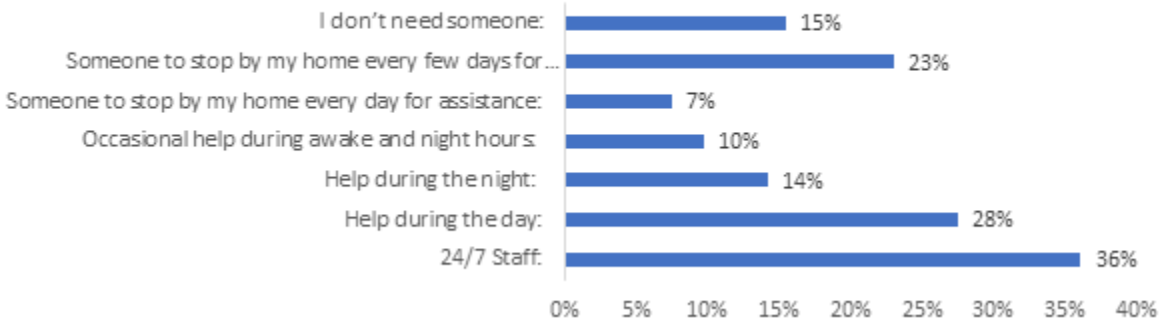
Age of Family Member/Parent/Guardian 65+ (If applicable)



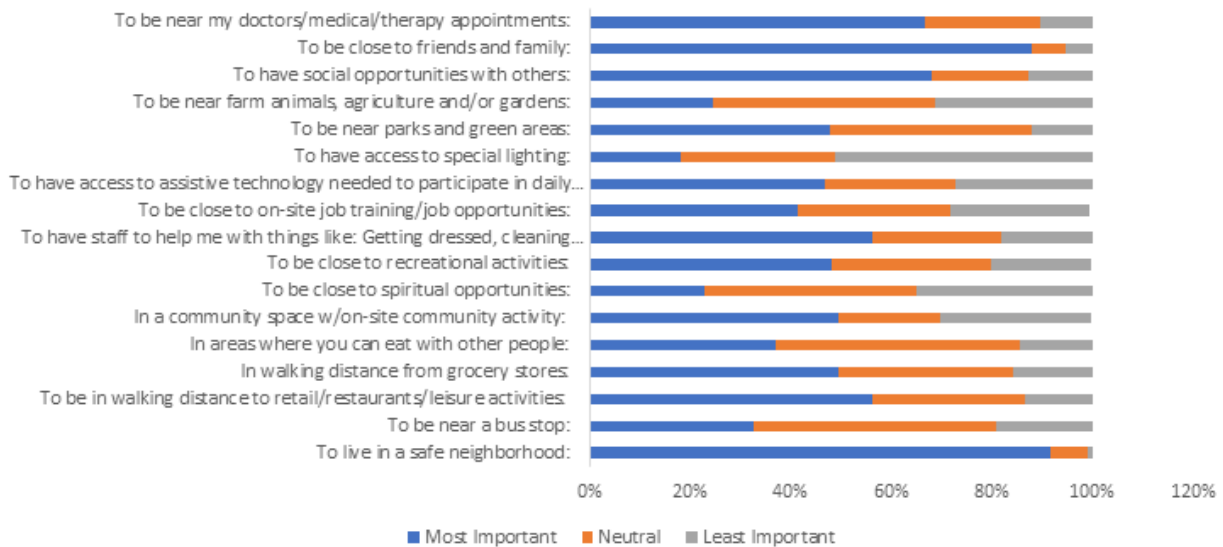
Obstacles Regarding Ideal Housing



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

Mill Levy Advisory Council, BCHS

Monday, August 19th, 2024

5:00 p.m. to 7:30 p.m., held virtually

Meeting Minutes

ADA statement

This document contains materials from external parties that may not be fully accessible. To request an Americans with Disability Act (ADA) accommodation, please email ada@bouldercounty.gov, or call 303-441-1386. [View the county's accessibility statement.](#)

Advisory Council Members in Attendance: Asher Johnson, Annette, Lisa Slager, Heidi Que, Jolie Bernstein, Teresa Greene (Quorum)

Absent: Deana Cairo, Robert Enderson

Community Members in Attendance: Ailsa Wonnacott, Kimberly DeGraff, Caitlin Looney, and Gaby Weinburg

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

Meeting

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

Approval of Minutes

Annette motioned to approve April, May, June, and July minutes; Heidi seconded. Minutes were approved.

Introduction of New Council Member

Lisa Slager and Asher Johnson

A&I Avenues Case Management Agency Updates

Alex Brown, IDD Intake Program Manager

Intake

Alex Brown: Intake Program Manager

8/15/2024

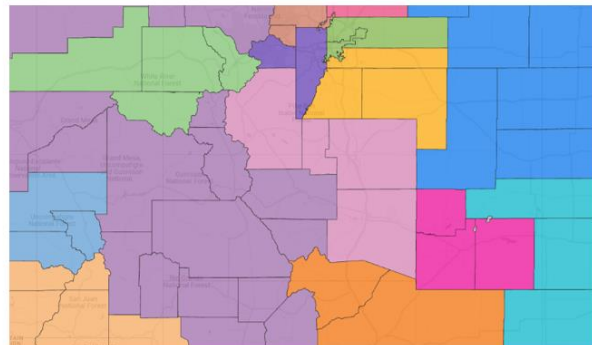


Recent Changes

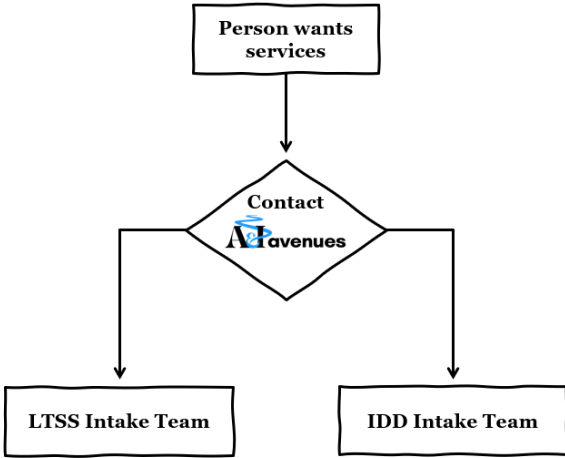
After a year of preparation, A&I Avenues now serves all people with disabilities within Boulder, Broomfield, and Gilpin Counties.

We are a new agency made up of the same staff from ACMI and Imagine.

We are still an agency in transition and working diligently to become the case management agency our clients deserve.



Current Intake Process



IDD Intake Team

Completes assessments and enrollment steps for the following programs



LTSS Intake Team

Completes assessments and enrollment steps for the following programs

**Community Mental
Health Supports Waiver
(CMHS)**

**Elderly, Blind and
Disabled Waiver (EBD)**

Brain Injury Waiver (BI)

**Complementary and
Integrative Health
Waiver (CIH)**

**Children With Life-
Limiting Illness Waiver
(CLLI)**

**Nursing Facilities Long
Term Care Assessments**

**Mental Health PASRR
Determinations**

Long Term Home Health

**Programs of All-Inclusive
Care For The Elderly
(PACE)**

Action Steps

- Address Staffing Issues
- Line up Intake Team Processes
- Feedback and Monitoring



Address Staffing Issues

Agency-wide, we have struggled to keep staff and bring in good new applicants.

Line up Intake Processes

We are needing to scale back on some things to ensure we are meeting our contract responsibilities and meeting the needs of our most at risk members.

Benefits and Pay

We have raised base pay and worked with HCPF to offer several bonuses to staff this year. A&I Avenues also covers a higher percentage of staff's health coverage, so many staff do not have to make a monthly payment for health insurance.

Better Interviews

We worked with our new HR representative to rewrite our prescreening questions and interview questions to help us know much earlier that someone might be a good fit. We also put money into advertising open positions to give a bigger pool of applicants.

Burn-Out

We adjusted our PTO policies to allow staff to use their sick leave more easily for wellness and we are offering more PTO than we used to. We are giving staff \$400 annually to spend on wellness related activities. We are also analyzing staff workloads so we can shift some things around and remove duplicative work.

Referring Out for Medicaid Applications

To ensure people get to services faster and get advice from the best source, we will no longer assign a case manager until after the applicants have submitted their Medicaid applications. We will still offer our application clinics and refer people to community organizations for help from certified technicians.

Focusing More on Speed

The current average enrollment time for IDD waiver applicants is nine months from start to finish. This is not ideal for anyone and is due in part to intake case managers being asked to take on too much to keep up. For clients not in a crisis, we will complete the enrollment steps and then remove the case manager until the client's Medicaid applications have been processed. Making this shift allows our team to have more time for our crisis cases, who will stay with the case manager for support and stability while we wait for applications to process.

Feedback and Monitoring

We want to ensure that the changes we are making are effective.

Team Metrics and Quality Assurance

We will continue to analyze our team's productivity so we can spot where there are challenges and opportunities for training. We are also implementing more audits of our staff's work. We hope that with these changes, we will see our team meeting deadlines consistently and completing quality work each time.

Intake Satisfaction Survey

We send out a survey to individuals who have recently worked with intake asking them to let us know how we are doing. We are keeping the questions for this survey the same so we can see the year over year change in how our members are answering.

Complaint Analysis

Every complaint we receive is documented in the client record, and we report these complaints to HCPF quarterly. As we see trends in complaints, we will modify our workflows and training to prevent future issues.

- Not assigning a CM until the full Medicaid application has been submitted. Still offering application clinics.



APPLICATION ASSISTANCE CLINICS

We know filling out applications for supports and services can be challenging.

A&I Avenues is hosting regular “Application Assistance Clinics” to help!



Receive assistance completing:

*Intake Applications
Medicaid Applications
Social Security Applications*

CLINICS ARE HOSTED BY A&I AVENUES STAFF

1st Monday each month

10:00am – 11:00am
Online/Virtual

<https://teams.microsoft.com>
Mtg 270 149 213 484
Passcode zynkRR

2nd Wednesday each month

1:00pm – 4:30pm
Walk-In Clinic

Eldridge Conference Room
1665 Coal Creek Dr
Lafayette CO 80026

3rd Thursday each month

5:30pm – 6:30pm
Online/Virtual

<https://teams.microsoft.com>
Mtg 252 200 549 265
Passcode aZcXwh

**NO RSVP
NEEDED!**

For more information: ☎ 303.439.7011
www.aiavenues.org



CLINICA DE ASISTENCIA PARA APLICACIONES

Sabemos que llenar aplicaciones para apoyo y servicios puede ser difícil.

A&I Avenues ha creado las "Clínicas de Asistencia" para guiarle en el proceso!



Reciba asistencia para completar:

*Aplicaciones de admisión
Aplicaciones de Medicaid
Aplicaciones de Seguro Social*

LAS CLÍNICAS ESTÁN DISPONIBLES:

El primer lunes

10:00am – 11:00am
En línea

<https://teams.microsoft.com>
ID de reunión: 270 149 213 484
contraseña: zynkRR

El segundomiércoles

1:00pm – 4:30pm
En persona

Eldridge Conference Room
1665 Coal Creek Dr
Lafayette CO 80026

El tercer jueves

5:30pm – 6:30pm
En línea

<https://teams.microsoft.com>
ID de reunión: 252 200 549 265
contraseña: aZcXwh

No necesita reservación!

Para mas información: ☎ 303.439.7011
www.aiavenues.org

Public Awareness Subcommittee Report Out

Ally Joel

7/19/2024 IDDAC PA Subcommittee Minutes

Meeting: 3rd Friday at 11am ongoing (except next one is Aug 23rd)

Purpose: To expand our network of community agencies and resources with the goal of providing as many opportunities as possible for individuals with IDD/Autism/BI and their caregivers to connect, learn, and take action. We aim to accomplish this by centering racial equity and actively engaging new and diverse lived experiences into IDDAC spaces where programming and funding recommendations are made.

Phase One: Targeted outreach to community agencies/resources who are made up of- and/or serve underrepresented community members, who are vital to IDD/Autism/BI decision-making.

- **Outreach:**
 - Head Start
 - El Comite
 - Family Connects Program - Children with Special Needs (Alicia Cain)
 - WIC
 - Who else?
- **Methods/How?**
 - Posters
 - Use plain language
 - BCHS marketing (morning coffee, division meeting shout outs, etc.)

Phase Two: Engagement with these community agencies by attending and/or hosting community events, fairs, networking socials, workshops, trainings, etc.

- **Engagement:**
 - Host trainings (Teresa's trainings for example, ACL trainings, BI training, etc.)
 - Newsletter featuring upcoming events/opportunities
 - Invite community members to subcommittee
 - Connect with Program Managers at BCHS
 - Join cultural brokers team
- **Who needs increased awareness/engagement?**
 - Mountain/rural communities

- Nepali community:
- Tibetan community:
- Hmong community: <https://www.hmongassociationco.org/>
- Black community:
- Indian/Pakistani community: The Taj
- Refugee/Asylee community:
- Latinx community:
- Homeless
- Attention Homes
- Who else?

Allies? Stakeholders?

Items to discuss:

- What is the baseline information we want people to have?

Homework:

- Add to list of underrepresented community members we need to access, and how we can access them
- Add to list of allies/stakeholders list and how to access them
- Rough draft of poster?? (Probably to be made once we know what we want people to know)

IDD Mill Levy Updates

Rebecca Seiden

- Potentially funding a housing panel, with funds for the two housing positions. What does a housing panel look like?
 - OUR Center has a housing panel, and they may have some info about how it works that could be useful.
- REIAT: Racial Equity Impact Assessment, if any community members or IDDAC members would like to be included in this review process for any new positions, please let Rebecca know.
- Contracting for RFP's: How much money do we want to put out into the community for RFPs? Do we want to increase rec and social, etc.?
 - Would be so useful to have visual aids, who applied for what, what was granted, and what is remaining, etc.
 - ACL, and Systems Navigation would likely not go out for RFP.
 - Offer an orientation for agencies considering applying. It is great to see so much diversity!
- BI training went great, hope to bring to IDDAC.
- DVR next training coming up for employment within disability system.

- Provide the IDDAC (and greater community) a plain language brief/acronyms sheet.
- Request for visuals to include a pie chart of how the Mill Levy Fund was disbursed recently; the totality of where the money is going?
- See an update of how we have addressed the needs assessment.
- How can we be a hub? Or are there other hubs in the community around these RFPs that we could include so that we are actively engaging other community agencies in IDD support.

Next Steps/Agenda Topics

- Teresa's training next meeting – How to be a good tenant.
- Working session for next time - look at the needs assessment areas and identify what has already been addressed.
- Discuss supportive housing panel.

Meeting Adjourned at 7:30 p.m.

Minutes Submitted by Ally Joel

Mill Levy Advisory Council, BCHS

Monday, September 16th, 2024

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

Meeting Minutes

ADA statement

This document contains materials from external parties that may not be fully accessible. To request an Americans with Disability Act (ADA) accommodation, please email ada@bouldercounty.gov, or call 303-441-1386. [View the county's accessibility statement.](#)

Advisory Council Members in Attendance: Annette Treufeldt Frank, Chair, Heidi Que, Asher Johnson, Lisa Slager, Jolie Bernstein, & Teresa Greene.

Absent: Julie Marshall, Robert Enderson, Diane Cairo, & Niccolle Mascarenas

Community Members in Attendance: Kimberly DeGraff and Gaby Wienburg

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

Meeting

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

Approval of Minutes

Heidi motioned to approve August 2024 minutes; Annette seconded. All voted in favor. Minutes were approved.

Training: How to Be A 'Good' Tenant

Teresa Greene, Council member

Public Awareness Subcommittee Report Out

Ally Joel, IDD Program Specialist

- Subcommittee was not able to meet for August - meeting this Friday at 1pm.
- Autism Society's first gateway activity was a great success. Had greater attendance than expected, due to increased outreach efforts.

- Rebecca and Ally have an opportunity to discuss IDD/Autism/BI housing needs in Boulder County, to be featured on a well-streamed podcast called "Understanding Autism" <https://understandingautism.info/>
- Working A&I's IDD provider fairs Oct 8th
- Join the Ignite Adaptive Sports Team!
 - Seeking passionate volunteers to help provide adaptive skiing, snowboarding, and other outdoor activities!
 - Sign up [here](#), or contact: scheduler@igniteadaptivesports.org

REGISTER TODAY

2024 Inaugural Neuro-Inclusive Housing Summit



DATE:

OCT. 28, 2024



TIME:

7:00AM - 5:00PM



LOCATION:

500 30TH ST.
BOULDER, CO 80310



**Free registration includes
breakfast and lunch.**
Limited to 200 guests.

bit.ly/InclusiveHousingSummit2024



DENVER
HUMAN SERVICES



BOULDER COUNTY
HUMAN
SERVICES

ihccolorado.org

boco.org/IDDAdvisoryCouncil

*This event is sponsored by Boulder County Human Services
in partnership with the Inclusive Housing Coalition, CHFA,
and IDDEAS.*

Regístrese ahora

Cumbre Inaugural de la Vivienda Neuro-Inclusiva 2024



FECHA

28 DE OCTUBRE DE 2024



HORA:

DE 7 A.M. A 5 P.M.



UBICACIÓN:

500 30TH ST.
BOULDER, CO 80310



La inscripción es gratuita e incluye desayuno y almuerzo. El evento está limitado a 200 invitados. Tendremos más detalles pronto.

bit.ly/InclusiveHousingSummit2024



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BOULDER COUNTY
HUMAN
SERVICES

ihccolorado.org

boco.org/IDDAdvisoryCouncil

Este evento está patrocinado por el Departamento de Servicios Humanos del Condado de Boulder en colaboración con la Coalición por una Vivienda Inclusiva, la Autoridad de vivienda y Finanzas de Colorado (CHFA) y el IDDEAS.

Imagine! Wellness Alliance

We are excited to introduce a new addition to Imagine!s Mental Health Services where our team of LCSW's, BCBA's, Psychiatrists, and Licensed Psychologists, offers a comprehensive evaluation for individuals with intellectual and/or developmental disabilities, including autism spectrum disorders and traumatic brain injuries.

We will look at every part of their mental and behavioral well-being to provide expert recommendations tailored specifically to them.

Getting Started:

- 01 Fill out our referral form
- 02 Schedule evaluation appointments
- 03 Individuals will receive a personalized treatment plan that they can share with their providers.

Scan the QR code or head to bit.ly/ImagineWellnessAlliance to get started



Community Support

We are proud to offer this service through our partnership with Boulder County and the utilization of Mill Levy tax dollars. This funding enables us to provide these essential services and support the well-being of our community members.



Questions? Contact Us:

(303) 665-7789

IWA@imaginecolorado.org

Medicaid for Waiver Services

Waiver programs give extra Medicaid benefits to people with disabilities. These programs let them get care at home and in their community. To join, you must meet specific criteria, have the right Medicaid coverage, and go through a Level of Care Assessment. Some waivers have more steps to follow.

Long-Term Care Medicaid

To use Medicaid waivers, you need Long-Term Services and Support Medicaid, which used to be called Long-Term Care Medicaid. This usually includes two main steps:

1. You must apply for Medicaid and meet the money requirements by filling out the Application for Public Assistance. Even if you don't meet the money rules, you might still be able to "buy into" Medicaid.
2. Show that you currently have a disability according to the federal definition by either filling out the Medicaid Disability application **or** getting SSI/SSDI benefits.

Need Help applying?

Boulder County HHS Offices
(303) 441-1000

Broomfield County HHS Office
(720) 887-2200

Gilpin County HHS Office
303-582-5444

The Center for People with Disabilities
303-442-8662

IDD Mill Levy Systems Navigation
720-786-8944

Benefits in Action
720-221-8354

What happens after you submit your applications?

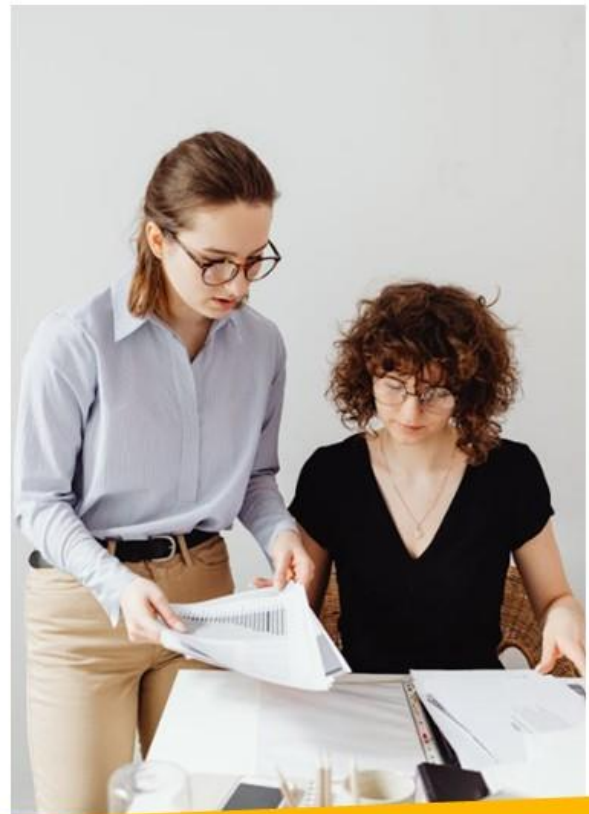
The Housing and Human Services Office reviews your applications to see if you qualify financially. Your Imagine case manager will then do a Level of Care assessment and help you finish any remaining enrollment steps. Once done, you'll get an ongoing case manager, who will work with you to select and plan the services that best meet your needs.



APPLICATION ASSISTANCE CLINICS

We know filling out applications for supports and services can be challenging.

A&I Avenues is hosting regular "Application Assistance Clinics" to help!



Receive assistance completing:

*Intake Applications
Medicaid Applications
Social Security Applications*

CLINICS ARE HOSTED BY A&I AVENUES STAFF

1st Monday each month

10:00am – 11:00am
Online/Virtual

<https://teams.microsoft.com>
Mtg 270 149 213 484
Passcode zynkRR

2nd Wednesday each month

1:00pm – 4:30pm
Walk-In Clinic

Eldridge Conference Room
1665 Coal Creek Dr
Lafayette CO 80026

3rd Thursday each month

5:30pm – 6:30pm
Online/Virtual

<https://teams.microsoft.com>
Mtg 252 200 549 265
Passcode aZcXwh

**NO RSVP
NEEDED!**

For more information: ☎ 303.439.7011
www.aiavenues.org



CLINICA DE ASISTENCIA PARA APLICACIONES

Sabemos que llenar aplicaciones para apoyo y servicios puede ser difícil.

A&I Avenues ha creado las "Clínicas de Asistencia" para guiarle en el proceso!



Reciba asistencia para completar:

*Aplicaciones de admisión
Aplicaciones de Medicaid
Aplicaciones de Seguro Social*

LAS CLÍNICAS ESTÁN DISPONIBLES:

El primer lunes

10:00am – 11:00am
En línea

<https://teams.microsoft.com>
ID de reunión: 270 149 213 484
contraseña: zynkRR

El segundomiércoles

1:00pm – 4:30pm
En persona

Eldridge Conference Room
1665 Coal Creek Dr
Lafayette CO 80026

El tercer jueves

5:30pm – 6:30pm
En línea

<https://teams.microsoft.com>
ID de reunión: 252 200 549 265
contraseña: aZcXwh

No necesita reservación!

Para mas información: ☎ 303.439.7011
www.aiavenues.org

IDD Mill Levy Updates

Rebecca Seiden

- Developing a new RFP for January 1st of 2026,
- **Webinar Collaboration with IHC:** Rebecca will be presenting on Systems Navigation, and the two newly created housing navigation positions at IHC's upcoming webinar in addition to Bayaud. Rebecca will also participate as a panelist at the housing summit.
- **Open Enrollment Announcement:** November will feature open enrollment for new positions. Please spread the word to your networks.
- **Summit Updates:**
 - An ideation session was conducted on September 5th.
 - **Purpose:** Explore how we create an intentional, supportive, dignified, integrated, affordable, multi-generational, accessible, technologically-rich housing community offering choice and supportive amenities for our neighbors with I/DD with higher needs.
 - **Barriers:** Need for true systems integration - housing, services, care, health Financing
 - Cost of building, limitations of existing funds (LIHTC can't cover all necessary costs)
 - Need for funding for services and programming
 - Cost of supportive technologies
 - Lack of flexibility in how funds can be used
 - Need for more vouchers (project based preferred and tenant based also helpful)
 - Broaden scope and definitions of all vouchers
 - Demonstration project
 - Referral agencies
 - Transitioning from family home or host home
 - **Workforce**
 - Lack of trained staff
 - Wages
 - Labor law challenging (overnight, awake)

- **Regulations**
 - Rental subsidies (811, CAT, etc.) prioritize chronically homeless
 - Regulations (voucher programs, Fair Housing, etc.) with the intention to prohibit concentration conflicts with the benefits of supportive, intentional community living
 - SLS and DD waivers need to work better together
 - Intention of Settings Rule negates creative, varied solutions and options/assumes what people need and want
- **Other**
 - Access to primary care (physical and mental) challenging financially, scaling
 - Burnout of caregivers
 - Acceptance of unpaid natural supports (parents, siblings)Complexity of rules and programs
 - Reality that this is continued care for life
 - Arbitrary SIS Scale
- **Community Design (Building Attributes)**
 - Security/Safety a priority
 - Choice and options for environment (rural, urban, infill, apartments, campus, homes, shared housing, individual rooms, individuals live independently or with caregivers, families can also live nearby or in community, etc.).
 - Storage space for equipment in apartments
 - Windows with views
 - Electrical needs (outlets for chairs, charging, etc.)
 - Include 2 BR to allow for supportive roommate or caregiver
 - Shared suites featuring individual rooms connecting to a common, shared space to connect and socialize (sitting area, kitchen)
 - Inclusion of Type A accessible, not needed in all, modification-ready

- Design offers options to meet the spectrum of abilities, needs and wants
 - Space nurtures connections (combat isolation)
 - Integrated, neuro inclusive (I/DD, seniors, small families, neuro-typical)
 - Trauma informed design - benefits everyone
 - Design to address graduation of needs as people age
 - Office space for service providers
 - Makerspace
 - Space for natural/organic and coordinated interactions and socialization
 - Reinforced ceilings
 - Include spaces for caregivers (respite, independence, etc.)
 - External Facing Opportunities (jobs, social, entertainment, day programs, etc.)
 - Incorporate smart technology (safety, connection, responsive, monitor units, etc.)
- **Heidi's Qualitative Assessment:** Insights include:
 - Families who connected with IDD resources early (ages 0-3) reported smoother navigation of services.
 - Parents of elementary-age children are beginning to notice developmental issues but often feel uncertain about where to seek help.
 - Many families recognize their need for assistance but feel overwhelmed and unsure of how to proceed; others have sought help but feel they are not making progress.
 - There is a significant demand for respite care and access to qualified professionals.
- **Proposed Initiatives:**
 - Explore the possibility of hosting online open houses where attendees can engage with guest speakers from various fields (e.g., pediatricians). These sessions would focus on specific topics and allow for open Q&A.

- PA Subcommittee could organize these open houses.

Working Session

Supportive Housing Panel Discussion:

- Explore the inclusion of various agencies in the supportive housing panel.
- Considerations regarding the setup to ensure that participation does not negatively impact other benefits.
- **Proposed Solution:** Payments would be made directly to vendors to protect existing benefits.
- Emphasize the need for streamlined processes that facilitate support from multiple agencies without creating additional barriers. Collaboration among agencies is essential to optimize expertise and funding.
- Question: Will the housing panel be the only avenue to access these funds?

Review of Needs Assessment Areas:

- Housing:
 - Update on the summit and collaborations with IHC, IDDEAS, ACL, and Broomfield networks/coalitions.
 - Two new IDD/Autism/BI housing navigation positions housed under BCHD.
- Systems Navigation/Case Management:
 - Increased staffing by 2 FTEs at A&I for high-acuity case specialists.
 - Direct funding for systems navigation, with ongoing support for advocacy efforts.
- Mental Health:
 - Oliver Behavioral mental health training starts this week.
 - Funding for Imagine!'s behavioral clinic continues, with plans to advance the START program. Certification is expected early next year, allowing potential contracting to bring START to Boulder County.
- Self-Advocacy/Community Engagement and Social Connectedness:
 - Recent RFP recipients announced. For the next RFP (2026), clarify expectations to include access to arts and cultural activities.
- Community Education/IDD Awareness:
 - Creation of PA subcommittee
- Ongoing Monitoring and Evaluation:
 - Focus on acquiring more data from contractors and holding partners

to higher standards. A budget update will be shared next month.

Executive Session

Annette motions to move into executive session, Asher seconds. All in favor.

Next Steps/Agenda Topics

Meeting Adjourned at 7:30 p.m.

Minutes Submitted by Ally Joel

Minutes approved unanimously by Council Members on _____.

Mill Levy Advisory Council, BCHS

Monday, October 21st 2024

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

Meeting Minutes

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Absent: Julie Marshall, Asher Johnson & Robert Enderson.

Community Members in Attendance: Kimberly DeGraff, Gaby Wienburg, Ailsa Wonnacott, Emilie Arroyo, Barb-Wilkins-Crowder, Caitlin Looney, Khari Hunt, & Niccolle Mascarenas.

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

Meeting

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

Approval of Minutes

Heidi motioned to approve September minutes; Lisa seconded; all in favor. Minutes were approved.

A&I Avenues Case Management Agency Q&A

Kathryn Arbour & Barb Wilkins-Crowder

- *What are the biggest challenges you have right now and are there any solutions we can partner on?*
 - *Most challenges are about our own infrastructure, state billing system compliance, working with online systems/Bridge state system was the*

main issue where PHI was modified. Have been working to correct that for accurate records.

- *Brought together about 1400 clients together from BI, EBD, Mental Health with IDD waivers, 2800 total for waiver clients. There are other clients through Broomfield and Boulder County funding aside from waiver services.*
- ***Are you fully staffed?***
 - *Hired about 22 people since July 1st. A dozen departures, and significant number of promotions taking on more responsibility. 7 CM open, 2 are new positions funded by Mill Levy.*
- ***How is Early Intervention going? There were conversations of raising base wages to keep SCs for longer period of time. How is that shaking out?***
 - *We are in a budget amendment with the state of Colorado, CDC controls that budget. In the middle now of negotiating the budget with them. 2-3 positions turned-over in Early Intervention (Service Coordinators).*
- ***Have you seen a shuffling of services to see what a better match would be?***
 - *Not yet - support services need more before we can see the change. That is in the works now with the State.*

BCHS Strategic Planning/IDEALS

Emilie Arroyo & Khari Hunt, BCHS Strategic Planning Committee

Developing strategic plan

BCDHS Strategic Plan
APPROACH

BCHS Strategic Planning Workgroup

BOULDER COUNTY
HUMAN SERVICES



Your **VISION** is clear and compelling



You have articulated **IDEALS** that will inform choices and guide behavior



Your **APPROACH** is well defined and broadly understood



You have identified **BARRIERS** that might get in your way and planned for how to overcome them



You have named the **LESSONS** you want to learn along the way so you can turn setbacks into success



You have built robust **EVALUATION** into your process to gather real-time feedback

<https://integratedwork.com/consulting/strategic-planning/>

Background

- Highlights the work we want to do for the next 5 years. "why we do what we do!"
- Result of efforts to have our IDEALS informed through community input.
- Includes feedback from employees on work group and leadership team.

VISION

Building a thriving future together centering racial equity and opportunity for all

*Well articulated
ideals inform our
choices and guide
behavior*

IDEALS

People First, Always: We empower each other and move forward as a community

Be Authentic: We are kind, honest, and transparent

Help at Your Fingertips: We're there when and where you need us most

Building Boulder County for All: We evaluate our systems for change to create a community that works for everyone

APPROACH

Our APPROACH, informed by our IDEALS, are the activities we want to focus on to achieve our strategic VISION.



Focus on Caregivers



Reduce Barriers Across Services



Information Everywhere



Support Systemic Change

6

BOULDER COUNTY HUMAN SERVICES

Focus on Caregivers

Support those in caregiving roles, from parental care to elder care.

Implement policies and practices that recognize and mitigate the impact of racial and gender dynamics in caregiving roles.

Improve the network that connects various services and support systems for caregivers.

"I wish they had therapists for family problems. Financial assistance for low-income families. Helpful talks with the entire family."



Reduce Barriers To Services

Center racial and gender equity principles into all aspects of organizational practice and service delivery.

Implement strategies aimed at improving access and inclusivity for residents of mountain and rural communities

Improve service coordination, enhancing support for clients navigating multiple services, and creating pathways for feedback and continuous improvement.

"My life would be easier if I could apply for many services at once. It would be one system where they already have my info (and could apply the information across the services)"



Increase Visibility

Disseminate information about support services through diverse in-person and virtual channels.

Partner with trusted community leaders and organizations to reach underserved populations and facilitate information spread.

Engage community spaces and facilitate information spread and access through the community.

"Communication: Unless someone tells you specifically about the service, you don't know it exists."



Create and Support Systemic Change

Implement system change as a restructuring of policies, procedures, and practices to eliminate systemic barriers and promote equitable access and outcomes.

Advocate at the state level for policy changes that support race and gender equity practices.

Enhance services to ensure adaptive and responsive service delivery that meets evolving local and community needs.

"If everyone was given the freedom to explore their passion and build skills, we could support each other and reduce the work of the county"



Feedback

Thinking about the proposed APPROACH...

"Which programs or activities are we doing currently that support these efforts?"

"What could BCHS propose to do in the next year to support these efforts?"

"What important work is not included in the APPROACH?"

[Share your feedback](https://forms.office.com/g/rytjKfwrf)
<https://forms.office.com/g/rytjKfwrf>

Feedback:

- BCHS is not as disability aware. Will require a shift in "business as usual" and bring in more supportive services to support people with disabilities to be successful in the systems designed to support them. Address the issues with communicating with those populations.
- How many people participated in the feedback: 250 people across different groups (self-advocates, caregivers, IDD professionals)
- Think about the extra time it takes (executive functioning supports, either through caregiver, etc.) to accomplish these tasks.

- Have lost that in person support - sitting down with someone to support.
- Need to use plain language
- Boulder County being in the community more.
- Are County teams trained on providing a diverse range of accommodations so they can accommodate the County paperwork processes?

Public Awareness Subcommittee Report Out

Ally Joel

Publicity/Awareness: could a visual symbol/icon help?

Issue: The name for our target population is long and not readily understood by most of our community. Better understanding leads to better awareness and ability to support our population within the community.

Idea: Create (or use with permission) a consistent, simple, communicative visual symbol/icon to represent our population.

"Neurodiverse" is a close proxy for our population, however...

- Some definitions of neurodiversity do NOT include ID or BI (while others do). And certainly not all "neurodiverse" individuals fit within our target.
- Our specific ballot language (IDD/Autism/BI) must be included (footnote?)

This icon could be used on our website, any awareness materials, anywhere our funding is mentioned (recipient organizations)

This icon could potentially be used by businesses/employers/community organizations to denote their support, and/or completion of training/outreach

Goal: simple, well-recognized and generally understood icons like these



Some possible inspirations: Head outline, Rainbow colors (diversity), infinity symbol (seems to be already used for neurodiversity)

Using AI image generator
"Intellectual Disability"

Publicity/Awareness: could a visual symbol/icon help?



Maybe something like this?

- Piggybacking on existing known symbols (except for ID)
- Specifying the ballot language targets
- Suggestion of inclusion which is the ultimate objective

Using AI image generator



"Boulder" with mountains & locator
Surrounded by ??



Multicolored brain representing various neurological profiles
Hands suggesting support



Multicolored puzzle pieces superimposed on head shape
Supported by people/outstretched hands

Publicity/Awareness: Example awareness efforts



"R" word campaign (2007) <http://theword.org>

- Short viral videos
- Bumper stickers, magnets
- "R-word" digital button, free PDFs

"Spread the Word to End the Word" (2009) <https://www.spreadtheword.global>

- Special Olympics & Best Buddies
- Broadened to Spread the Word: Inclusion (2019)
- Turnkey resources for 3 campaigns: the R-Word, bullying or inclusive action

Neurodiversity awareness week (UK?)

- Press materials, comms resources/toolkits
- For schools, higher ed, or businesses

Established by UN in 2007, adopted by all Autism advocacy organizations

"From surviving to thriving"

- Share stories
- Showcase support, advocate
- Pledge
- Fundraise

An online learning provider dedicated to the learning disability workforce

- Videos, audio
- Learning modules
- Various lengths & targets
- Membership options to make a cost effective learning method for individuals, businesses & organizations

Started in Summer 2014 by three young men living with ALS.

- Over 17 million people participated
- Raised awareness of the disease worldwide and \$115 million for research

Do we know what other local disability advocacy organizations (Special Olympics, Best Buddies, Autism/Brain injury groups etc) are already doing or have available? Could we join/support their efforts for better efficiency and impact?

Or, are there more general diversity efforts (like Cultural Brokers) that can be leveraged for our effort?

Example Awareness Message/Vehicle: *It's National Disability Employment Awareness Month!*

Dept of Labor

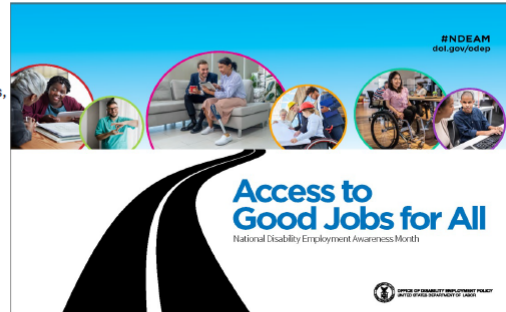
NDEAM 2024

Observed each October, during National Disability Employment Awareness Month, or "NDEAM," we celebrate the value and talent workers with disabilities add to America's workplaces and economy. NDEAM's purpose is to confirm our commitment to ensuring disabled workers have access to good jobs, every month of every year.

That's the spirit behind this year's official theme: "Access to Good Jobs for All."

Specific ideas & resources are provided for several audiences:

- Employers/Employees
- Educators/Youth Service Professionals
- State Governors, Legislators and Other Policymakers
- Associations and Unions
- **Disability-related Organizations**
- Federal Agencies



Ideas for Disability-Related Organizations: Lead your community's celebration of National Disability Employment Awareness Month (NDEAM)

1. **Post an NDEAM weblink:** To create a link, use the NDEAM poster thumbnail and link it to the [main NDEAM webpage](#).
2. **Solicit an NDEAM proclamation:** A [template](#) that organizations can easily customize is available to assist in soliciting such a proclamation.
3. **Hold an NDEAM "management breakfast" or "brown-bag lunch":** NDEAM presents an opportune time to sponsor an informal seminar or panel presentation for local employers on the topic of disability employment and the benefits of a disability-inclusive workplace.
4. **Hold a poster contest:** The NDEAM theme (or any slogan used by your organization) could be the theme for a poster contest for local youth.
5. **Feature NDEAM in your newsletter:** NDEAM offers timely and fresh content for organizational publications or social media activities.
6. **Feature NDEAM in social media activities:** Likewise, NDEAM provides an interesting hook for social media platforms, including Facebook, LinkedIn, Instagram and X. O
7. **Distribute NDEAM posters:** Just before or during NDEAM is a great time to pay a quick visit to local employers to provide a free NDEAM poster ([English](#) | [Spanish](#))
8. **Reach out to local media:** Ideas include writing an op-ed piece or letter to the editor about the value and talent people with disabilities have to offer in the workplace and community or encouraging local TV or radio news to run a feature on one or more local employers observing the month.
9. **Develop a disability employment webpage:** NDEAM is a great time to unveil a dedicated disability employment webpage for local employers listing tools and resources

IDD Mill Levy Updates

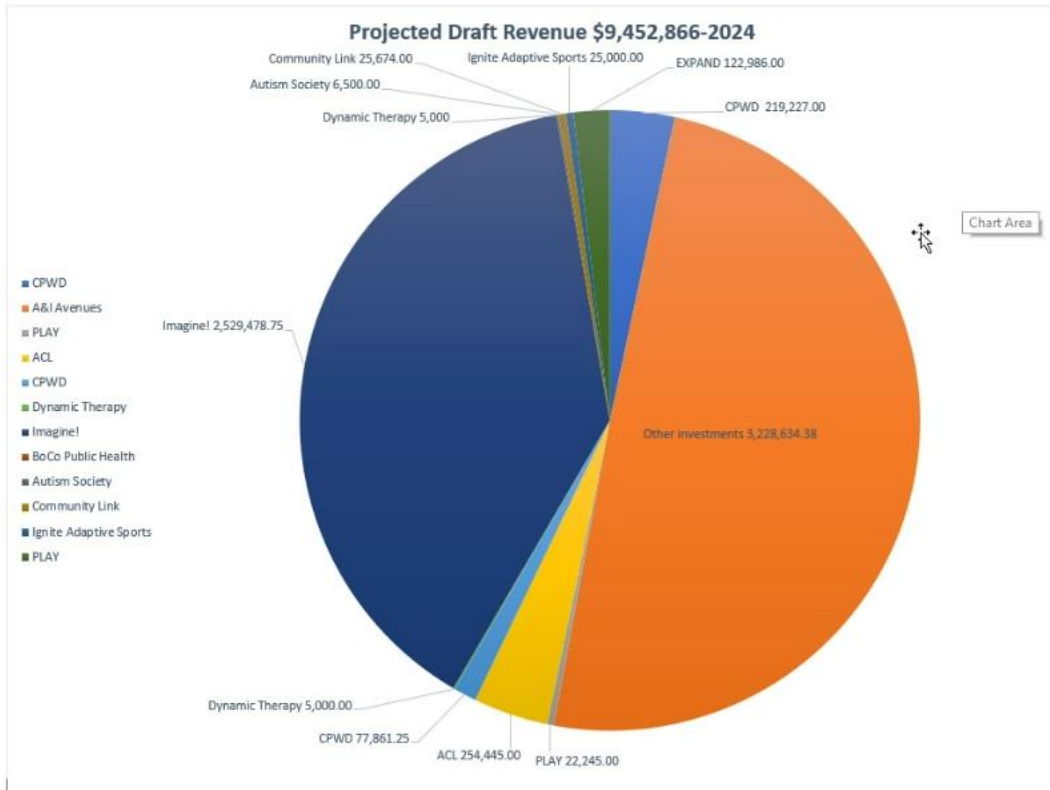
Rebecca Seiden

- Reviewed summit schedule; Summit is at full capacity at 200 guests.
- Another RFP will go out in Spring for 2026.
- \$4.2 Mill was the RFP amount for 2024.
- Any 2024 RFP recipient will need to reapply to the RFP coming out in 2025 for year 2026.
- Non-competitive contracts (single source providers) will be: Elevated Communities, ACL, and A&I.
- Next month we will have the full budget, including new housing positions.
- Those who are currently 2024 RFP recipients, they will receive a 6-month extension to get on the same calendar year for funding. That means they will receive the additional 6 months of funding.
- Anything else we need to address/included in the budget?
 - START is still in the budget.
- Willoughby corners - We have a separate fund account dedicated to housing. All of the money coming in was not fully invested so was moved over dedicated to housing. Housing costs will be high, so we want there to be available funds for that; roughly at 8-9 million. Anything we do with those funds, we will need to support yearly. This money accrues interest and we do need to spend it. When we spend down our yearly money, we can tap into

this pot. We will need to determine how much to spend on Willoughby corners.

- Would like to hire someone to do a market analysis to tell us what other housing opportunities we should be pursuing aside from Willoughby.
- Featured in the podcast [Understanding Autism Podcast Episode 35](#)

Budget (detailed budget to come):



Working Session

- Goal Setting for 2025 & wrap up for 2024. Discuss meeting schedule, timing, etc.
- 2025 IDDAC Meeting Schedule (5:00-7:30pm)
 - Jan 13th
 - Feb 10th
 - March 10th
 - April 14th
 - May 12th
 - June 9th
 - July 14th

- Aug 11th
- Sept 8th
- Oct 6th
- Nov 17th
- Dec 8th
- Needs Assessment: interest in a reassessment to work with current needs; lean on the PA subcommittee to help get the word out for more inclusive community involvement. Include more on BI, and Autism.
- Housing Panel: set up procedures and policy of how to use the money. Who should be on the panel, etc. Helpful to have experts of our community in an already established process (like HSP).
- Mental health: evaluate success of the mental health training. Ask CCHA if there may be another round of funding for this training in the future. 17 people passed the last session. Continuing to pursue that START program. Interested in getting report back and data from the training. Get the clinic from Imagine! out to the community.
- Case Management: report outs with how intake is improving/waiver enrollments.
- Community Education: Outreach/PA Subcommittee
- Website: throw out ideas

Next Steps/Agenda Topics

- Presentation from one of our 2024 RFP partner/Cultural Broker Program
- Next working session focus on needed website updates.

Meeting Adjourned at 7:35 p.m.

Minutes Submitted by Ally Joel

Mill Levy Advisory Council, BCHS

Monday, November 18th 2024

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

Meeting Minutes

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Absent: Julie Marshall

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

Meeting

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

Approval of Minutes

Lisa motioned to approve October's minutes; Heidi seconded. No objections. Minutes were approved.

Cultural Broker Program Presentation & Discussion

Claudia Ibarra-Arellano

Cultural Brokering 101

Meeting Presentation



Claudia IbarraArellano

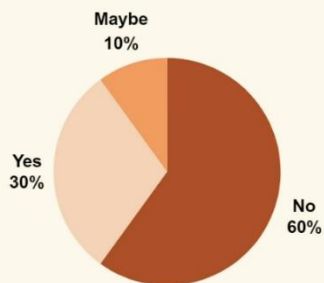
Bilingual C.A.P Project Specialist



How many of you know what a cultural broker is or identify as one?

Community Survey

• Do you know what a cultural broker is?



• What is your definition of a cultural broker?

- Person who focuses on identifying culture issues, and facilitates this for minorities
- Providing support to families through programs
- Creating more diversity within the community
- Someone who serves as a "point of contact" for those who have a language, cultural, or other barriers.

• What are examples of Cultural Brokers in Boulder County?

- Resource Navigators
- Community leaders
- Social Workers
- Mental Health Advocates
- El Centro Amistad
- Public Schools

The Beginning of the Cultural Broker Program



What is a Cultural Broker?

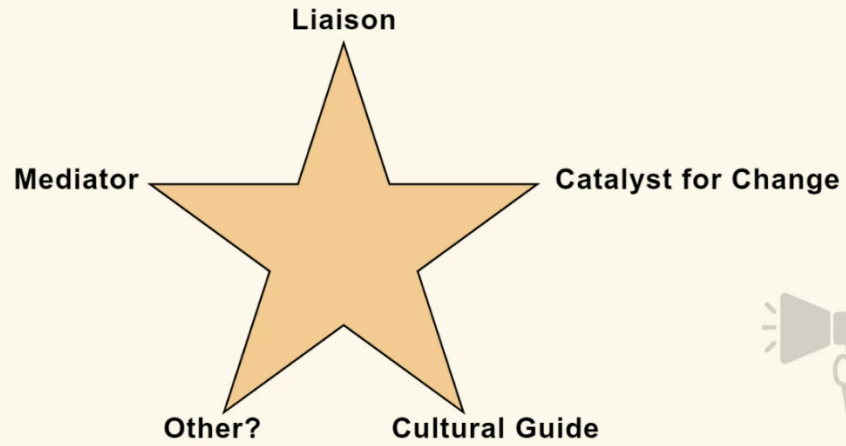
Boulder County's Definition

“Community partners who bridge diverse cultures and reduce current or potential conflict by co-creating, with the communities they serve, innovative strategies for change in areas of mediation, resource sharing and navigation, mentorship, and the promotion of culture for civic engagement and public participation in advocacy and activism.”





Cultural Broker's Roles



What types of skills/traits do you think are needed to be a Cultural Broker?

Cultural Brokers Skills/Traits

Multicultural Experience

Cultural Humility

Resource Navigator

Advocate/Civic Engagement

Emotional Intelligence

Mentor

Social Networking

Active Listener

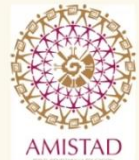
Boulder County Cultural Brokers

Organizations/Entities

- Boulder County Cultural Brokers
- ELPASO Movement
- Centro Amistad
- Philanthropiece Foundation
- Intercambio
- Community Foundation Boulder County

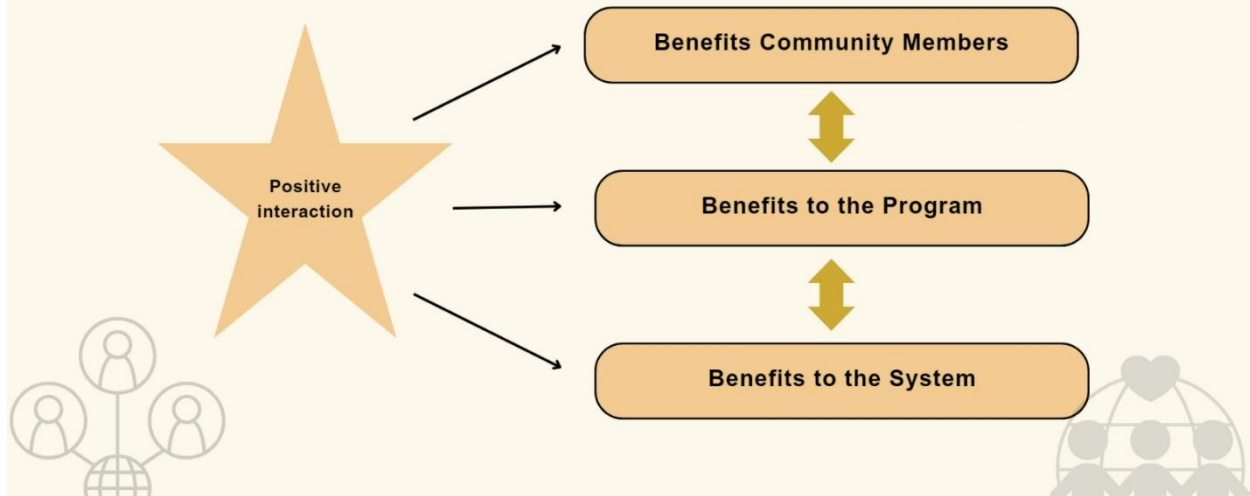
Individuals

- Boulder County Cultural Brokers
- Boulder County Case managers
- Boulder County Social Workers
- Community Liaisons
- BVSD Teachers/Counselors
- Parent Coalitions



Ibarra-Arellano, Claudia

Cultural Brokers are Essential



Cultural Broker Program



- Introductory Course
- 5 Sessions
- Virtual (in-person last meeting)
- English



- Every month
- English
- Highlights community programs (Boulder county ogvernment and non-profits)




- Bi-monthly
- In-person (mostly)
- English
- Resource sharing, social networking, and engaging in the Cultural Broker Identity

- Spreads awareness via word of mouth, & flyers.
- Cultural "insider" and "outsiders" welcome - cultural brokers can be either. "Outsider" are not people with direct lived experience but who are willing to take an extra step to learn about that culture and advocate for that community.
- Training is open to just community member, and nonprofit members.

- Cultural collective members, open to BC employees as well as community members, and nonprofit members.

Housing Data Presentation

Rebecca Seiden, Staff Liaison



NEED FOR NEURO-INCLUSIVE HOUSING

DATA-DRIVEN DISCUSSION

**Rebecca J. Seiden, IDD Mill Levy Program Coordinator
Boulder County Human Services Community Initiative Unit**

Phone Survey

Boulder County IDD Mill Levy contracted with A&I Avenues

Contracted to complete telephone quality assurance survey to obtain information regarding client specific statistics and opinion-based criterion on personal housing goals, and funding needs/distribution in the areas of current and future habitation.

Housing Survey Sample involved 1131 potential participants.

Total number of participants totaled 313. Of those 313, 59 were Spanish speakers/readers. Those individuals were distributed a Spanish version of the same housing survey.

A&I called all residents of Boulder County that are currently on Medicaid Waivers including: Supported Living Services, Developmental Disability, Brain Injury, Elderly, Blind, and Disabled, State SLS, and persons on Children's Waivers ages 16 and above.

Age of Person Receiving Services

| | |
|-------------|--------|
| 16-21 years | 41.69% |
| 22-35 years | 25.08% |
| 36-49 years | 16.02% |
| 50-64 years | 8.85% |
| 65 years + | 6.94% |

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BOULDER COUNTY HUMAN SERVICES

Boulder County Human Services Housing Survey

Current Living Arrangements

| | |
|--|--------|
| 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 24-hour 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% |

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BOULDER COUNTY HUMAN SERVICES

Boulder County Human Services Data from Telephone Survey

Funding Assistance for Housing Supports

| | |
|--|--------|
| 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% |
| CES (Children's Extensive Supports) | 2.46% |
| CHCBS (Children's Home and Community Based Services) | 0.12% |
| CMHS (Community Mental Health Supports) | 0.12% |
| 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

Living with 65+ Caregiver

Most concerning trend identified was the topic of transition for clients currently being cared for by aging parents.

Senior Caregivers described insufficient future support for their adult children requiring arrangements for after parental/guardian/caregiver passing.

Rigors of client care are more difficult to facilitate with aging parents, guardians, caregivers in charge of all aspects of physical, behavioral, and medical care

Boulder County Human Services Data Continued

Desired Supports for Ideal Habitation

| | |
|---|--------|
| 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 with 24-hour staff | 5.64% |
| Live in a skilled nursing facility | .25% |
| Live in a Companion or Host Home Model | 14.00% |
| Live alone | 14.56% |

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BOULDER COUNTY HUMAN SERVICES

Obstacles Regarding Ideal Housing

| | |
|--|--------|
| I don't have the skills to live independently | 51.85% |
| 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 physical needs (Wheelchair, bathroom accessible, open floor) | 18.88% |

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BOULDER COUNTY HUMAN SERVICES

**Supports Data
from Boulder
County
Telephone
Survey**

Supports for Independent Living

| | |
|--|--------|
| I need help during the day | 27.59% |
| 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 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% |

**“Most
Important/
Neutral/
Least
Important”
variables in
an Ideal
Housing
Scenario**

| | Most Important | Neutral | Least Important |
|--|---------------------------|----------------|----------------------------|
| To live in a safe neighborhood | 91.58% | 7.68% | .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 with 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% |

Spanish Speaking Participants

Crucial Housing Needs That Are Falling Through The Cracks

Crucial housing needs 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.

Total Waiver Enrollment by Fiscal Year

Total Waiver Enrollment by Fiscal Year (Statewide Statistics)

| Fiscal Year | BI | CCT | CES | CHCBS | CHRP | CIH | CLLI | CMHS | DD | EBD | SLS | TOTAL |
|-------------|-----|-----|-------|-------|------|-----|------|-------|-------|--------|-------|--------|
| FY 2020/21 | 667 | 55 | 2,564 | 2,245 | 201 | 223 | 223 | 4,235 | 7,317 | 31,189 | 5,393 | 53,601 |
| FY 2021/22 | 727 | | 2,753 | 2,466 | 293 | 747 | 206 | 4,336 | 8,122 | 31,682 | 5,462 | 55,173 |
| FY 2022/23 | 814 | | 3,109 | 2,653 | 329 | 294 | 186 | 4,373 | 8,416 | 33,005 | 5,157 | 57,646 |
| FY 2023/24 | 826 | | 3,579 | 2,645 | 392 | 334 | 170 | 4,279 | 8,673 | 32,984 | 5,225 | 58,401 |

DD and SLS New Enrollments

Fiscal Year 2023/24 DD and SLS New Enrollments

| Waiver | July-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Total |
|--------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| DD | 43 | 43 | 37 | 56 | 44 | 44 | 57 | 48 | 51 | 46 | 40 | 44 | 552 |
| SLS | 41 | 50 | 44 | 48 | 42 | 38 | 36 | 62 | 50 | 41 | 43 | 39 | 527 |
| Total | 84 | 93 | 81 | 104 | 86 | 82 | 93 | 110 | 101 | 87 | 83 | 83 | 1,074 |

Support Levels

Number of DD and SLS Members by Support Level Levels 1 - 7

| Waiver | FY | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--------|------------|-------|-------|-------|-------|-------|-------|-----|
| DD | FY 2020/21 | 892 | 1,543 | 1,264 | 1,353 | 1,476 | 1,100 | 280 |
| DD | FY 2021/22 | 1,007 | 1,734 | 1,364 | 1,473 | 1,665 | 1,297 | 224 |
| DD | FY 2022/23 | 1,011 | 1,752 | 1,396 | 1,486 | 1,753 | 1,432 | 224 |
| DD | FY 2023/24 | 972 | 1,725 | 1,381 | 1,469 | 1,782 | 1,482 | 241 |
| SLS | FY 2020/21 | 1,951 | 1,830 | 585 | 397 | 376 | 307 | |
| SLS | FY 2021/22 | 1,932 | 1,910 | 603 | 402 | 387 | 306 | |
| SLS | FY 2022/23 | 1,741 | 1,839 | 577 | 372 | 370 | 294 | |
| SLS | FY 2023/24 | 1,741 | 1,880 | 594 | 377 | 377 | 300 | |

Wayfinder RFP Data

Data was collected from May 2024 to present.

Wayfinder is an avenue for Case Management to coordinate care, improve service delivery, and track outcomes.

Boulder County's single entry point A&I Avenues started using Wayfinder in May 2024

- Many responses are marked as "Closed" or "Expired".
- Multiple instances of individuals being "Placed", especially in higher-level tiers (Level 3, Level 4, Level 6).
- Several cases remain "Open"
- Higher-level tiers (Level 5 and Level 6) show a mix of "Closed" and "Open" statuses.
- Level 1 tier has very few responses.
- CHRP has recorded no responses.
- No response to Group Home Requests.



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BOULDER COUNTY HUMAN SERVICES

Thank you!

Please contact me with any questions.

Rebecca J. Seiden, Boulder County Human Services, IDD Mill Levy Program
303-817-6090 rseiden@bouldercounty.gov



Public Awareness Subcommittee Report Out

Lisa Slager, Council Member, Jolie Bernstein, Council Member & Ally Joel, IDD Program Specialist

- Submitting a request to communications to design the logo. Will present options to the IDDAC once they become available.
- **Mission Statement (revised):** Our purpose is to broaden and inform our network of community partners to increase awareness of the IDDAC and create greater opportunities for individuals with IDD/Autism/BI and their caregivers to effectively engage with Boulder County life.
- **Approach to mission:** We are committed to achieving this by prioritizing cultural equity and actively engaging new and diverse lived experiences into IDDAC spaces where programming and funding recommendations are made.
- Explore a way to refer to our population in a more concise way
- Look at integrating language developed for the IDDAC:
 - **Our mission** is to empower Boulder County residents living with Intellectual and Developmental Disability, Brain Injury, and Autism and their support networks by fostering inclusivity and promoting a compassionate community that recognizes and celebrates the uniqueness of all members of our community as valued citizens and neighbors.
 - **Our vision** is to champion equitable access for individuals with Intellectual and Developmental Disabilities, Brain Injury, and/or Autism to have a diverse array of choices that align with their aspirations. We are dedicated to facilitating and supporting opportunities for housing, employment, health, wellness, and community inclusion, fostering an environment where everyone can pursue their goals.
 - **Our purpose** is to make informed recommendations to the Boulder County Commissioners which generates and encourages impactful investments that supports inclusivity and access for all members of our community.
 - **Our Housing mission** is to ensure individuals with Intellectual and Developmental Disabilities, Brain Injury, and/or Autism are included in their communities as valued neighbors and citizens through access to safe, affordable, and customized housing solutions. We are committed to a continuum that ranges from emergency housing to homeownership which fosters independence and encourages self-directed housing choices.

IDD Mill Levy Updates

Rebecca Seiden

- Elevated Communities has decided not to renew their contract for 2025. We will be regrouping to figure out how we want to proceed with this position. We would like to complete a REIAT during the interim to help us make an informed decision on how we should proceed.
- REIAT is a racial equity tool, which stands for Racial Equity Impact Assessment Tool. It is a set of questions used to examine how a proposed policy, program, or decision might affect different racial and ethnic groups. It aims to identify and mitigate potential negative impacts on marginalized communities and promote racial equity in decision-making. We would like to begin to complete this prior to making recommendations.
- November is Native American Heritage Month. We invite everyone to use resources such as [Native-Land.ca](https://www.native-land.ca) to learn about and connect with the indigenous land we live on.
- LEAP Low-income Energy Assistance Program-LEAP is a federally funded program that helps eligible Coloradans pay a portion of their winter home heating costs. To qualify for LEAP, households must:
 - Pay home heating costs, either directly to a utility company or to a landlord as part of rent
 - Earn a maximum family household income that does not exceed 60% of the state median income (Maximum gross monthly income for 1 person=\$3,382, 2 people=\$4,423, 3 people-\$5,464, 4 people=\$6,505, 5 people =\$7,545, and 6 people-\$8,596)
 - Provide proof of lawful presences in the U.S.
 - Several ways to apply for LEAP, including: Colorado PEAK
 - Download a LEAP application in English or Spanish
 - Pick up an application at any local human services office
 - Call 1-866-HEAT-HELP (1-866-432-8435) and LEAP will send you an application by mail
 - Applications are accepted until April 30.
- Another enrollment event for current OmniSalud enrollees will be on Tuesday, November 19, 2024, at the St Vrain Community HUB from 8 a.m. to 7 p.m. They are looking for Spanish speaking bilingual volunteers.

Working Session

Website updates

- More welcoming and simplified (plain) language to join meetings and committees

- Minutes posted more timely. Put meeting minutes with agenda (like end of year)
- Tabs for each priority area
- Update titles for council members
- How to join the council, more accessible access to our meetings for the community
- "How to" video on selecting language/navigating the site, include ASL interpreting
- Check to ensure all PDFs have been remediated
- Create list of documents to translate, i.e. needs assessment reports
- Update ballot language (include BI)
- Use plain language throughout
- Stock photo: currently looks like we serve children. Include an image that is more inclusive, possibly pulling from new stock photos provided by one of our partners, featuring real community members
- Include new PA logo
- Get webpage input from neurodiverse family/friends on more accessible navigation
- Navigation Resources featured in "related links" (on the right of the webpage) does not have a link back to Systems Navigation on IDDAC page. Might confuse community. Find out if we can link back to "systems navigation."
- AAC devices have set images to connect universal concepts. Look up universal images to remain consistent with what AAC users would understand.
- Legislative update/opportunities
- Use the images from the brief report to help breakup the words (see below)



Next Steps/Agenda Topics

- Update on systems navigation
- Presentation from one of our community partners
- Data from Oliver Behavioral (we have that data from first session and waiting for second, is not complete yet).
- Rebecca and Ally to survey mental health practitioners to find out success of the Oliver Behavioral mental health training program.
 - Possible questions:
 - How many of the trainees have increased their Medicaid clientele?
 - How many of the trainees have increased IDD clientele?
 - Do they feel better equipped to work with IDD clientele?
 - What barriers still exist to serving IDD clientele?
 - What do practitioners need to better serve IDD clientele?

*Meeting Adjourned at 7:37 p.m.
Minutes Submitted by Ally Joel*