



Department of Housing & Human Services

Boulder County Housing and Human Services is dedicated to supporting and sustaining healthy communities that strengthen individuals and families while promoting human dignity and hope for the future



HOUSING & HUMAN SERVICES ADVISORY COMMITTEE MEETING

Thursday, March 21, 2013, 8:30 – 10:00 a.m.

DHHS Kaiser Building, Large Conference Room, 2525 13th Street

- I. **Approval of Today's Agenda**
- II. **Welcoming of New Committee Member and Introductions**
- III. **Matters from the Committee Members for consideration**
- IV. **TSN Annual Report**
 - a. **Distribution Plan Update**
 - b. **Guest Column from the Committee Chair/Committee**
- V. **Housing Authority Update**
 - a. **Review of BCHA Budget items (see budget book)**
 - b. **Impacts of Federal Sequestration**
 - c. **Development and Rehabilitation Items**
 1. **Update on the Louisville IGA**
 2. **Aspinwall at Josephine Commons Project-Predevelopment Phase**
 3. **Landbanking update**
 4. **2013 Refinance update**
 5. **Josephine Commons Update**
 - d. **Housing Continuum Projects**
- VI. **DHHS Logo Discussion**
- VII. **Healthcare Expansion: Continued preparation for health care reform**
 - a. **Exchange Navigator RFA**
 - b. **Community Outreach and Enrollment Strategy**
- VIII. **HHSAC Member recommendations for John Sackett replacement**
- IX. **Community Feedback**
- X. **Next Meeting: April 18, 2013**

Guest Column on TSN – Dan Thomas

3/13/13

Just three years ago, Boulder County was grappling with the first serious impacts of the Great Recession. Unemployment had risen sharply and was over 7 percent, the number of people who couldn't afford adequate food had doubled since 2008, and need for healthcare coverage was in the early stages of a 65 percent increase from that same time.

People who had never needed help paying their bills were finding themselves on the edge of a cliff. And the land behind them was eroding as well, as businesses made permanent cuts and the job market flooded with other stunned formerly-middle-class workers. So when our Boulder County commissioners - working with non-profit and human services agency leaders – reached out to our community for help, the message was a critical and urgent one: we need to keep our safety net strong even as budget cuts and economic pressures continue to mount.

The idea was a temporary property tax increase that would backfill cuts and help bolster services that are fundamental to a community turnaround: housing, food and cash assistance, and help with child care and medical coverage among them. Commissioners put Initiative 1A on the November 2010 ballot and Boulder County voters responded by approving it. 1A, the Temporary Human Services Safety Net (TSN), immediately went to work in the community. Crucial funding was quickly released for homeless prevention, subsidized child care, and boosting access to food, financial, and healthcare coverage. Since January 2011, over \$9 million has been invested in our community by the TSN, all during a critical time for those around us who are struggling.

Some of the important impacts of the TSN in Boulder County:

- Food, Healthcare and Family Stability: millions invested in the county's ability to connect people with benefits helped deliver healthcare to over 32,000 people and food assistance to over 17,000; in two years, this has leveraged an influx of an additional \$17 million into the community
- Homeless Prevention: a \$1 million investment has been made in the county's Housing Stabilization Program, providing critical rental assistance for 267 families who were on the brink of homelessness; an additional \$450,000 funneled to non-profits providing housing supports
- Child Care: the waitlist for CCAP, the Child Care Assistance Program (which had been closed due to budget cuts), was re-opened, and income limits for it were raised so more people could qualify; 450 additional children and their families received subsidized child care as a result
- Mental Health: \$410 thousand to boost mental health and substance abuse services
- Medical and Dental Care: \$350 thousand to provide services for at-risk low-income populations

And this is just two years into the five-year TSN. These boosts would not have been possible without the generosity of Boulder County voters. The TSN has allowed the Boulder County Department of Housing and Human Services (DHHS) and its strong network of community partner non-profits to focus on early intervention and prevention even in the midst of a severe economic downturn. By getting services to people sooner, we avoid much costlier and more severe issues down the line. By stabilizing housing and

helping parents pay for child care we are providing supports for families to get back on their feet and become self-sufficient again. By improving access to food, financial, and medical assistance, we're reducing the numbers of people who reach crisis. And by investing directly in mental health, medical, and dental clinics, we're increasing capacity for people to get the help they need now. This approach is proven to work. The TSN represents a visionary and proactive response to a community crisis, and the investment is clearly paying off.

In this downturn, many folks are finding themselves having to reach out for assistance for the first time, and some are reluctant to do so. But the big lesson of the TSN is that it's really *important* to seek help as early as possible.

Boulder County DHHS is engaging the community and providing information and transparency about its services, including its administration of the TSN. There is a new comprehensive report online at www.BoulderCountyTSN.org. Please take a few minutes to look at it and see how your tax dollars are being put to good use ensuring our safety net remains strong, responsive, and prevention-based.

As a member of Boulder County's Housing and Human Services Advisory Committee, I get to see the county's extraordinary vision at close range. I know I can speak for this committee in saying we are all deeply proud to be part of the Boulder County community. During this economic downturn, our community has come together in an unprecedented way to support our neighbors who have been struggling. For me, the TSN serves as a reminder every day of why I am so proud to live here.

Dan Thomas
Chair, Boulder County Housing and Human Services Advisory Committee

TSN Community Report Distribution Plan

(Living Document)

Venue	Status	Notes
BoulderCounty.org Website	Complete	Report is prominently displayed on the TSN Webpage . **Need to explore different technology for display of report. Consulting with Pivot Communication on various tools
Create Executive Summary (both in English and Spanish)	In Progress	Need to create.
Email to Community-based partners with message from the Advisory Committee	In progress	Need to discuss with Committee. Thinking of creating a letter with signatures from the Committee members. **Message will encourage CBOs to put a link to the report on their websites and to contact Jim if they need printed copies of the report. **Looking into use of Constant Contact
Guest Column from the Committee and Committee Chair (Times Call, Daily Camera, Hometown Weekly)	In progress	Letter complete. Letter will be submitted by 3.12.2013 to all outlets.
Hard color copy to all Focus Group participants with a thank you note	In Progress	Working on contact information for the focus group participants
Social Media (Facebook)	In Progress	Will post on the DHHS Facebook page; will
HHS Advisory Committee	In Progress	Talk up the Community Report amongst their colleagues. Hard copies provided at the March 2013 meeting. Links on each of their respective websites
Present at regular meetings such as St Vrain Valley Coord. Council, United Way,	In Progress	Elvira Ramos offered to help set up forums with these groups.
KGNU	In Progress	Need to contact Barbara Green about her show on KGNU. Promote the TSN report.
KGUD	In Progress	Exploring whether this is a feasible venue for distribution
Boulder County Staff, including BOCC	In Progress	Have copies ready for staff and the Commissioners to take to various meetings with them



Housing Authority

Street Address: 2525 13th Street, Suite 204, Boulder, Colorado 80304

PO Box 471, Boulder, CO 80306 • Tel: 303-441-3929 • Fax: 720-564-2283 • www.bouldercountyhousing.org

COMMITTEE MEMO

Date: March 14, 2013
To: Housing & Human Services Advisory Committee
From: Willa Williford, Housing Division Director, DHHS
Re: Committee Report for March 21, 2013 Meeting

BCHA Overview

In addition to the following information, please see attached PDF that looks at BCHA's strategic priorities and maps of the affordable housing across the county.

Affordable housing in Boulder County Housing Authority (BCHA) includes administration, management, and maintenance of low-income housing stock, leasing, property inspections, tenant rent collection, tenant re-certifications for eligibility, monthly tenant meetings and property management. There are 559 affordable units managed by BCHA.

Housing Choice Voucher program includes administration of 799 housing vouchers to assist low income families with rental assistance, eligibility screening, client meetings and Housing and Urban Development (HUD) required reporting. This program collaborates closely with Family Self Sufficiency (FSS) and Project Hope, elderly and frail managed aging services. This includes 50 new Family Unification Program (FUP) vouchers, 25 new Veterans Affairs Supportive Housing (VASH) vouchers, and as many as 50 Tenant-Based Rental Assistance (TBRA) vouchers. A number of these vouchers include department-wide and community-based integrated case management services.

Housing Stabilization Program (HSP) prevents families from experiencing the negative impacts of homelessness by bridging temporary financial gaps for needy-eligible families. The program intervenes with at-risk families and individuals by addressing their immediate financial crisis and provides resources and education. BCHA also holds ten units for short-term housing clients, who occupy the units for up to ninety days while they stabilize.

Family Self Sufficiency (FSS) program helps low-income families to gain job skills and education to improve their family's financial situation and move them toward self-sufficiency.

Weatherization program makes repairs to homes of qualified eligible residents living in Boulder County to improve the home's energy conservation and safety. Renters and homeowners may qualify. The program covers four counties and is on track to weatherize 260 homes in 2012.

Current updates and issues from BCHA

Impact of Sequestration for the Housing Choice Voucher Program:

As a result of sequestration, BCHA will be receiving approximately 94.1% of the current monthly allocation for housing assistance payments. Based on the current monthly allocation, this translates to a loss of approximately \$48,500 per month beginning in April of 2013. Additionally, the administrative funds will be reduced to approximately 68.5% of the current monthly allocation. This translates to a loss of approximately \$12,556 per month for administrative funding which pays staff salary, also beginning in April of 2013. BCHA currently holds reserve account balances for both housing assistance payments as well as administrative funds. It is anticipated that these funding reductions combined with currently monthly expenditures will exhaust the full reserve account balances for both funding types by the end of the year. Management has been preparing for these funding cuts, and has already begun employing strategies to mitigate the funding reduction, such as no longer absorbing port-ins, and not issuing any new vouchers as current clients attrition off the program. However the housing authority will likely need to request additional funds to continue to support the current program. The amount requested will depend on program attrition over subsequent months as well as any adjustments made by HUD to the HAP renewal funding, which is usually evaluated in three month increments. Staff is working to analyze a number of scenarios, and will bring a recommendation to the Board of County Commissioners in the coming month.

Development and Rehabilitation Report

Aspinwall at Josephine Commons - Predevelopment Phase

Design and Construction - For the 72-unit New Construction portion of Aspinwall, we submitted a pre-application to the City of Lafayette planning and building department to discuss the potential changes to the original approved PUD and the preliminary unit and site designs, and we are awaiting the City's comments on the plans before moving forward with the design documents. The architect, engineering and construction team are developing options to the City staff for temporary site access during construction to minimize disturbances to the surrounding neighborhood, to discuss a construction phasing plan and location of the construction trailer, and to finalize major decisions regarding fire suppression, mechanical and site utility systems, and mitigation of soil contamination.

For the 95 scattered site portion of the project, we have completed the physical needs assessments and EJ Architecture and Deneuve Construction have completed a detailed matrix of the project to define the scope for accessibility and code upgrades, as well as architectural modernization upgrades. The BCHA Development and Operations staff have met with residents at Lafayette Villa West to assess the needs of the residents, and we will continue a series of resident meetings to engage in the upfront planning of rehab at each of the properties.

Funding – The overall cost of the 167-unit Aspinwall project is estimated to be \$38 million at this point in the predevelopment phase. We are in the process of underwriting with 1st Bank as our construction and permanent lender, and RedStone as our tax credit equity partner. Both parties have engaged a third party construction review firm, and both investor and lender have conducted tours of the existing units and new construction site. We have received approvals for Worthy Cause, Consortium HOME funds, and an additional \$10 million in Private Activity Bond (PAB) cap from the State of Colorado Division of Housing (CDOH). Due to increased construction costs in the multifamily market and new building code changes for fire suppression, we are requesting a new funding source to support the costs of completing a community building and the 24 Family Self Sufficiency apartments, which would be a Boulder County Human Services Loan in the amount of roughly \$1.2 million. We anticipate submitting our CHFA application for 4% LIHTC at the end of March after we meet our benchmark of receiving appraisals for the values of the 95 scattered sites in Lafayette, and adjusting the proforma to meet the appraised values and CHFA criteria.

LHA IGA Update

At the end of August 2012, four parties all executed the IGA to transfer the LHA properties to BCHA and bind BHCA to a number of commitments over the next 50 years. Since the adoption of the agreement, we have successfully transferred the first four properties, Acme, Lilac, Lydia Morgan, and Regal Court II. The properties have been refinanced simultaneously with their transfer, and BCHA has restricted \$1.7 million to complete renovations in Louisville in the next three years. On March 29, 2013, we transferred the fifth property, Regal Square. We are working on the two remaining properties. Sunnyside requires a lengthily bank approval process from our lender US Bank. We’ve recently received positive news about Hillside Square, which is the only remaining Public Housing in the BCHA/LHA portfolio. HUD is making initial indications that we would be a good candidate for the Rental Assistance Demonstration (RAD). This program enables housing authorities to swap the Public Housing subsidy for a Section 8 contract subsidy. The advantage is a more flexible, efficient finance and reporting relationship with HUD. Under RAD, subsidy dollars remain the same, but the housing authority gains operating efficiency and the ability to leverage the property with a real estate loan.

<i>Property</i>	<i>Anticipated Transfer Date</i>	<i>Consenting parties</i>	<i>Consents obtained?</i>	<i>Status</i>
Acme	Done	4 party IGA	Yes	Transfer complete
Lilac	Done	4 party IGA, lender	Yes	Transfer complete
Regal Court II	Done	4 party IGA, lender	Yes	Transfer complete
Lydia Morgan	Done	4 party IGA, lender	Yes	Transfer complete
Regal Square	Done	4 party IGA, HUD – office of multifamily housing, Lender	Yes	Transfer complete
Hillside Square	Later in 2013	4 party IGA, HUD – office of public housing	In process	We are working on the application to HUD and hope to submit in

				30 days.
Sunnyside	March 2013	4 party IGA, Investor, Lender,	In process	Consent obtained from investor; lender is in credit approval process

Alkonis Acquisition/Landbank Update

We are currently actively pursuing three sites:

- We are on track for closing Alkonis March 22. This site is 12.87 acres in Louisville on the west side of highway 42, just north of South Boulder Road. The site is currently in Boulder County, but eligible for annexation into the City of Louisville. The City is in the process of updating their Comprehensive Plan, and this area will be part of an intensive small area planning process in 2013-2014.
- We submitted an offer for the Gunbarrel site on February 11, and have received communication from the Archdiocese that they will be making a counter offer.
- Our broker has been unable to contract the seller of the Superior site, but will continue to reach out.

2013 Refinance Update

We are on track to close the 2013 Bond with Wells Fargo on March 27th. This refinance will enable \$527,000 in rehab for the Nederland, Lyons, and eight Scattered Site Lafayette sites.

Josephine Commons–update

As of December 15, 2012, we were 100% leased. We leased up ahead of the projections set in our LIHTC partnership commitments, and have finished the year with revenues ahead of budget. We submitted our cost certification on March 12, 2013, which is an important benchmark towards converting to our permanent loan, and receiving our final equity contributions from our LIHTC partner. We are in the process of compiling the Final Application to CHFA which enables us to file for the IRS form 8609 to receive the investment benefits from RedStone, our tax credit partner, and to convert from a construction loan to permanent loan with Citibank.



DHHS Housing Division Overview & Strategic Priorities

Update to HHS Advisory Committee

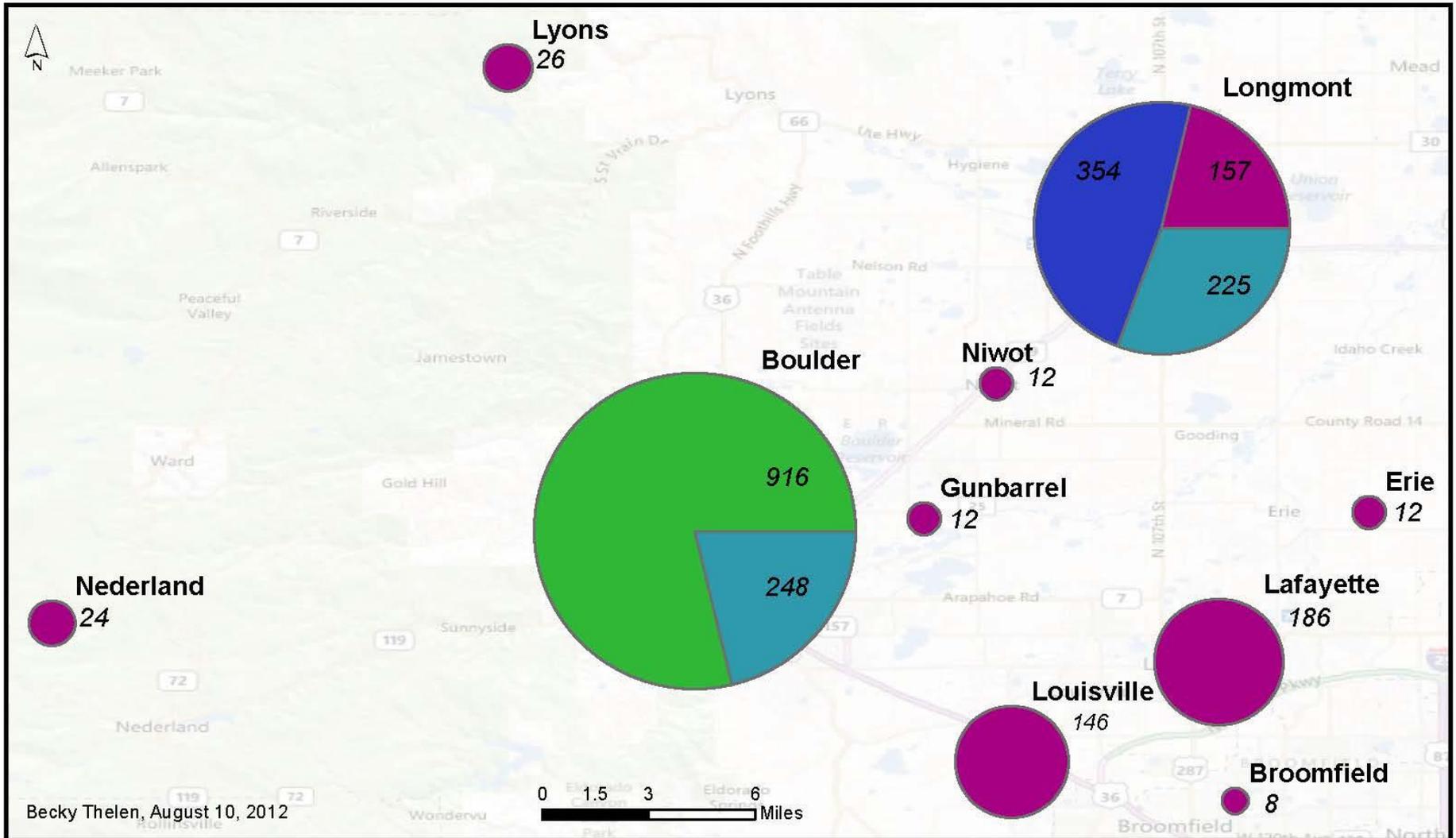
March 21, 2013

Willa Williford



Affordable Rental Properties

Number of Units per Owner and City

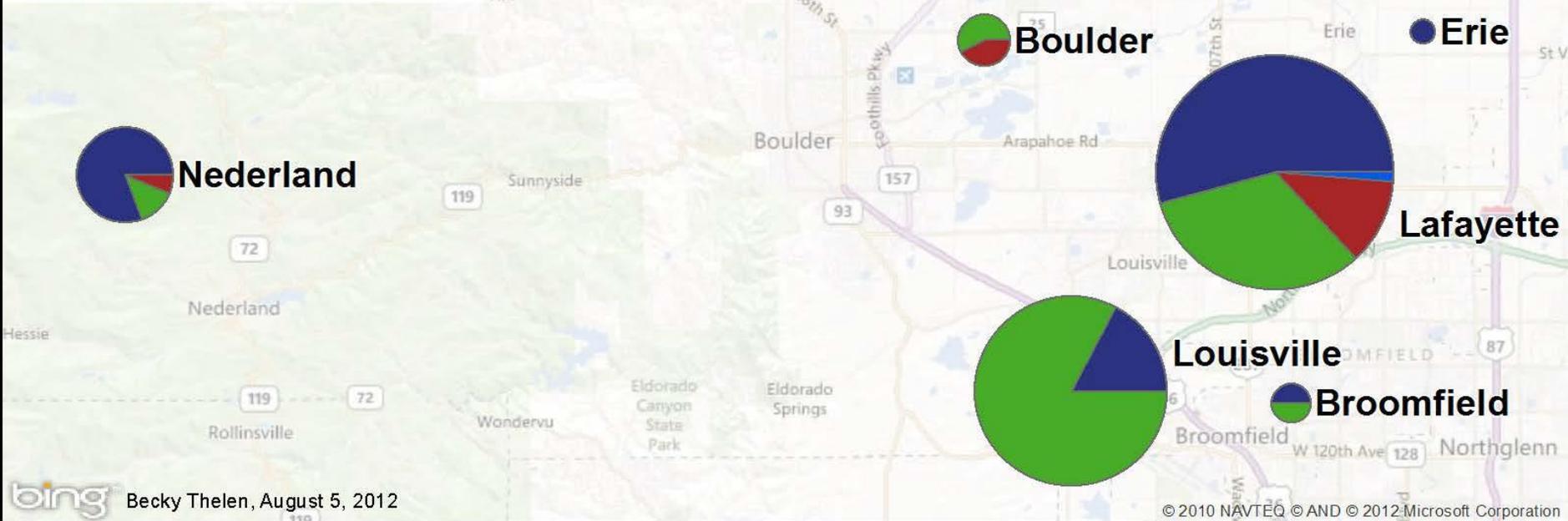
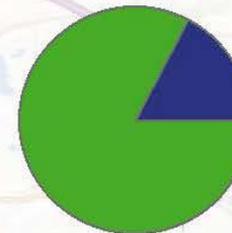
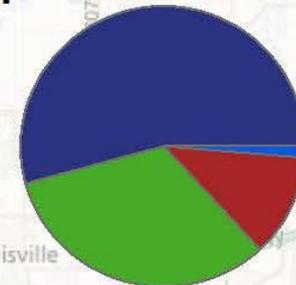
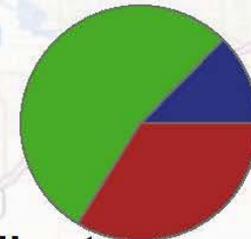


BCHA Properties

Bedroom Size per City

Bedroom Size

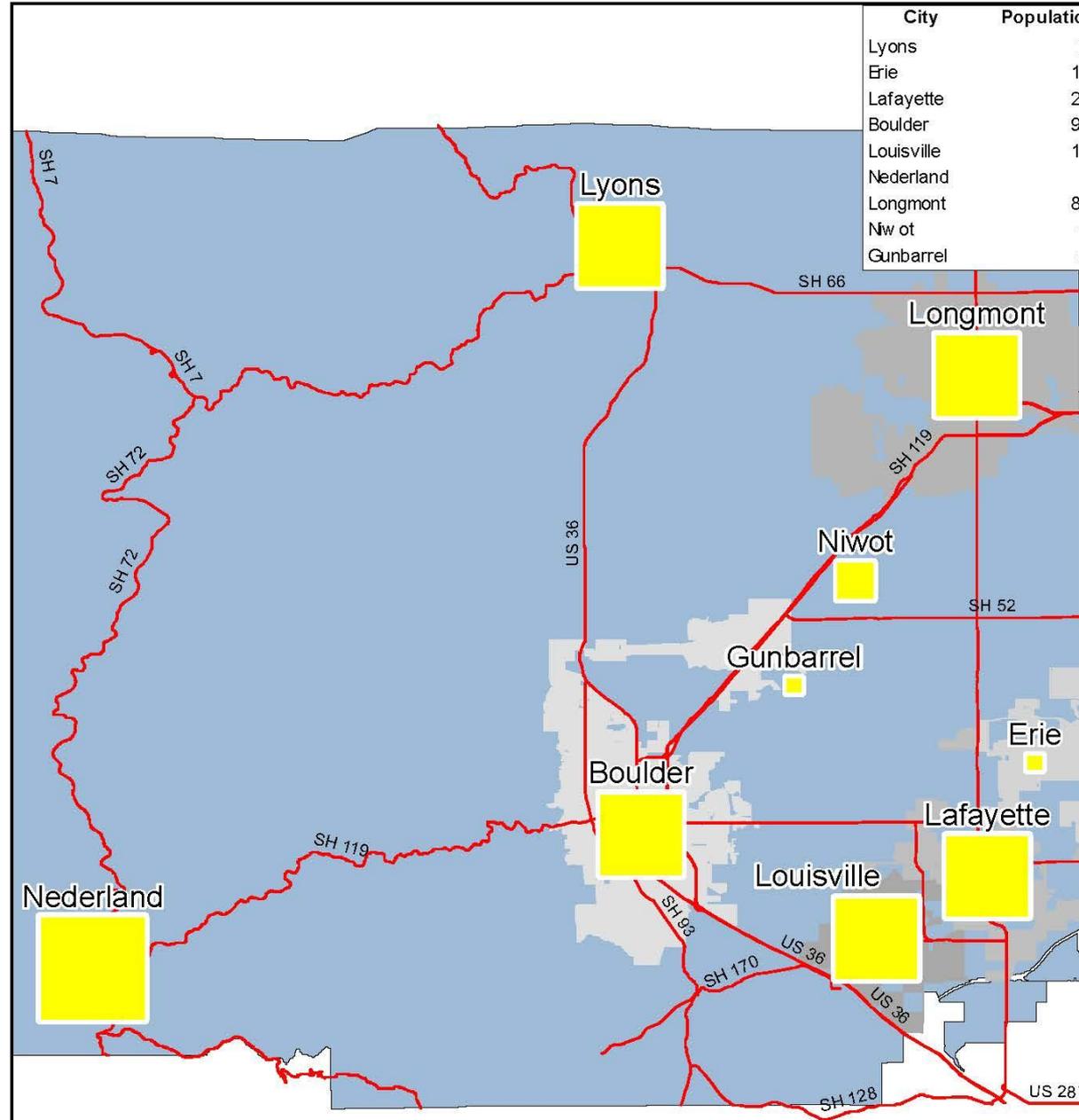
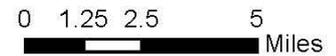
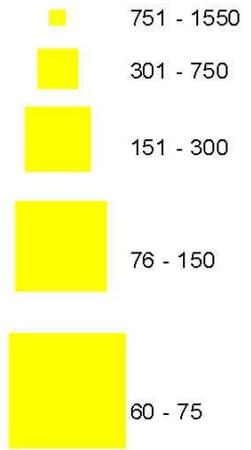
-  One Bedroom Units
-  Two Bedroom Units
-  Three Bedroom Units
-  Four Bedroom Units



Affordable Rentals Per Capita

City	Population	BCHA	BHP	Thistle	LongmonthA	Total Units
Lyons	2033	26	0	0	0	26
Erie	18505	12	0	0	0	12
Lafayette	24453	186	0	0	0	186
Boulder	97385	0	916	248	0	1164
Louisville	18376	146	0	0	0	146
Nederland	1445	24	0	0	0	24
Longmont	86270	157	0	225	354	736
Niwot	4006	12	0	0	0	12
Gunbarrel	9263	12	0	0	0	12

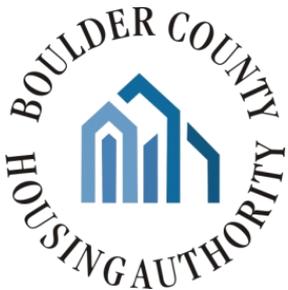
Affordable Rentals Per Person in Boulder County Cities



2013 – Strategic Priorities

Take care of what we have

- Complete the 2013 refinance – on track for March
- Begin 2012 refinance renovation work – on hold for staff
- Complete the LHA → BCHA transition - progressing
- Get reporting and compliance requirements crystal clear - progressing
- Strengthen our management - first versions of monthly metrics out to managers and BOCC



2013 – Strategic Priorities

Grow the Portfolio and continuum of housing resources

- Complete conversion to perm finance and final equity payments for JC - progressing
- Break ground on Aspinwall – June 2013?!
- Close on Alkonis – on track for March 22
- Pursue two more landbank sites
- Pursue STH 2.0 - progressing



2013 – Strategic Priorities

- **Strategic Plan for Diversified Funding for Weatherization Program**
 - Continue with sources such as TANF, LEAP+, NECALG, CIP, SERC, severance tax \$ -**progressing**
 - Create program to best leverage BOCC Funds – working with Sustainability Dept - **progressing**

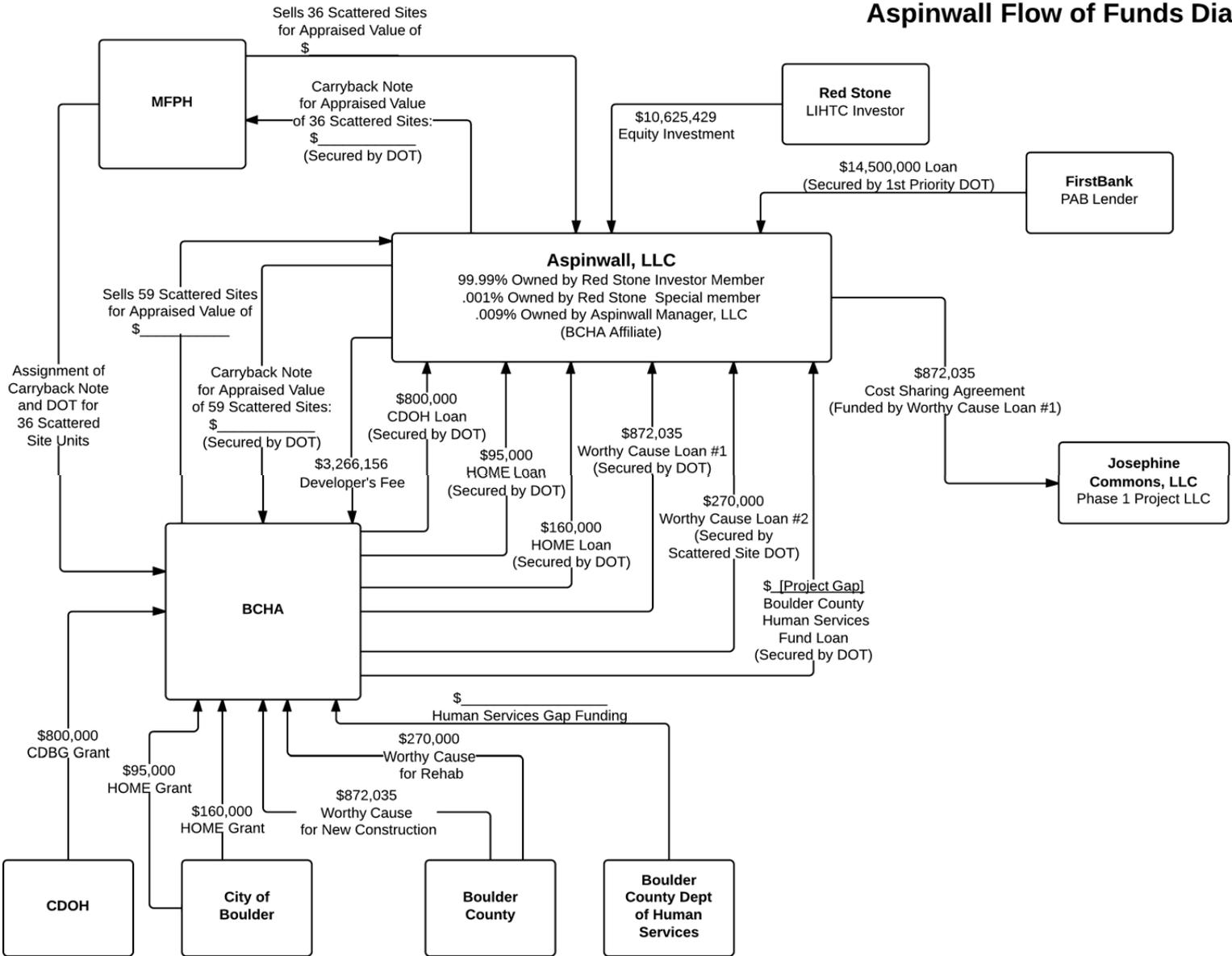


2013 – Challenges

- Staffing capacity strain on Development/Asset Work - progressing
- Financing and construction risk – Aspinwall – still high
- Federal budget impact on Section 8 – high – analysis in process
- Wx – funding uncertainty through mid-year – progressing – analysis in process



Aspinwall Flow of Funds Diagram



WHAT IS NEXT FOR BCHA?



Aspinwall at Josephine Commons

72 units

1, 2, 3 BR

Accessible, walkable

Open to all ages

Under construction this summer

Landbank

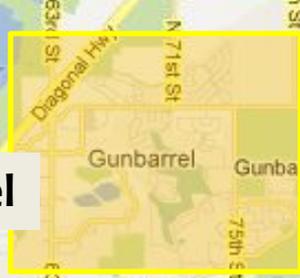
New Weatherization Programs

Always seeking new Vouchers and additional housing supports

Boulder County EMapping - Map Print



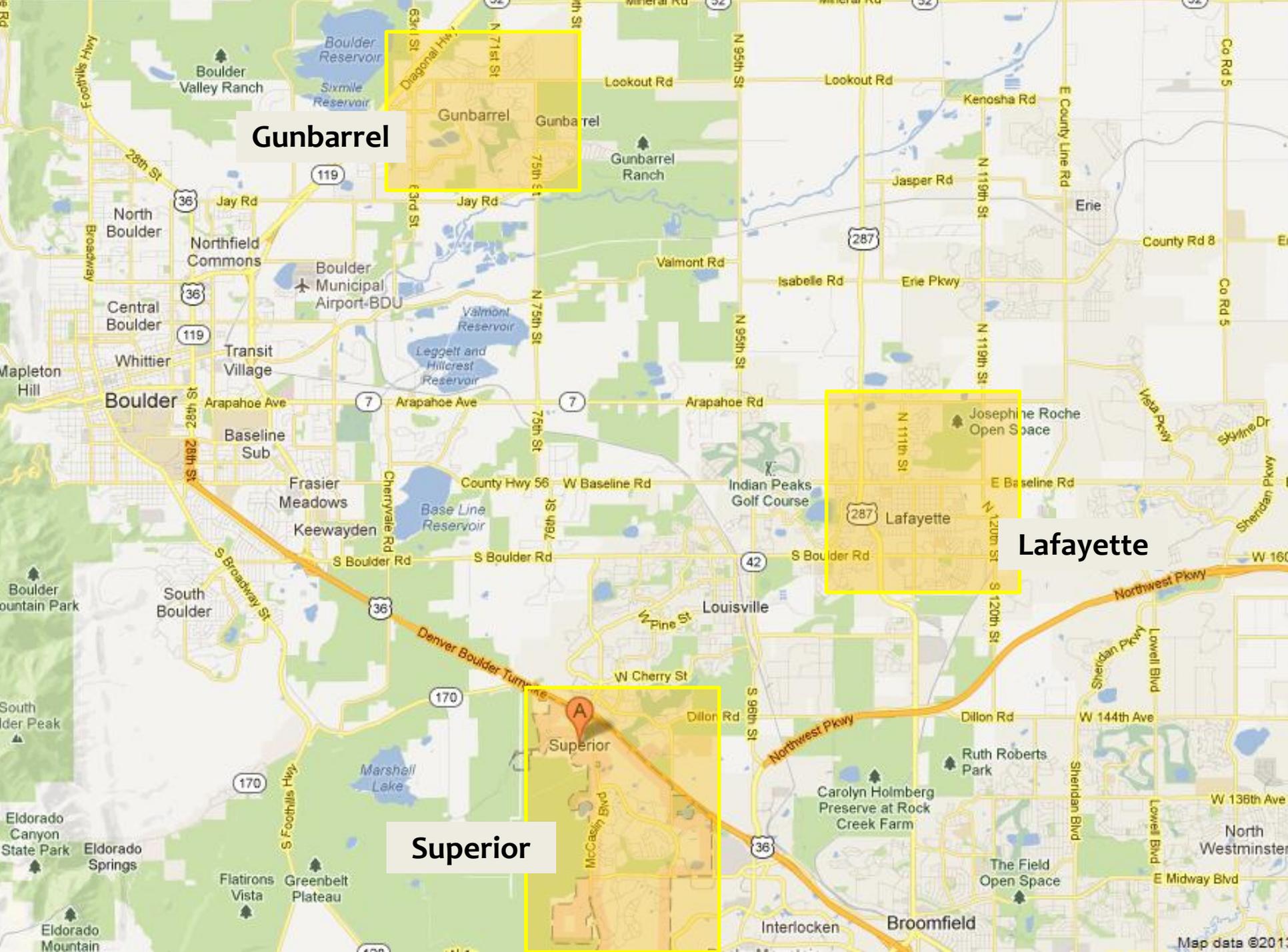
Gunbarrel



Lafayette



Superior





Housing & Human Services Logo Presentation

March 15, 2013

Created by Pivot Communication

Considerations

- Department Goals
 - Audience
 - Location
 - Color
 - Monochromatic
 - Scalability
 - Adaptability
-

Objectives

1. Improve Readability

Adjust text hierarchy so that the logo is read in the order of “Housing & Human Services.”

2. Highlight Diversity

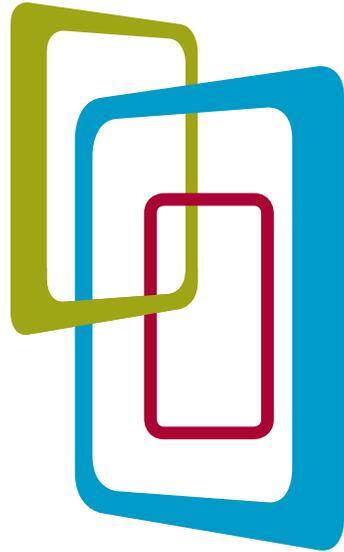
Adapt an earth-toned color scheme to represent the diversity of users and services.

3. Broaden Appeal

Develop a brand that is more inviting to a male audience.

4. Increase Usability

Adjust size ratio to improve usage in all applications.



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Family Self-Sufficiency

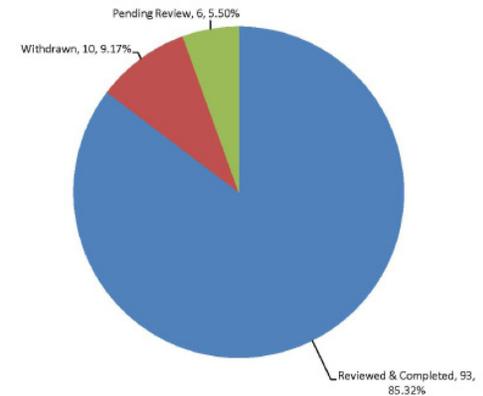
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Hope for the future, help when you need it.

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Family Self-Sufficiency

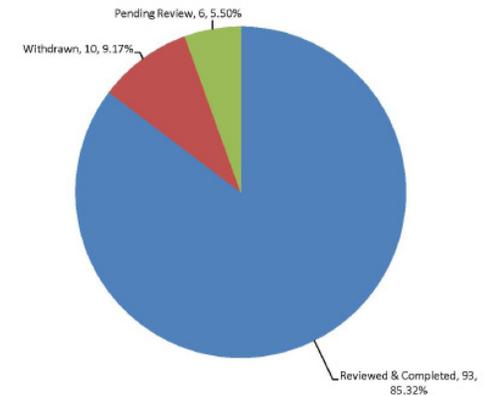
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Hope for the future, help when you need it.

HOUSING & HUMAN SERVICES

A large circular logo featuring the text "HOUSING & HUMAN SERVICES" in a multi-colored, sans-serif font. The text is arranged in a circle, with "HOUSING & HUMAN" at the top and "SERVICES" at the bottom. The colors of the letters include shades of green, orange, yellow, and purple. In the center of the circle is a graphic of several overlapping, curved lines in the same color palette, creating a sense of movement and interconnectedness.



Family Self-Sufficiency

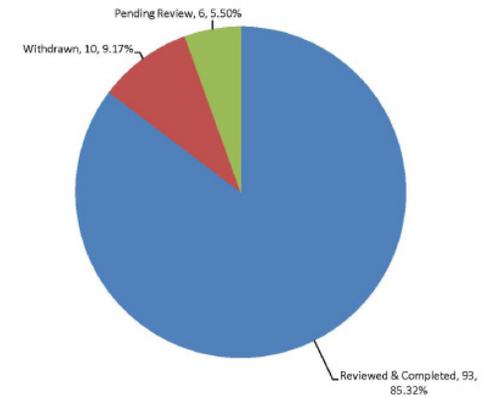
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Family Self-Sufficiency

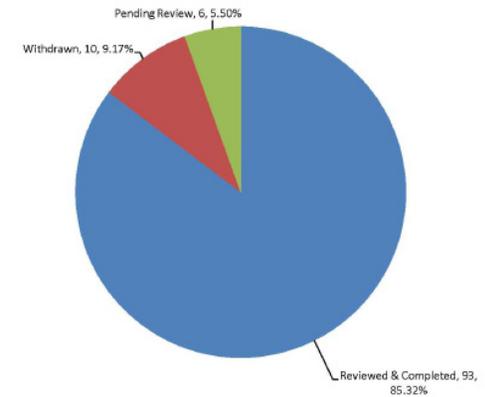
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Hope for the future, help when you need it.





Family Self-Sufficiency

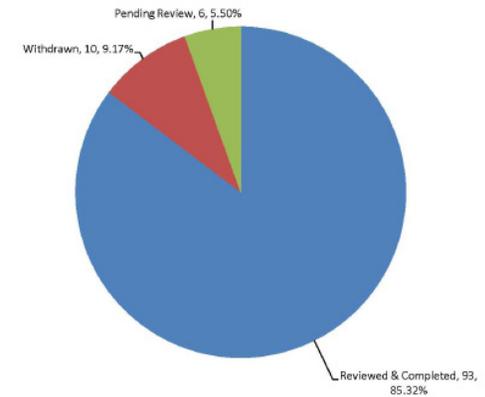
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Hope for the future,
help when you need it.

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Department of Housing & Human Services

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HOUSING & HUMAN SERVICES ADVISORY COMMITTEE MEETING

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 - b. **Community Outreach and Enrollment Strategy**
- V. **Further recommendations for John Sackett replacement**
- VI. **Community Feedback**
- VII. **Next Meeting: May 16, 2013**



Department of Housing & Human Services



HOUSING & HUMAN SERVICES ADVISORY COMMITTEE MEETING

Thursday, March 21, 2013, 8:30 – 10:00 a.m.
DHHS Kaiser Building, Large Conference Room, 2525 13th Street

Present: Elvira Ramos, Dan Thomas, Penny Hannegan, Laura Kinder, Aaron DeJong, Dalia Dorta, Frank Alexander, Willa Williford, Chris Campbell, Jim Williams

I. Approval of Today's Agenda

II. Approval of Minutes from last month

- Minutes approved with Penny abstaining (she was not present).

III. Welcoming of New Committee Member and Introductions

- Dalia Dorta – welcome!

IV. Matters from the Committee Members for consideration

- Dan – state level info in media past few days about reserves exceeding anticipated levels. Surprise? Frank – revenue forecasts for March have come in, amount of revenue exceeds current budgeted expenditures. They can repopulate some of the cuts that were made, so this would impact programs that were cut prior to the passage of the TSN. It's great news for the state in general. Some of them are perhaps one-time (capital gains taxes, etc), but trajectory is positive. A billion dollars in excess.

V. TSN Annual Report

a. Distribution Plan Update

- TSN Annual Report – Distribution Plan – Chris will work with Elvira to get a presentation plan. Translate into Spanish, meetings in Spanish around TSN Report. Dalia offers to help with translation. Letter to community partners, message. Will prepare letter from committee to CBOs. Ask CBOs to share this report with their boards.
- Any activity not on the list that should be? Penny – in our communications we try to drive people to where it is on our site. Constant Contact – letter you send to community partners could be tracked through it. Will work

with committee to look at the list and determine who best to be on it. E-mail list to committee for review and suggestions.

- Elvira- we're getting info out about how tax dollars are used, also possibly positioning for next round? Yes, of course a commissioner decision in relation to everything else. TSN is one body of work (temporary tax), what would make sense for the next tax. Other systems are thinking about taxes currently. You could look at an early intervention/prevention support that would make sense. Board might look at extending it due to its impacts.

b. Guest Column from the Committee Chair/Committee

VI. Housing Authority Update

- Dan – this committee has not digested this information as of yet. Willa Williford – I joined HHS about a year ago, prior to that worked with Penny at BHP. Excited to be here where it is embedded with Housing and Human Services. We work with overlaps from other programs, self-sufficiency programs. Synergies have been powerful, much more we can do. Slideshow – affordable housing – we help people with physical rental units (Section 8 vouchers, 30% of income and we pay the rest), weatherization services, short-term housing. Maps indicate our physical units. These are the three housing authorities and Thistle, main providers of rental housing below market.
- Weatherization is for homeowners or renters. Eligible up to 200% Federal Poverty Level. If renter we ask for contribution from the landlord. We serve four counties with this program.
- Numbers are a little dated (August 2012) – we have sold the Broomfield properties, Boulder now has over 1,000 properties.
- Rentals Per Capita – noteworthy that Superior currently has zero. Will be an area of focus for us. Gunbarrel and Niwot as well.
- The need – real estate environment competitive and expensive. Josephine Commons completely committed 4 days after Cert of Occupancy. 74 units. Each box needs to be several times its size if we're really meeting the needs in the community.
- Veterans Affairs Supportive Housing – 25 vouchers including case services – opportunities like this we are pursuing.
- Does most of the funding for these programs come through HUD? Section 8 comes through HUD. However our rental housing is funded through a range of sources, much of it private utilizing the Low Income Housing Tax Credit. Worthy Cause funds, Division of Housing funds also. Some properties actually make money and can help subsidize others. Ongoing subsidies HUD is a big portion.
- Strategic priorities – as on presentation – when Willa came on it was an excellent time to refinance properties, now we're renovating properties.
- Louisville – 15 more units in next five years, we hope to exceed this. IGA with Louisville was signed in August, and have transferred 5 of 7 current properties. With Louisville do you also think about Superior? Superior is certainly an area where we want more presence. We have a hub manager in Louisville who could easily absorb Superior. Kelly Campbell is liaison on this board as a result of the IGA. Ernie Villany is the alternate for her. For residents it's been a seamless transition.

- Dan – typically a lot of churning of residents? Less than in the private rental market. Our occupancy rate is generally above 97%. Incentive to leave is low for below-market rentals. Housing programs has many tiers of AMI eligibility. Most people are recertified annually. Elderly and disabled population (about 50% of the population we house) turnover quite low because they're seeking stability. Family side a little higher turnover (4.5 years on a voucher) vs. 12 years for elderly on a voucher. Josephine Commons is an example of this.
- Is there a residency requirement for services/housing? Can people migrate here for help? In some instances we have a preference for living/working here. Generally we see people who have ties to the community (person moving in parent from out of state). Voucher program preference for living and working in Boulder County. Typically it's a family relocation or job relocation that brings people here. Josephine Commons almost half were from the city of Lafayette, then Boulder County/Weld County, and about 10% from out of state.
- City of Lafayette meals program doing lunches 5 days a week using our commercial kitchen, they've almost doubled their participation in that program. A nice community-building nutrition-based program. Also we have a resident services coordinator who serves 4 senior sites, she works with folks to connect them to resources they need (healthcare, etc.). She also does community-building activities.
- Growing the portfolio – main thing now is trying to get to our financial closing and break ground on the Aspinwall property. JC was on an old mine, Josephine was an inspiration. We're doing a family self-sufficiency site on phase II (Aspinwall), predominantly single women – duplexes and townhouses, more of a traditional family setting: 1, 2, and 3 bedrooms, no age restrictions. We'll market to seniors, though. We'll have at least 24 project-based vouchers from the Family Self-Sufficiency Program for Aspinwall. We currently have about 120 people enrolled in this program right now (in collaboration with BHP), Woodlands is an example of this. Aspinwall is 72 units.
- Also on growing the portfolio – opportunity to purchase 13 acre site in Louisville. This was owned by Colonel Alkonis, inherited by his daughters, we're closing on this property tomorrow. Daughters are excited about their legacy continuing here. Boulder County is paying market price for it. They got a backup offer that was a higher price, but we were victorious. There will be a trail connecting this area near the railroad. Aaron – we're working on a road network to go through the Alkonis property. More of a grid network, less suburban, more urban. Mineral rights are severed on this property. Next page is a density study we did, not necessarily what it will look like. We'll work closely with city planning staff, but looks like we could fit about 142 units on the site. Southeast corner zoning would be commercial or mixed use. This is one of the last pieces of land that hasn't been annexed by Louisville, last green space area. Leaders around the area are very excited about this project.
- Next map with yellow squares is what we provided to commissioners in terms of areas of focus for affordable housing. Longmont Authority does its own work there. We have about 150 units in Longmont under a previous agreement.
- In Boulder County, open space agenda tends to trump the human services agenda. City council being pushed to consider decisions on open space as they impact human services down the road. Some communities have adopted open space policies that tie them to affordable housing. Our board is committed to land bank because inside municipal influence areas there are opportunities still.

- BCHA challenges: staff capacity strain around doing this sophisticated development work. We're working on how to bolster that.
- Financing and construction risk at Aspinwall – still high
- Federal budget impact on Section 8 – a little over \$6 million annually, we got a 6% hit on assistance payments, and a 31% hit on administration of voucher programs. All while we're seeing more high-touch clients needing more help. We'll be forced to draw on reserves, close the wait list. Talking with commissioners about how to backfill this. Penny –interesting to have a roundtable discussion about how housing authorities are going to respond to this, get different ideas from around the area. Everyone is struggling. Laura – same true with healthcare budget with/without sequestration. Penny - Ironic that programs having the most impact require lots of administrative support.
- Dan – where does the state fall in this? Willa – state funds Tenant Based Rental Assistance for homeless children with families in the school district. We have two case managers to do this, this leased up very quickly. We have housed very vulnerable people, many unknown to our system previously. Case management for this is just through voucher assistance funds, so we have to supplement this entirely with internal funds. We're paying for case managers out of TANF. Expensive but programs are so effective. Sequestration problem – special population vouchers growing, then hit with sequestration, cutting off the rest of your vouchers but still the special needs requirements.
- Willa says it will be nice to have the wisdom of the HHSAC as things move forward.

VII. DHHS Logo Discussion

- We've contracted with Pivot Communication, very excited about this project, been working with them for about 2 months. They seem to really understand us an agency, they've done interviews with community partners and seem to understand our marketing and messaging needs. We'll have templates for reports that will help ensure consistency, lobby enhancements. We need to make a decision about the logo and move on. Penny –was this a result of the strategic planning you did? Yes, this was one part of ensuring we have the infrastructure in place, we need the materials and consistency of tools for staff to use. Frank – last four years we've focused on accessibility to the public, public doesn't understand what their role is in funding our system, and big gaps between us and them (poor people and the community at large). We did a hard look at our system when depts were merged, the lack of accessibility was apparent. Big part of the push to de-stigmatize services and help remove the fear of asking for help. This marketing work is the next big phase of this. Child Welfare, TANF, job services, Medicaid, etc. Elvira – pull people in at an earlier stage, de-stigmatize, it's okay to ask for help.
- Second phase – public service announcements, videos, etc. In this phase we'll have advertising on radio, print.
- Dan – any further contact with Dateline folks about follow-up? HBO American Winter special followed families in a similar way to Dateline piece, but less impactful. Not so much on middle class families.
- Logo – have they defined a personality we want to convey? The tagline incorporates some of this. We're working on the personality piece. Pivot has some ideas that they will present to us soon. What they heard from community partners was the Any Door is the Right Door theme. That's what the community wants us to convey is that linkage to them.

- We're hoping for initial reactions from committee on logos. Dalia- none of the logos seem to comply with the objectives. Colors look pretty but may not be easy to manage. Increase usability – imagine as very small items on business cards. Pivot has followed style guide for use of the logo, which limits some of our creativity around Housing and Human Services. The doors do de-stigmatize.
- Get one real clear message and stick with it.
- Laura – I like the doors, can see people going through it, its use in videos with people walking through. The others are more like a stop sign. Dalia agrees, but thinks there are too many colors. Penny – I worry about the cost of the colors. Chris – they indicate what black and white will look like. Laura – doors seem cleaner and linked with “Housing”. Elvira – I like the door, but am concerned about the Boulder County thing. I'd think there were two different entities perhaps. Dalia – doors are square, need something more horizontal if you go with this. Elvira – could you include the “Boulder County” somewhere with the logo. Penny – love the tagline, make sure it's incorporated. Like the doors, but perhaps make sure the “Boulder County” is there. Logo number 4 might work well, but if this is an effort to change your image, the doors would work best. Use of multi colors on cap or t-shirt would be more expensive. Doors don't seem to incorporate earth tones. Penny – I do like #5. Laura – doors are like a mobile: light and airy.

VIII. Healthcare Expansion: Continued preparation for health care reform

- we've held community meetings, with key partners and agencies. We will apply to be an assistance site for the county: outreach and enrollment for Medicaid and Exchange role.
- It looks like Denver will take on a more regional role. We may fit in our PEAK work with Denver.
- One year of funding only. Unlikely that it will only last for one year. State level doesn't have a sustainable model in place yet. It's a free-standing entity.
- RFA due April 8th. We have support letters in from multiple non-profit agencies. Penny - BHP looking into this as an employer and everything we would have to do in terms of benefits.

IX. HHSAC Member recommendations for John Sackett replacement

- John Sackett has left us, we need to think about candidates in the hospital field. What expertise are you looking for?

X. Community Feedback

XI. Next Meeting: April 18, 2013

TSN Community Report Distribution Plan

(Living Document, *last update April 17, 2013*)

Venue	Status	Notes
BoulderCounty.org Website	Complete	Report is prominently displayed on the TSN Webpage . **Need to explore different technology for display of report. Consulting with Pivot Communication on various tools
Create Executive Summary (both in English and Spanish)	In Progress	Need to create.
Email to Community-based partners with message from the Advisory Committee	In progress	Need to create a letter with signatures from the Committee members. **Message will encourage CBOs to put a link to the report on their websites and to contact Jim if they need printed copies of the report. **Looking into use of Constant Contact
Guest Column from the Committee and Committee Chair (Times Call, Daily Camera, Hometown Weekly)	Complete	Letter complete. Letter will be submitted by 3.12.2013 to all outlets.
Hard color copy to all Focus Group participants with a thank you note	In Progress	Working on contact information for the focus group participants
Social Media (Facebook)	Complete	Will post on the DHHS Facebook page; will
HHS Advisory Committee	In Progress	Talk up the Community Report amongst their colleagues. Hard copies provided at the March 2013 meeting. Links on each of their respective websites
Present at regular meetings such as St Vrain Valley Coord. Council, United Way,	In Progress	Elvira Ramos offered to help set up forums with these groups.
KGNU	Contacted	Need to contact Barbara Green about her show on KGNU. Promote the TSN report.
KGUD	In Progress	Exploring whether this is a feasible venue for distribution
Boulder County Staff, including BOCC	Complete	Have copies ready for staff and the Commissioners to take to various meetings with them



**CONNECT FOR HEALTH ASSISTANCE NETWORK
APPLICATION for FUNDING**

Instructions: Please complete all fields of this application. If a question does not apply, please indicate by typing "NA". For applicants who are applying as a partnership or coalition, please select one organization to be the contact and fiscal agent, and please be specific in your responses about which organization is performing which activity or role.

All applications must be typed and must not exceed 25 pages (not including attachments). Please PDF applications and attachments as one document and submit by email to grants@hohbe.org . **Applications are due no later than April 8th, 2013 at 5:00 PM.**

SECTION 1: BACKGROUND AND APPLICANT INFORMATION

Contact Information

If several organizations are applying as a partnership or coalition, please select one organization to serve as the fiscal agent and the contact.

Organization Name: Boulder County Housing and Human Services

Organization Administrative Address: P.O. Box 471

City, County, State, Zip: Boulder, Colorado 80306

Phone Number: 303-441-1000

Fax Number: 303-441-1504

Web address: www.bouldercounty.org

Primary Contact: Angela Lanci-Macris

**Title: Case Management and Community Outreach
Division Director**

Primary Contact Phone: 303-441-4772

Primary Contact Email: alanci-macris@bouldercounty.org

Is your organization applying for funding? Yes No

FEIN: 84-6000748

Is your organization a non-profit? Yes No

If not, Please describe your organizations tax status. Selected organizations will be asked to provide W9. We are a tax-exempt, governmental organization

1. Organizational Background

Please describe the organization's history and mission.

Boulder County government was founded on November 1, 1861 as one of the first counties represented in the Colorado Territorial Assembly and provides services to approximately 300,000 residents. Boulder County's vision states: "As trusted stewards of Boulder County's future, we provide the best in public service."

From visionary policies around open space, land use and sustainability practices to forward-thinking housing and human services programs, Boulder County government helps foster an inclusive, healthy and active community. Departments include Housing and Human Services, Public Health, Community Services, Assessor's Office, Administrative Services, Land Use, Parks and Open Space, Public Trustee, Sheriff's Office, Commissioner's Office, Transportation, Treasurer, Surveyor, Attorney's Office, Clerk and Recorder, and the Coroner's Office. Boulder County leads the way in addressing vital community challenges including child and adult safety, medical and mental health services, wellness and nutrition, financial and transportation assistance, housing and work supports, disease prevention, substance abuse and addiction, and aging services.

2. **Please describe the type of work your organization performs and the services provided.**

Boulder County Department of Housing & Human Services' (BCDHHS) mission is to support and sustain healthy communities that strengthen individuals and families while promoting human dignity and hope for the future.

BCDHHS connects community members with crucial sustaining services like food and financial assistance and health coverage, as well as self-sufficiency benefits like child care and rental assistance, housing counseling, and work supports. Since 2008, the department has met the dramatic increases in need in the community for services like food assistance (from approximately 6,600 to 20,131 clients) and Medicaid (from approximately 19,900 to 32,231 clients). At the same time, BCDHHS continues to move upstream to meet community members earlier in their need, which avoids much costlier crises down-the-line. BCDHHS also provides child protection services and case management for at-risk children and families. The Housing Division, or the Boulder County Housing Authority (BCHA), oversees the creation of major low-income housing developments, manages a portfolio of 559 affordable housing units in the county, and administers over 900 rental assistance vouchers.

3. **Describe any experience the organization has with recognizing health coverage needs, or assistance with applications for health coverage, or outreach and education.**

Recognized as a pillar to achieving a healthy and productive life, BCDHHS continues to innovate in the area of healthcare and healthcare needs. A key component of BCDHHS' strategic plan is to stabilize families through the provision of housing, food, medical, and employment supports

with a strong focus on early intervention and prevention. BCDHHS supports a variety of programs that assist families with health coverage through proactive outreach, application assistance, and education, including the following:

The BCDHHS Community Support Division and in particular, the **Community Assistance and Resource Services (CARS)** unit (please see Attachment 8A) is responsible for determining eligibility for all public assistance programs, including Medicaid, Food Assistance, Colorado Works and Old Age Pension. The CARS generalist approach to eligibility, where staff are trained in all eligibility programs, allows for a more streamlined and comprehensive client experience. It means that clients' questions and concerns related to their eligibility are addressed quickly and correctly, and in most cases on their initial contact. Since the economic recession in 2008, CARS has experienced a caseload growth of 150% for food assistance, and 64% for Medicaid and other health coverage programs. Despite these unprecedented increases, CARS has provided benefits in a timely and accurate manner, all while utilizing an "Any Door is the Right Door" approach to comprehensive customer need identification and linkage to needed resources. Over the past two years, CARS has seen dramatic increases in timeliness of application processing: a 12% increase for medical applications and a 26.7% increase for Food Assistance applications. This is helping ensure that our most vulnerable Boulder County families are receiving food and health coverage benefits as quickly as possible. CARS' timely processing has stayed above 95% for the Colorado Works and Adult Financial programs. While CARS has seen tremendous improvement in application processing timeliness, there has not been a corresponding decrease in work quality. CARS' internal accuracy for all programs has been at or above 93% for the past two years.

Additionally, for the past 3 years, Boulder County has been home to the statewide **Colorado PEAK Outreach Initiative** and houses the PEAK Outreach Team. Through collaborative relationships with the Department of Health Care Policy and Financing (HCPF), Colorado Department of Human Services (CDHS), the Governor's Office of Information Technology (OIT), as well as all 64 Colorado counties and a network of statewide community partners, the PEAK Outreach Team seeks to ensure that every individual, child and family is screened for eligibility and enrolled in the food, health and financial benefits intended to help them thrive and progress towards self-sufficiency. This goal is achieved through a multi-faceted outreach and training approach, technological enhancements, and the cultivation of community partnerships. The outreach and training efforts include the creation and dissemination of 1,900 marketing toolkits (please see Attachment 8B) and 255 eligibility and application assistance trainings, both in-person and through Webinars. These efforts have resulted in the training of 3,900 employees from 1,716 organizations. The PEAK Outreach Team has engaged over 200 clients and community partners in focus groups to test the usability of the PEAK on-line application system in 17 locations across the state, and has successfully advocated for consumer-friendly enhancements to the system. The PEAK Outreach Team is guided by an integrated interagency Steering Committee consisting of members from the above-mentioned organizations. Workgroups facilitated by the PEAK Outreach Team include a 15 member CBO Workgroup, and a 10-member Pilot County Workgroup.

Other eligibility and outreach programs include the **BCDHHS Boulder County Healthy Kids** (BCHK) initiative which was launched in 2008 to provide comprehensive Medicaid and CHP+ enrollment assistance, outreach, and education to potentially eligible families. BCHK has a proven track record of boosting enrollment and retention of eligible children in Medicaid and CHP+. Since program inception, BCHK has enrolled 13,000 children, parents, and pregnant women. BCHK's comprehensive enrollment assistance includes educating families about Medicaid and CHP+ eligibility, enrollment, and benefits; ensuring that families submit complete applications with all necessary documentation; fully tracking cases through final eligibility determination; and providing assistance with appeals when necessary. BCHK outreach and eligibility staff make enrollment services accessible by meeting families in the community and assisting families in acquiring all necessary verifications, including obtaining out-of-state birth certificates and identification documents. This client-centered approach has helped BCHK successfully secure Medicaid or CHP+ coverage for 98% of eligible clients.

For comprehensive, barrier-free enrollment assistance to succeed, applicants must be able to access assistance at trusted community services organizations near where they live or work. BCDHHS and BCHK employ a unique model of county government and community-based organization (CBO) coordination that successfully bridges the gaps between organizations that serve eligible-but-not-enrolled children and families and county technicians who process Medicaid/CHP+ applications. Since 2008, BCHK has recruited, trained and supported a network of thirteen CBOs as Certified Application Assistance Sites (CAAS) throughout Boulder County. This BCDHHS best practice supersedes traditional human services models by out-stationing eligibility technicians in school districts, non-profit organizations and Federally Qualified Health Centers that serve Boulder County residents.

This approach is a progressive departure from the traditional public assistance benefits enrollment process as it fosters an integrated approach to public service. In addition to providing application assistance, BCDHHS and BCHK provide ongoing support to families throughout their Medicaid/CHP+ enrollment by troubleshooting enrollment issues, accepting reported changes, and helping families complete their annual renewal. BCDHHS staff employ the **"Any Door is the Right Door"** philosophy and refer families to other county-based programs and CBOs that can assist families in achieving self-sufficiency and accessing other basic need services. When families are not eligible for Medicaid/CHP+, staff are trained to refer and link families to other financial or health insurance resources in the community.

BCDHHS also houses the **Boulder County Healthy Communities Program** (Healthy Communities). Healthy Communities is a state-funded program that provides Medicaid/CHP+ outreach and administrative case management for the Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) and CHP+ programs for county residents. Healthy Communities focuses on the "life cycle of a client", a comprehensive and holistic approach to ensure the client's easy access in obtaining coverage and health care services. The department's BCHK and Healthy Communities programs collaborate closely to ensure families receive seamless services from application assistance to health care utilization. BCHK and Healthy Communities provide

outreach and education to the community at school-based activities, community events and interagency health fairs.

Through its **Area Agency on Aging (AAA)**, the Boulder County Department of Community Services administers the Medicare Counseling Program (formerly the Medicare Ombudsman Program). This program ensures beneficiaries are making informed health care decisions by providing information and education regarding Medicare benefits. Bilingual Medicare Counselors provide current, fair and objective information and guidance on enrollment considerations and health plan options, including Original Medicare, Medicare Advantage Plans, Medigap or Medicare Supplements, and Part D Prescription Drug Plans. The AAA Medicare Counselors host monthly interactive presentations at senior centers in the Boulder County cities of Boulder, Longmont, Louisville and Lafayette for community residents who want to learn about Medicare health care benefits, choices, costs and enrollment. Last year, the AAA Medicare Counseling Program conducted 53 interactive presentations for a total of 580 people. In addition, 19 enrollment events were held in which 186 Boulder County residents met individually with AAA Medicare Counselors for assistance in reviewing, enrolling, or changing Medicare Part C and Part D plans - during the fall Medicare Open Enrollment Period.

Boulder County also has experience targeting outreach efforts in underserved areas through the use of data and mapping. In 2010, Boulder County used GIS mapping to identify eligible households per census block group that were not enrolled in Medicaid, CHP+ or the Supplemental Nutrition Assistance Program (SNAP). Marketing materials in the form of **door hangers** (please see Attachment 8C) were distributed to 25,000 households to provide information on eligibility requirements and how to apply for public benefits.

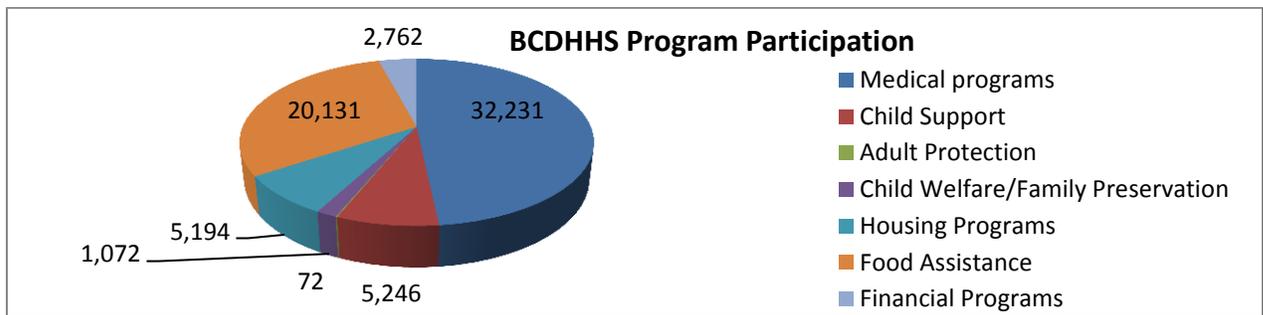
- 4. Please describe the populations the organization currently serves (for example: families with school-aged children, young adults, low-income families, businesses or entrepreneurs, individuals with limited English proficiency, people with a particular diagnosis or disability, people of faith, uninsured individuals, small employers or workers of a particular industry, etc.). Please describe how many customers the organization currently serves and in what geographic area.**

Boulder County, Colorado's sixth most populous county, contains multiple cities spanning 750 square miles, and is home to approximately 300,000 people. Nearly all Boulder County residents receive some type of service from the county through one of the departments listed above. BCDHHS works collaboratively with an expansive network of community partners that provide care in primary medicine, oral health, behavioral health, public health, and services in school districts and foundational or basic needs programming.

BCDHHS has a documented history of supporting families and individuals from diverse cultural, ethnic and socioeconomic backgrounds. Over the past five years, BCDHHS has provided increased services to middle- and high-income families, many of whom have experienced extreme changes in their finances due to the economic recession. BCDHHS offers services

across individuals' life spans from children to older adults, and for families of all sizes. Many BCDHHS staff are bilingual (English and Spanish) and services are tailored to meet the cultural and linguistic needs of the clients we serve. BCDHHS places a high value on recruiting and retaining bilingual staff as our Spanish-speaking population continues to grow in Boulder County.

Detailed below is a breakdown of program participation for the major categories of services offered by BCDHHS. Medical programs include all Medicaid and Medicare programs and CHP+. Housing Programs include the Low-income Energy Assistance Program, Housing Choice Voucher Program (formerly Section 8), other housing voucher programs, and housing stabilization services. Financial assistance is available in Colorado Works and Adult Financial programs. Program participants are located throughout the county.



5. Please describe the geographic area you serve. If your organization is statewide, please describe all the areas where you have a presence and the type of presence.

Boulder County spans 750 square miles, and includes the cities of Boulder, Erie, Jamestown, Lafayette, Longmont, Louisville, Lyons, Nederland, Superior and Ward. Unincorporated cities include Allenspark, Caribou, Coal Creek, Eldora, Eldorado Springs, Gold Hill, Gunbarrel, Hygiene and Niwot. Locations served range from urban/suburban settings on the plains to more rural areas in the foothills and higher mountains of Boulder County. The response to Question 10 below provides detail on the type of presence BCDHHS has through its collaborative networks.

- 6. **Is the organization a health plan?** Yes No
- 7. **Is the organization a subsidiary of a health plan?** Yes No
- 8. **Is the organization a member of a health plan association?** Yes No
- 9. **Does the organization receive any type of funding from a health plan?** Yes No

Both the Boulder County Healthy Kids and PEAK Outreach Initiatives are funded through the Colorado Health Foundation.

10. **Describe how you currently collaborate with other organizations or service providers to provide service to your clients, to enhance service delivery, increase capacity, facilitate information sharing, or to provider referrals.**

BCDHHS financially supports case management and enrollment efforts throughout the broader Boulder County community through the administration and issuance of basic needs and self-sufficiency programming. Agencies that are supported by BCDHHS participate in monthly coalition meetings to coordinate on case management planning; identify and coordinate on community service gaps; train on best practice model implementation; identify, monitor and analyze outcomes data; and enhance program delivery. Notably, the capacity of these critical safety net organizations has significantly increased since 2010. Agencies that are currently contracted with BCDHHS include:

- **Boulder Shelter for the Homeless** – Funded to provide cognitive testing for low-income individuals applying for SSI/SSDI benefits.
- **Boulder Outreach for the Homeless Overflow** – Funded to provide emergency services to the homeless population.
- **Boulder Valley Women’s Health Center** – Funded for additional teen pregnancy prevention services in the schools.
- **Bridge House** – Contracted to provide case management and financial assistance to homeless individuals.
- **City of Boulder** – Funded to provide training and resources to Child Care Assistance Program (CCAP) providers. Also funded as a Family Resource Center pilot.
- **Emergency Family Assistance Association** – Funded to provide case management services to clients in the BCDHHS Housing Stabilization Program.
- **Outreach United Resource (OUR) Center** – Funding for staff hours to provide case management services to clients in the BCDHHS Housing Stabilization Program.
- **Dental Aid** – Contracted to provide additional preventive dental health services to low-income and indigent individuals.
- **Parenting Place** – Funded to provide the Parents as Teachers program.
- **Sister Carmen Community Center** – Funded to provide case management services to clients in the BCDHHS Housing Stabilization Program. Also funded as a Family Resource Center pilot.
- **Mental Health Partners** – Funded to provide community-based mental health services and the Senior Reach Program.

Specific examples of collaborations for enhancing services to our clients include the following:

- BCDHHS currently has two staff out-stationed at Boulder Valley School District and two staff at St. Vrain Valley School District to assist with Medicaid and CHP+ enrollment. These out-stationed staff also facilitate access and linkages to a medical home. Additional staff are co-located at Salud Family Health Center and Clinica Family Health Services to provide the same service. Clinica funds the county position out of their

operating dollars, reflecting their commitment to partner with BCDHHS to improve benefit enrollment outcomes, and to provide more expedient access to health insurance. BCDHHS has also out-stationed technicians in basic- needs provider locations throughout the community (Sr. Carmen Community Center, Emergency Family Assistance Association, the Our Center Community Center, and Community Food Share) to reach eligible-but-not-enrolled residents during high need enrollment times and to reach the target population at locations already being accessed for services. This provides easy, streamlined access to comprehensive service. These partnerships are invaluable to the clinics and their service community as county staff have ready access to the clinics' scheduling systems and can assist new enrollees with accessing care and establishing a medical home. Individuals and families are enrolled directly into public benefit programs upon service utilization.

- The PEAK Outreach Team has joined forces with all 64 counties and community partners statewide to enhance the on-line benefits application service delivery, increase capacity, and facilitate information sharing amongst stakeholders. The PEAK Outreach Team works collaboratively to provide trainings with local departments of human services and with the statewide network of Certified Application Assistance Sites (CAAS). The PEAK Outreach Team frequently collaborates with HCPF to deliver PEAK system module updates at regional conferences and meetings and in partnership with the CAAS Team trainings. The PEAK Outreach Team has also partnered with Hunger Free Colorado in implementing a train-the-trainer model for PEAK system trainings with community partners. Working collaboratively with HCPF and the State Libraries at the Department of Education, PEAK helped create and implemented the highly successful “Laptops for Libraries” program, in addition to placing PEAK kiosks in areas of higher need across the state. The PEAK Outreach Team also engages in numerous state-level workgroups and forums where they actively advocate for the implementation of PEAK on-line applications statewide.

11. Please describe your organizational leadership and management structure.

Boulder County is divided into three political districts, each represented by an elected county commissioner. The Director of BCDHHS, Frank Alexander, reports to the county commissioners. There are five (5) divisions within BCDHHS including: Housing, Family and Children’s Services, Community Support, Case Management and Community Outreach, Finance and Operations, and Business Operations and Systems Support. BCDHHS will operate **Assistance Sites** and employ **Health Coverage Guides** under the Case Management and Community Outreach Division (please see organizational chart included as Attachment 6).

SECTION 2: DESCRIPTION OF PROPOSED WORK

Scope of Work

1. Describe how participating in the Connect for Health Assistance Network as an Assistance Site or Regional Hub fits within the mission of your organization.

The overall vision and goals of the Affordable Care Act (quality, affordable health care for all, prevention of chronic disease, and improving public health, and transparency and program integrity) closely align with BCDHHS's overall vision for the Boulder County community. In the past four years, BCDHHS's strategic focus on evidence-based, client-centered, preventive programs has shifted our community toward a more effective and sustainable safety net. This approach has generated significant cost savings that are reinvested right back into these successful services. We know that uninsured individuals and families can strain limited community resources, and by enrolling individuals and families in quality, affordable healthcare, positive outcomes result.

BCDHHS also remains firmly committed to both regional and statewide success in all housing and human services areas, including healthcare. BCDHHS's staff work (via legislative changes, best practices adoption, etc.) through the Colorado Human Services Directors Association (with DHHS Director Frank Alexander as president for 3 years and now past president) and partnerships with Governor's Office, Colorado Department of Human Services, Health Care Policy and Financing, Boulder County/Broomfield County regional HOME Consortium, Casey Family Programs (both statewide and nationally), and other regional counties to create positive outcomes in many areas, not only in Boulder County, but also throughout the state.

Based in part on the success of our existing statewide collaborations, BCDHHS is well-positioned to act as a **Regional Hub** for **Technical Assistance and Training** to surrounding metro counties. Our focus will include extending preliminary and ongoing training, technical support, and best practice implementation, and the convening of Health Coverage Guides. BCDHHS is skilled at conducting these activities through its implementation of the statewide **PEAK Outreach Initiative**. By aligning the training and technical support provided to the PEAK online application system with technical and training efforts needed to support Health Coverage Guides, BCDHHS will leverage our resources through recognized best practices.

Structures are in place to ensure the oversight and management of external trainers who support local, regional and statewide efforts, and this focus is supported enthusiastically by the Boulder County Board of County Commissioners. All of the PEAK trainers will be educated on the Connect for Health Colorado system to provide additional resources to support the local effort.

2. Describe how the organization plans to conduct outreach and education to raise awareness of the Exchange and new opportunities for coverage. Include activities such as presentations, attendance at health fairs, or making print materials and advertising available.

BCDHHS plans to take a very proactive approach to outreach. Similar to our successful work on the statewide Adults without Dependent Children (AwDC) Medicaid expansion, BCDHHS will partner with clinics, hospitals, and dental providers to review and analyze their databases to

identify clients who are or may be eligible for the exchange health care plans. Clients will be contacted directly to set up appointments. Here are some specifics of our planned proactive outreach approach:

- DHHS will review known Food Assistance clients and proactively outreach to this population. Our analysis indicates that 98% of those receiving food benefits will be eligible for medical coverage. Outreach will include tools such as offering pre-populated application assistance and phone appointments, and providing Frequently Asked Questions (FAQ) letters and related informational documents.
- Community partners will analyze their existing client billing databases to determine which clients would be eligible for exchange plans. Similar FAQ and informational materials and phone outreach campaigns will be implemented, as above.
- Health Care Guides will be placed in community locations based on community partner client data of the eligible-but-not-enrolled population served during the past two years.
 - Workforce mobility will be a key aspect of the proactive approach to outreach and enrollment. Health Care Guides will be flexible and rotate to sites according to the eligible-but-not-enrolled need and enrollment results.

Another facet of the enrollment strategy includes an extensive marketing and outreach program. BCDHHS has significant experience with marketing and outreach in the Boulder community and beyond. Program staff will develop a formal outreach and marketing plan that includes print, web-based announcements, networking through community partners, presentations, and enrollment events, participation at targeted outreach events, and advertising. With the launch of the Exchange, community residents will be looking for opportunities to learn more about the implementation of the health insurance mandate, and to connect with Health Coverage Guides and the Exchange. BCDHHS will focus on communicating the fact that more Boulder County residents will have access to the health security they need, including regular doctor visits and preventive care, prescription drug coverage, and protection in case of hospitalization or medical emergency. BCDHHS will explain enrollment options through the Exchange and their Customer Service Call Center, and the Health Coverage Guides out-stationed in community partner locations. BCDHHS will also publicize our efforts by leveraging established relationships with the *Denver Post*, *Boulder Daily Camera*, *Longmont Times Call*, *Colorado Hometown Weekly*, *The Mountain Ear* (Nederland) and the *Left Hand Valley Courier*, among other print media, and soliciting interviews with the local newspapers and radio stations. In addition, print advertising will play a key role, particularly during the first six months after the Exchange is launched.

This effort will build on successful models already in place. The BCHK and Healthy Communities programs provide application assistance for easy enrollment, and comprehensive post-enrollment services which include updating case statuses, resolving billing challenges, and providing education on benefits coverage to Medicaid and CHP+ clients. Boulder County

Healthy Kids has established a network of Family Medicaid and CHP+ CAAS that receive training, support, and ongoing technical assistance; and BCHK partners with the St. Vrain Valley and Boulder Valley School Districts to out-station two eligibility technicians in each district. Program data show that 47% of clients enrolled through the schools and 33% that apply through BCHK and Healthy Communities in-house sites are new to public benefits. This demonstrates BCDHHS' ability to perform effective outreach.

We've demonstrated additional outreach successes through our Boulder County Medicare Counseling Program. **Medicare Basics Classes** are held monthly and provide an efficient way to share information, while post-class follow-up appointments ensure that clients get the individualized service that they need. It should be noted that the Medicare Counseling Program focuses on Boulder County's mountain communities by rotating a staff person through community sites—a model that BCDHHS intends to replicate with the Health Coverage Guide program.

Boulder County staff is skilled at organizing and facilitating health outreach events and has a good understanding of what factors are critical to a successful event. Partnering with or creating health-related events (9 News Health Fair, Free Dental Days, etc.) will create opportunities to draw individuals who are more interested in discussing health benefits. Many individuals are more responsive to events scheduled outside of regular business hours and it will be crucial to offer weekend and evening events. For example, BCHK recently partnered with Kaiser Permanente to provide free vision services to uninsured children on a Saturday. The event resulted in Medicaid and CHP+ enrollment for 58 children, vision exams for 112 children, glasses for 58 children, and referrals to free vision services for 20 uninsured parents.

3. Describe how your organization plans to conduct day to day in person assistance activities with individuals, families, small employers and employees. Include descriptions of activities like how appointments will be made, if the organization plans to be mobile, and whether the organization plans to execute enrollment events.

In addition to the strategy discussed in Section 2, proposed day-to-day activities include:

- BCDHHS Health Coverage Guides will provide in-person assistance activities at county offices as well as at community partner locations such as hospitals, urgent care centers, community health clinics, dental providers, Boulder Valley School District, St. Vrain Valley School District, and community-based organizations (including food banks, shelters, and housing assistance providers). Health Coverage Guides will be mobile and will offer to meet clients at locations most convenient to them or where they are already receiving services. For families with transportation barriers or special needs, home visits will be offered. Boulder County will ensure that Health Coverage Guides have a presence in the more rural mountain regions of Boulder County, and will partner with trusted organizations in the area to rotate a guide throughout the community.

- BCDHHS will work closely with its community partners to establish a streamlined screening and referral process. Clients who have questions or are interested in applying will be directed to a local phone number and email address for centralized appointment scheduling.
- Based on the success of group classes conducted by the Boulder County Medicare Counseling and Housing Stabilization Programs, Health Coverage Guides will conduct group classes at community partner locations to provide information about the Exchange and how to apply. Post-class follow-up appointments will be offered so that clients can get individualized services. Enrollment and assistance will be offered at the school districts in conjunction with back-to-school, school registration and orientation events, as well as other community events. Guides will be equipped with laptop computers that will enable them to provide assistance at any location.

4. Describe the target populations the organization plans to serve with public education and in person assistance, whether adding Health Coverage Guide services will increase the volume of customers served, how the organization plans to reach those populations and respond to the increased workload (if applicable).

The target population for the proposed work is all eligible-but-not-enrolled individuals and families in Boulder County. BCDHHS will target the approximately 32,482 uninsured individuals below 400% Federal Poverty Level (FPL), as well as the individuals above 400% FPL who are requesting assistance with navigating the Exchange. As discussed previously, BCDHHS has strong existing partnerships with community-based organizations and will use patient data provided by hospitals, clinics and federally qualified health centers to conduct targeted outreach. For example, Boulder Valley Women’s Health Center reports that 3,500 uninsured patients under 400% FPL visited the clinic in 2012. Preliminary numbers at Salud Family Health Center in Longmont indicate that approximately 850 patients below 400% FPL are uninsured. BCDHHS will outreach directly to these identified patients through mail, email and telephone. BCDHHS will explore the possibility of facilitating enrollment into the Exchange by pre-populating the single streamlined application for clients using patient records. During the expansion of Medicaid to Adults without Dependent Children in 2012, BCDHHS successfully enrolled XX (what is this number? 580?? Chris to ask Jason) adults using similar strategies.

BCDHHS will use data in the Colorado Benefits Management System (CBMS) to identify other eligible but not enrolled individuals. Targeted populations may include: 1) parents of CHP+ eligible children; 2) families enrolled in Food Assistance but are not enrolled in health insurance; 3) clients denied for the Adults without Dependent Children program because they were above 10% FPL; and 4) all other clients denied for medical programs. Outreach strategies will include mail, email and phone contact.

Adding Health Coverage Guides will increase the number of clients served throughout Boulder County, as increased outreach efforts will enable BCDHHS and the community partner network to expand capacity to reach both private and public insurance populations who are eligible, but

currently not enrolled. Enhanced outreach and referral will increase the workload for current BCDHHS income maintenance staff. These staff are skilled in addressing expansion populations, as evidenced by the successful health coverage enrollment of 13,000 children, parents and pregnant women, and through recent efforts in enrolling the high-risk, high-need, hard-to-reach Adults without Dependent Children population.

BCDHHS eligibility staff are skilled at applying process improvement efforts based on the experiences of extreme growth in caseloads due to the economic downturn. A Plan, Do, Study, Act (PDSA) process improvement cycle, which is part of the Institute for Health Care Improvement's Model for Improvement and is a simple yet powerful tool for accelerating quality improvement, will be implemented by DHHS staff. The PDSA cycle is shorthand for testing a change by planning it, trying it, observing the results, and acting on what is learned. "This is a scientific method used for action-oriented learning" (*AHRQ Health Care Innovations Exchange: www.innovations.ahrq.gov/content.aspx*). BCDHHS eligibility staff will continue to implement PDSAs in an effort to address high-volume enrollment times and to ensure all eligible but not enrolled individuals and families are linked with health care coverage in a timely and efficient manner.

Additionally, Health Coverage Guides will be trained in BCDHHS's "Any Door is the Right Door" philosophy, and will screen for Medicaid, CHP+, Food Assistance, Colorado Works and other public benefits and provide referrals and a warm hand-off to BCDHHS eligibility staff for these programs, as well as guiding individuals through the Exchange. Health Coverage Guides and BCDHHS eligibility staff will often see overlap with clients, and in select community-based outreach positions, current BCDHHS staff will complete the COHBE Comprehensive Training and be available to assist clients with either public health insurance enrollment or navigating the Exchange.

- 5. Please estimate how many customers does your organization plan to serve with Health Coverage Guide services in a month (include current and new customers) and in which geographic areas? If the organization plans on specializing in SHOP, please include the number of small employers planned to be served in a month.**

Estimates for the number of individuals who will be served through the Boulder County Health Coalition are listed below:

Health Guides (12 total): 40 hours week, subtract 9 weeks for holidays, vacation, medical or vacancies equals a total of 69 weeks. Reduce weekly hours to 30 to account for meetings, training, paperwork and follow-up calls. **Estimated 30 hours x 69 weeks / 1.5 hour visit = 1,380 visits per grant period/per Guide or ~920 visits/month once training is complete.**

Health Guide Leads (2 total): 40 hours weekly, subtract 9 weeks for holidays, vacation, medical or vacancies equals a total of 69 weeks per year. Reduce weekly hours to 15 to account for supervision, training and support. **Estimated 15 hours x 69 weeks / 1.5 hour visit = 690 visits per year/per Guide or ~76/month once training is complete.**

Again, BCDHHS will work closely with community partner data and known census data to create a strategic outreach plan that targets the uninsured population within specific geographic areas of Boulder County.

NOTE: If the navigation visits or follow-up prove to be longer or shorter than initially estimated, these numbers will decrease or increase respectively.

6. Describe how the organization will ensure information and services are provided in a fair, accurate, and impartial manner and why the organization feels it is important.

BCDHHS has provided services to individuals and families in various programs and capacities for over a century. BCDHHS staff are encouraged to work with clients using a strengths-based approach and in a streamlined manner through our “Any Door is the Right Door” philosophy. BCDHHS does not and will not have any outside agreements with medical or insurance providers related to the Exchange or public benefit programs. All BCDHHS staff are required to annually sign a statement indicating that they do not have additional employment that could be a conflict of interest with their BCDHHS job responsibilities. All County staff are required to disclose any and all conflicts of interest within 72 hours in advance of the conflict, or be subject to termination. It is crucial that the enrollment entity and Health Coverage Guides remain impartial and provide unbiased advice and guidance to ensure individuals have the appropriate tools to make the best possible decisions.

7. How does the organization currently ensure it provides culturally and linguistically appropriate services?

BCDHHS has a strong commitment to recruitment and retention of culturally competent staff. Boulder County serves a diverse population and has found it is essential to hire staff capable of assisting clients in their native or first language, and using culturally appropriate service delivery. Boulder County compensates bilingual staff with a higher percentage of base salary at hire. All new Boulder County employees are required to complete ten hours related to inclusiveness, diversity and cultural competency.

8. Describe the languages other than English spoken by staff.

At BCDHHS, there is considerable need for oral and written Spanish skills. In select programs the percentage of bilingual staff is over 80%. In other programs (e.g., environmental health/restaurant inspections), Boulder County has found it necessary to hire staff with language skills specific to the demographic being served.

The County subscribes to a language line, and Health Coverage Guides would have access to immediate assistance with clients who do not speak English or Spanish. The County also provides Telecommunications Relay Services for individuals who are deaf or hearing impaired, or speech impaired.

9. Describe the additional services the organization provides that complement the delivery of Health Coverage Guide Services. Please include the potential impact of these complementary services and the potential number of clients benefitting from the complementary services. See selection criteria chart for examples.

As previously stated, Boulder County provides many *front-end, preventative* programs and services that complement the delivery of Health Coverage Guides services, including but not limited to screening and enrollment in public benefits (Food Assistance, Colorado Works, Medicaid), Medicare counseling, Women Infants and Children (WIC), home weatherization, first-time homebuyer and foreclosure counseling, and financial stability and supportive service classes. For programs not offered through Boulder County, BCDHHS secures resources through its broad community partner network which assists with foundational and basic needs such as food, shelter, clothing, and health care.

All BCDHHS staff are trained to employ the “Any Door is the Right Door” philosophy and refer families to other county-based programs and CBOs that can assist the family to achieve self-sufficiency and access basic needs services. Health Coverage Guides will be similarly trained to ensure that the full scopes of the clients’ needs are being met, and to refer and link to these complementary services. When the customer has needs outside of the scope of the Health Coverage Guide’s work, staff will utilize available community resources and connect the individual with needed supports. It is estimated that 50% of clients seeking exchange coverage or navigation assistance will benefit from these complementary services, based on the number of clients who are under 138% FPL. (This estimation is based on Boulder County’s uninsured data; 15,735 under 138% FPL vs. 32,482 under 400% FPL)

10. If applying for Assistance Site with SHOP specialty please answer this question. Describe the organization’s current work providing assistance to small businesses and the self-employed. Please describe the organization’s plan for also serving the employees of those employers.

Boulder County does not plan to implement SHOP activities.

11. Describe the organization's experience with providing quality oversight of programs, feedback to stakeholders, and reporting.

BCDHHS has a proven record in providing robust program oversight, and has consistently performed well in financial and programmatic audits at the state and federal levels. The County administers the following block grants: Administrative, Chafee, Child Care Assistance Program, Child Welfare, Colorado Works, Core Services, LEAP and PSSF. Additionally, BCDHHS has successfully administered federal, state, and local grants including HUD, HOME, CHFA, Neighborworks, CDBG and CDFI grants.

The County has also successfully managed grants from private funders, such as the Colorado Health Foundation, the Colorado Trust, the Daniels Fund and the Denver Foundation for BCHK and PEAK. The County is responsible for grant reporting on a quarterly, biannual or annual basis for many of the funding sources listed above and is accustomed to collecting data and reporting back to funders.

Boulder County and BCDHHS have dedicated payroll and finance staff to assist with financial record keeping, time keeping, and audits, along with an internal quality assurance unit that regularly reviews programs for integrity.

As with other Boulder County programs and projects, regular community meetings will be convened with community partners to discuss program developments and solicit feedback and suggestions for improvement.

Staffing

- 1. Please describe how the organization will staff Health Coverage Guides. Will the organization use current or new staff? How many current and new full time equivalents (FTE) Health Coverage Guides will the organization employ (or supervise if using volunteers)? Where will each Health Coverage Guide be located?**

BCDHHS will recruit, hire, train and supervise the **Health Care Outreach Team**. Health Coverage Guides, Leads, Data Analyst, Manager and Administrative Support positions would be recruited and hired by BCDHHS. The positions proposed in this application will all be new positions, although it is likely that some internal staff would apply. The proposed program structure and FTE details are listed below:

One (1) FTE Program Manager
Two (2) FTE Health Coverage Guide Leads
Twelve (12) FTE Health Coverage Guides
One (1) FTE Data Outreach Analyst
One (1) FTE Administrative Technician

The Program Manager, Data Analyst, and Administrative Support positions will have offices on-site at BCDHHS. The Leads and Health Coverage Guides will be co-located throughout Boulder County at community partner locations, and will have docking and /or drop-in station locations at BCDHHS Boulder and Longmont offices.

For the Hub, BCDHHS is proposing to hire the following:

One Half (0.5) FTE Project Administrator (existing staff)
One (1) FTE Administrative Technician

Four (4) FTE Trainers (the actual number of trainers needed will be dependent upon the total number of Assistance Sites, Guides and Counselors who are assigned to the seven county region covered by this hub application)

2. Describe the organization's recruitment and retention practices. If the organization is hiring new staff or engaging new volunteers to serve as Health Coverage Guides, describe the organizational approach and timing to recruiting and hiring staff or volunteers.

With nearly 2000 employees organization-wide, recruiting and retention policies are well honed. The County is an equal opportunity employer and will use standard competitive recruiting practices. BCDHHS will be supported the County HR department staff and legal counsel for recruiting/job posting and hiring of the Guides. BCDHHS is continually committed to both retaining and providing career building opportunities for highly skilled staff.

BCDHHS plans to recruit and hire new and/or existing staff to fill the positions proposed in this application. Due to the tight timelines required to get staff onboard by July 1st and training completed by August 1st, BCDHHS will begin recruiting for these positions prior to award notification. However, candidates will be notified that their employment is contingent on the availability of grant funds.

Timeline to recruit and hire Assistance Site staff:

Week of May 6, 2013 – Post Program Manager position

Week of May 13, 2013 – Post Lead, Data Analyst, Admin Technician and Guide positions

Week of May 20, 2013 – Manager interviews

May 20, 2013 – Grant award announcements

Week of May 27, 2013 – 2nd Round Manager interviews

Week of June 10, 2013 – Hire Manager

Weeks of June 10 – 24 – 1st and 2nd interviews with additional positions

July 1st – Hire complete team

Timeline to recruit and hire Hub staff:

Week of May 6, 2013 – Post Trainer and Administrative Technician position

Week of May 20, 2013 – Interviews

May 20, 2013 – Grant award announcements

Week of May 27, 2013 – 2nd round interviews

Week of June 10, 2013 – Offers made

July 1st – Hire complete team

3. Describe the organization's plan for supervision and oversight of Health Coverage Guides. Include the title of the supervisor or manager, the other duties the person is responsible for within the organization, and the approximate portion of the supervisor's time that is anticipated.

The Program Manager will be supervised by the Division Director of Case Management and Community Outreach. The Leads, and Administrative Technician will be supervised by the Program Manager. The Data Analyst will have shared supervision between the Program Manager and the Division Director of Business Operations Support Services. Supervision of the Health Coverage Guides will be managed by the Health Coverage Guide Leads. The Leads will coordinate the activities of the team as well as providing direct service to clients. It is anticipated that the Leads will provide direct supervision, technical support and assist with data collection for 20 hours each week. The other 20 hours will be dedicated to assisting individuals in navigating the Exchange.

For the Hub, the Project Administrator will manage the Trainers and Administrative Technician.

For details regarding duties and time allocation of staff, please see the response to Question 4 below.

- 4. Describe the # of and titles of other staff expected to be used to support the work of Health Coverage Guides and the approximate FTE's associated with their support. Please also describe the other duties these persons serve.**

An outline of the positions and job duties for the staff that will support the proposed 14 Health Coverage Guides is listed below:

One (1) Program Manager (PM): The PM will be responsible for developing the program and drafting policies and procedures. He/she will work with the County Public Information Officer to design the communication and outreach plan. He/she will provide functional supervision to unit leads. The PM manages and monitors the budget and is responsible for recruiting, hiring and onboarding all staff. He/she will work closely with community-based partners to facilitate out stationing of Health Coverage Guides and manage community-based MOUs for out-stationing. The PM will respond to requests from the press or media and address escalated client complaints and schedule client conferences to resolve grievances. The PM, in partnership with the Health Coverage Guide Leads, will be responsible for organizing Hub activities, including ongoing support meetings, technical assistance and facilitating trainings with all 5 Hub counties. The PM supervises the Marketing, Training and Outreach Coordinator, Health Coverage Guide Leads and the Administrative Technician.

Two (2) Health Coverage Guide Leads: The Lead coordinates the activities of the team. He/She provides functional supervision and monthly supervisory visits with 12 Health Coverage Guides. One of the leads will also supervise the Administrative Technician. This position will assist the Manager in developing program policies and procedures. He/she will be responsible for ensuring enrollment and assistance data is collected accurately and promptly. He/she will provide coaching and supervision to the Health Coverage Guides, serve as a resource for technical or policy-related questions and respond to client complaints.

One (1) Administrative Technician (AT): The AT will assist the public on the phone or in person providing information and routing county-wide calls to the Health Coverage Guides and/or scheduling for the Guides. He/she will gather and organize program data and maintain the database. The AT will schedule appointments and assist the team in maintaining calendars and scheduling meetings. He/she will maintain the inventory of supplies and assist the team in securing needed equipment and supplies.

Twelve (12) Health Coverage Guides: The HCGs will be responsible for providing fair and impartial information and services that help guide customers through the application process, providing education about all the health coverage options available to customers and the qualified health plans available on the Exchange, providing information about tax credits and cost sharing subsidies, assisting customers in completing the application through the Exchange, providing guidance to customers about their health plan options, and to helping prioritize, filter and sort these options, assisting customers with making changes to their account and renewing coverage during the appropriate renewal periods, providing referrals, connecting customers to the Customer Service Center, COHBE website, or certified and licensed brokers if additional support is needed.

Data Outreach Analyst:

The Analyst will assist in informing and directing the outreach effort using data from existing data warehouse initiatives for the purpose of identifying potential eligible populations. This individual will also work to create information sharing relationships with the key community partners previously identified to similarly identify populations of likely eligible families. Using this information, and working closely with the Program Manager, this individual will develop outreach strategies and plans for how to best target and enroll uninsured households.

For the Hub:

0.50 FTE Project Administrator: The administrator will be responsible for developing and implementing the hub service delivery and direct management of the hub training staff. He will work collaboratively with the Assistance Sites to create a locally relevant training plan. He will provide functional supervision to the regional hub trainers and administrative support staff. The PM manages and monitors the budget and is responsible for recruiting, hiring and onboarding all staff.

Two (2) – Four (4) FTE Trainers: The trainers will be responsible for convening support calls, organizing and conducting initial and ongoing training, soliciting feedback on system functionality, gathering and sharing of best practices, partnership development and ongoing relationship management within the regional hub, and supporting referral efforts. They will work collaboratively with the Project Administrator, local county offices of human service and networks of community partners to develop a locally relevant training plan. They will also have responsibility for evaluating the effectiveness of the training and outreach efforts and will assist in the reporting to COHBE.

One (1) Administrative Technician (AT): The AT will assist in the logistical organization of training and technical support activities for the regional hub staff. They will be responsible the

public on the phone or in person providing information and routing county-wide calls to the Health Coverage Guides and/or scheduling for the Guides. He/she will gather and organize program data and maintain the database. The AT will schedule appointments and assist the team in maintaining calendars and scheduling meetings. He/she will maintain the inventory of supplies and assist the team in securing needed equipment and supplies.

In addition to the FTE proposed, BCDHHS will rely on the following existing staff to support the Assistance Site and Hub activities:

- **Boulder County is BCDHHS Communications Specialist (CS):** The Specialist will assist with developing the marketing materials and messaging for the Exchange. During the first six months of the initiative it is projected that 0.25 FTE will be devoted to this work.
- **Finance & Operations (F&O):** There are multiple supports from the Finance and Operations Division that will be needed to recruit, hire and train staff, and launch the program. Human Resources, Finance, Information Technology and Administrative staff will all contribute initially and/or ongoing to the Boulder County Health Coalition. The combination of support from all Operations, Finance, IT, HR and Administrative staff is approximately 4 FTE.
- **Community Support Division:** BCDHHS is confident that much of the work done by the Health Coverage Guides complements current work related to public benefits screening and enrollment. The Guides will work closely with staff in Community Support to ensure families accessing the Exchange that meet eligibility requirements for public health insurance, Food Assistance, Colorado Works or other programs, are enrolled in the most efficient manner. Between currently employed eligibility and outreach staff, it is projected the county will devote approximately 10 FTE to the initiative. In addition, the Division Director of Community Support will be a resource for helping create the overall strategic outcomes for the effort from the perspective of the internal division as well as its interaction with the work of the Health Coverage Guides and regional hub trainers.
- **Division Director of Case Management and Community Outreach:** The Division Director will have direct responsibility over both the Assistance Site and the Regional Hub staff. It is proposed that the Assistance Site staff will be integrated in with the existing Boulder County Healthy Kids team and that the Regional Hub staff trainers will be directly supervised under the PEAK Outreach Team. This integrated structure will require the oversight of the DDCMCO. Initially it is anticipated that this will require 0.25FTE.
- **Division Director of Business Operations Support Services:** With the Outreach Data Analyst being directly supervised by both the Project Manager and the Division Director of Business Operations Support Services, we anticipate that there will be an initial investment of 0.25FTE dedicated to onboarding and training this person.

- 5. Does the organization currently require a background check of employees or volunteers? If not, will the organization agree to facilitate background checks for employees or volunteers working with COHBE system access?**

BCHHS requires a background check for every new employee of the department. Background checks include criminal and financial review as well as a review of public benefit programs to ensure candidates do not have open claims or fraud charges.

- 6. Please describe how the organization will ensure employed or volunteer Health Coverage Guides can meet certification requirements.**

BCHHS has elected to apply as an Assistance Site for the entire county in order to ensure uniform training and certification, knowledge base and access to support. The creation of a network of Health Coverage Guides through a central organization, BCDHHS, will ensure staff meets the requirements of the position, and that services provided are high quality, accurate and reliable. BCDHHS will track the initial and follow-up training for each Health Coverage Guide within Boulder County and provide follow-up training and in-person support for Health Coverage Guides needing additional assistance.

The regional hub staff will be well versed in the requirements of Health Coverage Guides and will work closely with COHBE staff to ensure that local HCGs are performing according to guidelines. The use of survey technology and system reports will provide the quantitative data to access performance. This will be combined with more qualitative feedback garnered from outreach training and the support calls.

- 7. Does the organization have a nondiscrimination and inclusion policy? Yes No If yes, please describe, or include a copy as an attachment. If no, please explain.**

Boulder County does not discriminate based upon political, religious, ethnic, race, disability, sexual orientation, color, gender, gender identity, national origin, age or socio-economic status.

- 8. How will the organization support Health Coverage Guides to provide appropriate referrals for customers who have grievances, complaints, or with additional needs outside the scope of the organization? Please describe any similar referral services the organization currently provides.**

Grievances will be handled by the Program Manager, Division Director, and/or Director if needed. Individuals will be offered an in-person conference within 5 business days of the complaint.

When the customer has needs outside of the scope of the Health Coverage Guide's work, staff will utilize available community resources and connect the individual with needed supports. Health Coverage Guides will facilitate the contact and assist the customer in scheduling an

appointment for follow-up at another agency. BCDHHS has established connections with many local partners (see Section 1, question 10).

9. Does the organization have a Privacy and Security policy? Yes No

a. If yes, please describe.

Boulder County has many policies concerning privacy and security including privacy of medical information, confidentiality of client information, privacy related to electronic media, internet-related privacy policies, information sharing policies, securing computer information, security at public events, security of facilities and Healthy Insurance Portability and Accountability Act (HIPAA) privacy policies. Every BCDHHS employee annually signs a confidentiality statement (please see attachment 8D), and a review of confidentiality expectations is completed verbally with all new employees.

10. Describe how the organization plans to comply with federal and state privacy standards including controlling access to sensitive information, record storage and destruction, monitoring of employees and vendors, and how incidents of breach in privacy is reported~ Please name who within the organization is responsible for privacy and their title, or the name of the vendor contact if contracted.

Boulder County is accustomed to working with sensitive and personal information. Boulder County is primarily paperless, and stores documents digitally using the FileNet system. Digitally stored documents are password protected by program, and access is restricted to staff within the program and/or division. Digital information is protected behind a firewall.

Boulder County and BCDHHS are HIPAA-compliant and follow all precautions with Protected Health Information. Specific individuals within Boulder County are assigned the responsibility of implementing and maintaining HIPAA Privacy and Security Rules.

Grievances regarding privacy would be routed to the Program Manager and Division Director, as needed.

11. Please describe the days of the weeks and the hours that your organization plans on having Health Coverage Guide service in each geographic location.

BCDHHS will offer Health Coverage Guide services throughout Boulder County Assistance Site locations on weekdays, weeknights and weekends throughout the County. Health Coverage Guides will be available during extended business hours to individuals in the evenings and on weekends through planned enrollment events and/or extended hours.

12. Describe the spaces your organization plans to use to meet with individuals in person. Is the space accessible under the Americans with Disabilities Act? If not, how do you plan to provide reasonable accommodation to meet with people who cannot access your facility?

Chris, perhaps we could add zip code appropriate access to CBOs here?

BCDHHS Health Coverage Guides will meet with individuals at the site where they are receiving services. Boulder County hospitals, clinics, community health centers and both school districts all meet the requirements for ADA accessibility. Boulder County buildings are ADA compliant as well, and individuals accessing services will have access to TTY/TDD services.

13. Does this space currently have access to computer, high speed internet, scanning, phones service, and printing? If not, what is the time frame anticipated for the organization implementing these capabilities?

Confidential space will be made available to BCDHHS Health Coverage Guides in the BCDHHS Boulder and Longmont offices and throughout the community partner assistance network, at community partner office locations. Health Coverage Guides will have lap tops, for easeful movement from assistance site to assistance site utilizing wireless connectivity. Health Coverage Guides will also have the ability to access the internet, print, and scan, and make phone calls. Smart phones and other mobile technology will be available for use by the Guides.

14. Do you have the ability to respond to telephone and email inquiries within 1 business day and to set up appointments for in person meetings? Yes No

- a. **If no, please describe how the organization plans to respond to inquires by phone and email, and requests for appointments.**

15. Describe how the organization is located in a place that is accessible for the target population it plans to serve.

Boulder County offices are located in Boulder at 3460 Broadway and in Longmont at 529 Coffman. BCDHHS will place Health Coverage Guides throughout Boulder County at strategic locations that serve a high percentage of the target population. Out-stationing sites may include and are not limited to hospitals, urgent care centers, clinics, dental providers, community health centers and both Boulder County school districts. Health Coverage Guides would also provide mobile services to families with transportation barriers and would offer home visits and other off-site visits for enrollees with special needs.

1. Please define the region you propose to serve and how you will ensure reach to organizations in that area.

BCDHHS proposes to support a regional hub for training and technical assistance that includes the following seven counties: Adams, Arapahoe, Boulder, Broomfield, Douglas, Jefferson, and Larimer. Building upon the success of the statewide PEAK Outreach Initiative and current work with the Colorado Human Service Directors Association, the regional hub will leverage existing relationships with the county departments of human service and with networks of community partners throughout region.

BCDHHS is well-positioned to provide training, outreach, technical support, best practice implementation, on-going training and convening Health Coverage Guides. Hub activities related to training, technical support and networking will be offered throughout the region, and opportunities to convene will be geographically diverse. A combination of both in-person trainings and webinars/conference calls will be used to keep Health Coverage Guides up-to-date on the latest exchange information. Utilizing technologies like Ready Talk, FreeBridge, Constant Contact and Survey Monkey, the regional hub staff will be able to stay connected. By convening guides locally – either through the community partner networks or via the local Departments of Human Services, the hub trainers will provide needed training and best-practice sharing and will be able to learn first-hand how the system is operating for end users. This feedback will be invaluable for improving the system. Borrowing from best practices from the PEAK Outreach Initiative, regularly scheduled support calls will be scheduled to facilitate communication amongst the Health Coverage Guides.

2. Describe the organization’s experience with convening community partners for education, resource sharing, networking, support, or outreach coordination.

Boulder County has developed systems to support activities similar to the Connect for Health Assistance Network through its highly successful PEAK Outreach Initiative. Structures are in place to ensure the oversight and management of external trainers who support local, regional and statewide efforts and this activity is supported enthusiastically by the Boulder County Board of County Commissioners. The inter-operability of the Connect for Health Colorado and PEAK systems dictate that training be inclusive and provide a singular context for those supporting applicants within each system. The PEAK Outreach Team has developed a plan for statewide outreach and training that complements the work of training local and regional Assistance Sites. In addition to the proposed hub trainers within this grant, the PEAK trainers will be educated on the COHBE system to provide additional resources to support the regional hub activities.

The successes of BCHK, Healthy Communities and the Medicare Counseling Program also demonstrate BCDHHS’s ability to work in partnership with external agencies with regard to outreach, training, and technical support related to health care coverage.

3. Describe the organization’s plan for convening health coverage guides for COHBE trainings and other networking or support activities.

Upon a successful grant, the regional hub team will rapidly put together a plan for training and outreach that will initially include regularly scheduled webinars offered on a recurring basis to reinforce the training delivered directly by the Exchange staff. In addition, we can imagine scheduling follow-up trainings throughout the region multiple times a week during the initial enrollment period (the exact number needed will be dependent upon the number of assistance sites, guides and counselors assigned to the region; as well as, the frequency of changes to the QHPs or to the online system itself). These trainings will be scheduled at local county offices or community partner locations based on collaborative discussions with our partners. As mentioned previously, a regularly scheduled technical support call, featuring subject matter experts from the hub training team and COHBE technical staff, will be critical for understanding how the system and training is working for the users.

Initial trainings will be done primarily in classroom settings, with multiple adult learning techniques (visual, auditory, tactile) incorporated to ensure Health Coverage Guides effectively acquire the needed skills. Ongoing training will be offered according to the needs of the regional hub partners.

In order to ensure consistent messaging, BCDHHS will coordinate with the Denver County Regional Hub in convening Assistance Sites, sharing information, updates and best practices, providing referrals, providing outreach and enrollment support, facilitating networking and collaboration opportunities, and ensuring that the messages and services provided to Assistance Sites/HCGs in Jefferson, Adams, Arapahoe, Douglas, Boulder, Broomfield and Larimer counties are comparable to the messaging and services provided to the Assistance Sites/HCGs in Denver County. The Boulder County Regional Hub will coordinate closely with Denver County to ensure consistent messaging across the eight-county area and coordinate joint trainings and networking events when possible.

4. Describe the organization’s plan for coordinating outreach and public education opportunities in the region.

The regional hub staff within BCDHHS will work closely with the Assistance Sites assigned to the region to ensure that locally relevant outreach is being conducted. With outreach activity responsibility (as defined in the RFA) lying with each Assistance Site, the regional hub staff will complement these efforts by convening best practice sharing conference calls where sites can discuss successes and failures and strategize together. BCDHHS will share best practices related to outreach events, public education and marketing gleaned from extensive experience with the PEAK Outreach Team, BCHK and Healthy Communities, Medicare Counseling Program and Housing Counseling Program. The local training meetings will also have elements of sharing and networking opportunities to help foster collaboration. Community-based outreach materials, media and advertising campaigns will be combined to create efficiencies of scale.

At an assistance site level, BCDHHS is skilled at organizing and facilitating health outreach events and has a good understanding of what factors are critical to a successful event. Partnering with or creating health-related events (9 News Health Fair, Free Dental Days,) will draw individuals who are more interested in discussing health benefits. Many individuals are more responsive to events scheduled outside of regular business hours and it will be essential to offer weekend and evening events.

SECTION 3: ATTACHMENTS, BUDGET WORKSEET, AND BUDGET NARRATIVE

- Attachment 1: 2 Letters of reference from clients or partner organizations
- Attachment 2: Completed Budget Worksheet
- Attachment 3: Most recent annual audited financial statement
- Attachment 4: Most recent prepared interim financial statement

- Attachment 5: Organizational operational budget for upcoming year excluding Assistance Network activity or funding.
- Attachment 6: Organizational Chart showing existing organization and structure if funded.
- Attachment 7: Memorandum of Understanding if applying as partnership or coalition
- Attachment 8: Optional Attachments
 - Attachment 8A: CARS division organizational chart
 - Attachment 8B: PEAK program marketing toolkit materials
 - Attachment 8C: Medicaid, CHP+, SNAP “door hanger” marketing materials
 - Attachment 8D: DHHS Confidentiality Statement
 - Attachment 8E: Additional letters of support from DHHS community partners



Department of Housing & Human Services

Boulder County Housing and Human Services is dedicated to supporting and sustaining healthy communities that strengthen individuals and families while promoting human dignity and hope for the future



HOUSING & HUMAN SERVICES ADVISORY COMMITTEE MEETING

Thursday, May 16, 2013, 8:30 – 10:00 a.m.

DHHS Kaiser Building, Large Conference Room, 2525 13th Street

- I. **Approval of Today's Agenda**
- II. **Approval of minutes from April 18, 2013 meeting**
- III. **Matters from the committee members for consideration**
- IV. **Healthcare expansion: Continued preparation for health care reform**
 - a. **Community Outreach and Enrollment Strategy**
 - i. **Targeted work with community partners, including hospitals, clinics, and the school district**
- V. **Update on DHHS marketing and outreach work with Pivot Communication**
- VI. **Aspinwall at Josephine Commons update**
- VII. **Discussion of next committee-driven initiative(s)**
- VIII. **Community Feedback**
- IX. **Next Meeting: June 20, 2013**



Department of Housing & Human Services

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HOUSING & HUMAN SERVICES ADVISORY COMMITTEE MEETING MINUTES

Thursday, April 18, 2013, 8:30 – 10:00 a.m.
DHHS Kaiser Building, Large Conference Room, 2525 13th Street

Present: Simon Smith, Elvira Ramos, Kelly Campbell, Dan Thomas, Penny Hannegan, Frank Alexander, Chris Campbell, Jim Williams

I. Approval of Today's Agenda

II. Matters from the Committee Members for consideration

- Child fatality in Adams County has rekindled the discussion about Centralization? The only place this theory is alive is with the Denver Post. The governor's office, state agencies do not support centralization of child welfare services.
- Focus of the Counties is any legislative changes must support a front-end, prevention approach.
- More change at the state level than staffing or expertise to implement. Mental health crisis line, child welfare call center will be big questions. In child welfare system, the person that asks the first question at intake has to do a detailed assessment of the case to determine best response to allegations. Working with the state: How do you provide one number handled at the state level in a big state and find highly trained social work staff and build infrastructure to manage this as calls come in?
- Frank – not sure what there is to do on publicity piece. Adams is getting hammered on this issue, and has been. I'm open to what we might need to do proactively. Is it impacting people's perceptions? Dan – I read it because I'm involved in this, but it seems to be an open issue. Frank – not sure it's ever not going to be an open issue.
- Dan – are most states centralized or de-centralized. Frank - There are 13 states that are county-administered. Many of the states with best outcomes are locally administered. One of the biggest questions we face in CO is: we have incredibly geographically diverse systems and low population systems that are difficult economically to deliver a broad swath of services, and hard to recruit best personnel. Age old problem, lots of things we're doing to try to fix it. But centralizing it won't solve it; many other things need to be done.
- Dan – was ombudsman resignation associated with this issue? Frank – Child welfare system is most regulated system and has most outside oversight. A system serving 82,000 people a year, ombudsman program budget is

\$300,000. Long-term Care Ombudsman program is a very successful one – it’s based on a different staffing model, with people in every Area Agency on Aging staff supporting the program: hundreds of people are ombudsman. And program is not confrontational but collaborative. Child Protection ombudsman hasn’t figured out what they need to be. Respond to egregious incidents? Subpoena power? Agencies you can subpoena have to respond to you accordingly, not necessarily collaboratively. Long-Term Care ombudsman role is to improve the system but not regulate it. Child protection ombudsman has important role as advocate for improving the system, but needs to be a tough person. Needs to be able to take the high road: it’s not those people or those people, it’s the kids and the system. Helping all parties move toward the vision of improving the system.

- Idea behind matters from the committee: anything you’re hearing from the community, projects you want to take on, opportunity for you to drive the agenda; bring issues to us. Great to hear your input on the Adams County thing. Process we’ve had here of getting closer and closer to the public has really been the right one.
- Adams is suffering through trust rebuilding. Simon – we have close relationships here in Boulder County, not so much in Adams. Dalia – why the disconnection there? Dan – Adams County seems more like a suburb, bedroom community for Denver; Boulder County is a community. Penny – passage of the TSN is evidence of our community connections. Frank – it’s really decades of work, foundational transparency, mission and vision communication in ways we have done it. We have so many mission-based people here doing things for the right reasons, we are held to high standards of accountability which has been built up over time. We’re probably the best performer in this view across the state. Denver is similar. Adams is probably on the other side. Penny – this “open door” campaign is a reflection of this. Frank – we can try to work with Adams in the health reform coming up.

III. TSN Annual Report

a. Distribution Plan Update

- TSN Distribution – new director at United Way – Community Impact Committee – Penny – good reason to meet. Jim will work with her on this. Committee that Robin is on? Strategic Planning Committee? What is the audience for the Executive Report? We need it online and we need it for delivery to staff. Exec summary will be translated into Spanish. Frank - Number one thing we need to address – connection to the voting taxpaying public. “The next tax”, whatever it is, will be largely benefited by the work of the TSN. This is where we can continue to penetrate into the homes and minds of more people in Boulder County. Trust, integrity, transparency, wise use of resource – next thing will build on that. Great to have a booth at the Creekfest. Put the Exec Summary out there. Cinco de Mayo – 5/5. Colorado Participation Project – working to get non profits and their staff to advocate on issues – get some of these to the classes. Frank – any committees you sit on – take a stack of these and talk about it?
- **We will script some talking points and send to the committee.** Send people toward the website. Get links on community partners’ websites. Committee members report back to Jim about where reports have been distributed. Dan- Intercambio. Simon – Clinica. Dalia –happy to help with the translation. Penny – Boulder Creek Fest – TSN brochure that directs people to the web site. One page tri-fold. Get that for Creekfest and Cinco de Mayo. “Remember Ballot Issue 1A”? Here’s what happened. For more information...” Need this in Spanish as well. Would need a Spanish web page. What about Rotary? League of Women Voters? Boulder Chamber? Work through Angelique Espinosa. Kelly – we have fifteen brokers in our office, it’s humbling to see what’s going on with people who are struggling. Give them to Louisville Chamber. Kelly can approach and talk with them. Frank – one of us could join you, as well, to answer questions that are in the weeds. Elvira can pass these out at

Leadership Fellows meeting. Latino Task Force would be good to have someone to come and speak. United Way Community Impact Committee – meets 7:30 a.m. – service providers there, United Way staff. When putting together talking points, consider different audiences: Early Childhood Education. Few sentences with the link. Jim will send Facebook link to committee. Boulder Area Realtors – take a stack to them. WE have lots of staff we could assign to do presentations. People who've been working on TSN, child welfare, etc.

- Facebook (aside) – need to consider 1-way communication.

IV. Healthcare Expansion: Continued preparation for health care reform

a. Exchange Navigator RFA Update

b. Community Outreach and Enrollment Strategy

- Application is a draft, will have a final version in by tomorrow. We're most excited about data-driven project management approach to eligibility and enrollment process. Outreach events aren't going to be enough for this. When you look at major providers and denied applications, there's a significant percentage of uninsured population already in those systems.
- We've had many requests to outstation in agencies to enroll. But we know that when we put people in high-intensity community organizations, efficiency drops by about 70%. So cost triples. So for this process we've included a Data Analyst into the budget. Focus is on data analysis and project management of this process, then working with this community and partners to support this approach from a communication perspective and the way we deliver the services.
- Hospitals deal with upwards of 8,000 to 10,000 uninsured people already. Clinica similar. But we'll hit a significant chunk of the uninsured population by going through the systems to find them. Then add outreach events and community organizing approach.
- Penny – you would be at the hospitals or you would be getting info from the hospitals? The latter. What about HIPAA? Chris – addressed with agreements we have through the grant. Can address HIPAA through disclosure and signing off on things. Frank - Need to have these questions addressed collectively by major providers. Work with clinic, or BCH, get access to data of uninsured, cross-check with other data to ensure we're not duplicating, then we send out pre-populated forms to target these individuals, then scheduled approach to education and enrollment process. "We're going to be at the clinic for these three days, please sign up for an appointment..."
- We need to do the math to figure out best approach. 40,000 will be eligible. Our goal would be within 18 months going through most of those folks. Simon – AwDC expansion was similar. We have 7,200 uninsured as of our data in Boulder County – patients we saw here and in Lafayette. Some will be undocumented and not eligible, but many will. We go through folks who are uninsured, look at their income, we have accurate data on this because we do sliding-scale. This would be similar to Salud, possibly BCH in the E.R. (not sure about BCH and how much info they keep). Frank – BCH does it on the back end – people come in and get emergent care, fill out all info about who they are, then the info is gathered on the billing side. Dan – timing of this? Frank – grant got shifted to 18 months because people were afraid to apply. Grant would start around 7/1. Enrollment periods run October through January and then another. First wave begins 10/1, then 1/1. Exchange process starts in January, ends March 15th. Elvira- timeline on announcing grant? Frank –end of May. How competitive? \$19 million statewide. Budget for BOCO? We're asking for \$1.9 million. Frank – 95% chance we'll get the grant. Penny – you have a lot of capacity to implement this, much great history. I worry about the need.

- **Have we really shown that Boulder County has the need for all this service?** We're applying for regional hub piece, as well. Assistance Site and Regional Hub. They'll look for 6-8 Hubs statewide. Are we asking for too many navigators to do the work? We have this same question. But when you do the math (1.5 hours per visit, 2 visits to get enrolled) we do need these navigators. **Make a case for really wanting to be successful, have strong pilot.**
- Your regular Medicaid staffers – increasing their load? How pay for that? Frank –we're looking at that right now. Simon- 90% of that 7,200 are probably not Exchange eligible but Medicaid eligible. Penny –navigators can help them with Medicaid? Frank- COHBE has not been too restrictive on this, but we have to be careful. COHBE – education and enrollment process, then transition to Medicaid staff. Perhaps COHBE staff could help with that 90% then hand off to Medicaid staff. We're asking for a little bit more on the Assistance Site side than we might be eligible for. Might shrink down from 12 to 8 or so navigators if need be.
- Need from the committee: main medical providers need to be on the same side on this work with us. Needs to be cohesive. Maybe a subset of this advisory committee reviews the project planning. Then community awareness component we want the committee to help us with. We need to communicate the reality of the situation: we're going to approach it in a measured way, we can do so much per month, and we need to reduce complaints. **Another opportunity for the Boulder Creekfest in terms of communications.** Frank – would love the medical providers to give us guidance on how to organize the data on eligible clients – which are the 1,000 most important for enrollment, for instance. Penny – people are thinking about it now, "how is it going to impact me?" Important for them to know that there is some plan to get people enrolled. They need to know that come October, there will be a way to get enrolled, and there will be people from the county to help. Decision-making process is important for clients.
- Frank – when we think about the new members for this committee (see below), we should think about this project in terms of filling them. Application process for this committee? John Sackett, Steve Fowler, K.C. Robbie, Shelly Ormsby – all open. Dan – may have one candidate – he came to the town hall here, on BCH Board. Elvira-Rich Lopez who just left the BCH Board. We need folks who can turn some dials in some agencies on this. Couple of hospital people. Penny – Susan Levy – E.D. of Women's Health – attorney, very sharp. We could have this committee endorse an executive committee of healthcare providers who help us on this. Subcommittee of folks who couldn't join this but have Simon and Laura co-chair. Frank – if you can find 10% additional efficiency in how we approach this, it will matter very much. Committee members can e-mail potential new members. Frank – housing, homelessness, poverty – new members. We'll keep this issue before this committee the whole time.
- Hub's primary responsibility: Ensure consistent training and tech support for all assisters in the region. Hub is metro counties outside Denver. Penny - reason we're so well-positioned is because of everything you've done.

V. Further recommendations for John Sackett replacement

VI. Community Feedback

VII. Next Meeting: May 16, 2013



Department of Housing & Human Services

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HOUSING & HUMAN SERVICES ADVISORY COMMITTEE MEETING

Thursday, June 20, 2013, 8:30 – 10:00 a.m.

DHHS Kaiser Building, Large Conference Room, 2525 13th Street

- I. Approval of Today's Agenda**
- II. Approval of minutes from May 16, 2013 meeting**
- III. Matters from the committee members for consideration**
- IV. Continued discussion of next committee-driven initiative(s)**
- V. Healthcare expansion: Continued preparation for health care reform**
 - a. Community Outreach and Enrollment Strategy**
 - i. Targeted work with community partners, including hospitals, clinics, and the school district**
- VI. Review drafts of community reports**
- VII. Community Feedback**
- VIII. Next Meeting: July 18, 2013**



Department of Housing & Human Services

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HOUSING & HUMAN SERVICES ADVISORY COMMITTEE MEETING - MINUTES

Thursday, May 16, 2013, 8:30 – 10:00 a.m.

DHHS Kaiser Building, Large Conference Room, 2525 13th Street

Present: Dan Thomas, Laura Kinder, Simon Smith, Dalia Dorta, Elvira Ramos, Frank Alexander, Chris Campbell, Jim Williams.

- I. Approval of Today's Agenda**
- II. Approval of minutes from April 18, 2013 meeting**
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 - a. Community Outreach and Enrollment Strategy
 - i. Targeted work with community partners, including hospitals, clinics, and the school district

As an update, the COBHE board has legislative committee that they report to and they were forced to scale back their federal application. (\$19 million for a 1 1/2). This was mostly for political reasons, the committee was question why so much money was being spent on outreach.

Boulder's community is very excited about the data-driven and economic development approach to enrolling clients in Medicaid and the exchange. Community partners are excited by this vision. What we need to decide is how to leverage community resources to do this well—local foundations, community partners.

We have 34,000 people in Medicaid. The expansion adds another \$30,000. This equals more than \$100 million in additional resources coming into Boulder County. If we invest say \$200 k, this would be a great return on investment.

Frank – I want to figure out how do we keep this good process that we've gotten going about de-stigmatizing access, supporting people's prevention efforts, and access to care, and de-politicizing the expansion as much as possible from a net-positive community place?

Need to get people enrolled, period. **This is a generational opportunity! We must seize it. We won't see something like this again in our careers, and many communities are not going to take advantage of this opportunity.** Our

opportunity to knit the health system to the hospital systems, clinics, the business community, and school systems. Research is on our side.

How do we do this well from a campaign side? With our major partners: Joint communications, joint materials, joint op ed pieces. Importance of ramping up and planning well. We have elected positions and officials, we can have people go off the rails without the proper information. The board have a heavy role in promoting the facts on the expansion (Medicaid and Exchange).

What do you mean by “getting close to the business community” as one of the things needing to be done?

Research is on our side. It’s pretty easy to see from an economic business side that people who don’t have healthcare are not as good employees and many small businesses can’t afford health insurance. Then there’s that entire component of the economy that is the health system. In my estimation the market is going to have to respond to the increased need. Clinics, hospitals, mental health centers, their economic base will grow. But in addition, the private market is going to need to respond to the extra coverage and all those folks beginning to spend their healthcare dollars out in the community.

Elvira – small businesses are the most afraid of what they think “Obamacare” is going to do to them. Dan - So many of them are going to try to stay below that 50-employee threshold. Elvira – are you doing any work through the chamber? Frank – a little bit of outreach and so far the reception’s been positive. Also Livewell Longmont, which has some business members on it, it’s been received pretty positively there. But it can flip. Elvira – there is the Latino Chamber reviving.

Maybe an “awareness forum” or community town meeting to get information out there?

Dalia – any time you approach business people, it has to be very rational. What is the good about this, spell it out for them and their employees. Really the bottom line for any small business is how much is it going to cost? We need to be talking about the same thing over and over again so people start thinking in terms of these messages.

Frank – we have to think about what do we do and what don’t we do. They can both be equally important. Whether you’re pro or con, if you’re coming from an emotionally reactive place and not looking at the facts, then you’re usually looking for someone to target.

Dan – Boulder is a special place and we are **seizing an opportunity to protect our community**.

Laura – is there an opportunity to work with the Leeds Business School, perhaps work with whatever alumni are here in Boulder and working with them; and/or Front Range Community College, where they are graduating business majors? For those who are still in the community have an informational “as you’re starting or growing your business, let’s talk about healthcare.” Dalia – within the Leeds School there’s a whole thing about promoting entrepreneurs. So that’s a good group to approach (especially the startups).

Frank - The small business market isn’t currently our responsibility. Our responsibility is the Medicaid expansion and all people eligible for the health insurance exchange products that aren’t eligible for employer-coverage care. It isn’t our job to help a small business make an economic decision about whether they should provide insurance. COHBE will be doing a lot of this through their “SHOP” side. However we will inevitably get some of these questions. We need to be ready for the “festering” discontent that may emerge.

Elvira – I encourage you to sit down for coffee with John Tayer (Boulder Chamber). Also Morgan with the Entrepreneurs Foundation. Tell them we want to make sure the word gets out to all our constituents in Boulder County in a positive way. Keep some of the key players informed who are outside of the healthcare industry.

Laura - Maybe reach out to the business editor of the Camera and Business Report.

Dan – there’s a guy at CU, at Leeds, an economist who gets in the media often, [Richard Wobbekind](#). He gets a lot of exposure. Could help in terms of having a champion on the county’s side.

Simon – what’s COHBE’s approach on the small business side: marketing, channeling people to web site?

Frank – they were to provide money through the SHOP component of exchange. Outreach and meet with small businesses and work with them on tech side of what would you be able to offer in-house that might not be as costly as you think, and what are the alternatives if you don’t based on the mandates that are out there?

Simon – marketing materials will be helpful to see, and I’m guessing they’ll have a whole component of this private insurance market that’s going to be offering products that will start doing their own marketing separate from the advocacy for the program.

Frank – using the opportunity to actually dampen down the political backlash.

Simon – and one of the biggest hot-button items has been the impact on small business. This isn’t really the focus of the BOCO grant.

Laura – another group to approach – local Human Resources Association – where directors of HR would go in putting together the benefit packets. Frank – want to understand: what would we communicate to them? Laura – what are your concerns about health reform? Here is how it’s going to help your business. Elvira – and this is how what we’re going to be doing is going to help the local economy. Laura – talk about “there are this many people uninsured, or under-insured...; what are your fears? Research has shown that you get better employees when they’re covered.”

Simon – there is that gray area there; what is the beneficial impact on the health system in our community; **consensus amongst hospitals and health clinics about the benefits of getting people insured; that can be a nice thing to show, that the entire medical community is in support of this.** Also, once there’s more clarity around the SHOP role from COHBE, then perhaps we can share channels of information rather than trying to make the arguments ourselves. We would collaborate with that SHOP entity but wouldn’t function as the primary SHOP entity.

Elvira – Boulder County will be raising the bar for a lot of people, small business or not; to have access to healthcare - more productive, better employees, better tax base.

Simon – **health systems economic argument that can be made that the more folks are insured the better the impact on a hospital, and the more over time (theoretically) this will positively impact insurance rates (covering less charity care and spreading the costs out more).**

Stitching together a fractured health system.

Elvira – what about impacts on other not-for-profits who are not in the healthcare business, it’s going to impact their clients? Laura – And how many of our non-profits have insurance for their employees? Many of them are small businesses. Simon – recasting the mental image of who these people are who are seeking this. Clinica serves not just homeless population but also small business employees (including non-profits).

Frank – we need to think about – we’ve done a fabulous job over the past few years of re-positioning the agency and communicating with the community, winning support by the way we’re doing that and a lot of your guidance. Now we’re in a great position to do this work *as a community*. We’re fractured as a health system, we haven’t done a lot of cross-agency work of this magnitude. **Do we need a Health Oversight Committee of some kind** (an attachment to this committee or something) – get people from hospital’s clinics? We want to work together on messaging, collecting the research. None of us should try to answer these larger questions in isolation. Larger community impact is way beyond our doors.

Elvira – we’ve talked about recruiting more people for this committee from health industry, is that what you’re thinking here? Frank – no conclusion on that, I worry about the executive management team’s availability and time over the next

couple of years. I know they have time to do this because they have to. That's why we might have a subcommittee on this.

Simon – The community health perspective is a small sliver of the healthcare market. Our broader Boulder County market is a very aggressive healthcare market now (Laura agrees), so it's a highly competitive market. Hospitals/medical groups/Centura expansions and new clinics, Children's Hospital. Laura – there are only five independent nonprofit hospitals in Colorado, two are in Boulder County. The rest are systems which are very aggressive. Longmont United Hospital serves our community, yet all city employees are Kaiser. So even if our police officer is shot on the street in Longmont, they go to Good Samaritan. Simon – and it will only get more competitive. We have expansion of eligible patients with a limited supply (especially on the private side) of providers, docs. And the insurance markets are aligning with different hospitals and different providers. So I really like the idea of finding common ground and starting at an association level (CO Hospital Association) to get common messaging. Blurry between general marketing of expansion and the aggressive marketing that's ramping up from the industry. Frank – Fiscal incentive? If we work with a specific hospital or provider that has 10,000 uninsured people, they want to get those people insured and have them be patients in their system? Laura – yes. Simon - And they're probably also simultaneously negotiating with the different insurance companies who are offering different products through the exchange. And maybe they'll accept some and not accept others and they're saying "we anticipate 20,000 new patients in our product and we will channel them to your hospital if you do not align with these others..." That's how it works. Frank – so our incentive is to make sure that those 20,000 people get coverage and we need to work with the big portals of people that are uninsured which have all different economic drivers. And then you have people that are politically opposed to the whole thing. That's why I want to be really clear about goals, and how to communicate community benefit. And that it's not our job to solve the market-based issue. Laura – the common ground is "get the people insured". Simon - I think there's a way to get some common messaging from the different players in the healthcare industry around that message.

Laura – I get communication from CHA (Colorado Hospital Association) – many topics on expansion or affordable healthcare. Want me to forward these? I will forward them to Jim.

Frank – we've done this in other systems: we don't want anyone hungry without food. We have to work with the grocery chains and food providers and food banks to insure that few of the people in our community are hungry. All these organizations have different economic drivers and political perspectives on what's the best way to make sure people are not hungry. We have a different position. We think the most efficient way to keep people from being hungry is through the food assistance program. We think it's a more market-based solution for people – they take their EBT cards and they go purchase the food they want from the providers they choose, those providers market to them. Same on the homeless side: our job has been to try to keep people from being homeless. They're renting from different private sector landlords, there's a lot of competition for those renters. And it's sort of those two issues on steroid with healthcare. We've been doing a huge Medicaid expansion push (70% increase in access to care without us tripwiring this issue). We have to find a middle ground of communication on this.

Elvira – TSN expires at the end of 2015? I want to be conscious of community perception on how you're doing your job. You need to ensure the public sees you handling this big change well.

Simon – **TSN is temporary bridge toward other opportunities, and this is the other end of that bridge, these other federal opportunities that are coming that we're now able to tap into.** Your goodwill and support has helped get us here.

Can we stitch together a broad community-wide statement (even one sentence) about the expansion? This is why it benefits the health system as a whole, the community as a whole. The health system that you rely on is behind this. Behind this is the system that's competing for the spoils of all this.

Simon – We lose money on Medicaid. I'm not clear on how much maneuvering the systems will be doing to capture more of that Medicaid market (this could bring health systems into competition with us like never before). Or will they be more interested in that upper population of the expansion? At the same time hospitals are starting to buy up private

primary care practices in order to funnel that volume into the hospitals. Are we even visible to them as they look around at these things?

Laura – I don't think the hospitals are interested in the Medicaid population. They're going after the higher level exchange populations. Frank – maybe. There are sub-markets within all of this that people are breaking down as well. Laura – we do have high aging population and lower income uninsured.

Dan – what will Medicaid rates be in the future? Simon –big question, because the more people are in Medicaid, they can push the expectations down to the service providers – increased quality, reduced hospitalizations, reduced ER utilizations, this is happening through regional collaboratives. They are much more looking at - You have an assigned Medicaid patient. How are you doing managing that patient's care? How much are they costing the system? Are you emphasizing prevention, keeping them out of the ER and re-admissions? Reimbursement over time the emphasis will be very much on the ability to provide that quality care. At Clinica, we're excited about this. Our primary care model is expensive, but we know the impacts of the system are highly beneficial because we have better than average outcomes, we have lower admissions and re-admissions, and lower ER utilization because our patients' health is managed.

Dan – how will hospitals react to this? Laura – I think we already are. Medicare and Medicaid payments are based on overall patient satisfaction. Not only will they be paying x amount, but based on satisfaction score it will impact our rate. And they're looking at re-admissions. So we're following the patient outside the hospital to their home. Our discharge planners make sure that they will follow through with treatment. Frank – that's such an evolution. Simon – It's a huge opportunity for that alignment. We coordinate closely with Avista in Louisville's and with BCH's discharge planners and ERs and we've started a home visiting program as well; we try to get a provider and case manager to the patient's home within 48 hours of discharge to help them understand their discharge plan, reconcile their medications, make new appointments to get back in the clinic so they don't end up back in the hospital 72 hours later. This is all helping drive integration. Laura – we are following the same kind of model and we work closely with Salud, putting in place the Transitions of Care program. Simon –BCH has just created a Transitions director position as well.

Laura – even though it's a highly competitive medical field, the one really nice thing about Boulder County for instance in emergency care management, we work exceedingly well with all four hospitals. We do disaster drills together, we collaborate during mass casualties. It's the Boulder County Emergency Response group, meets on a monthly basis, gets best practices, watching responses in other parts of the country to emergencies. Frank – this is what we want to foster, support, and strengthen. Competition between providers isn't our concern. We want to ensure well-being of entire population without pitting people against each other unnecessarily. **This is going to strengthen the way that we work together as a community more than anything that we've experienced before. And we should find a way to do that really well, we should find a way to do that better than anybody's doing it. How do we do this, keep it focused and simple and very organized?** Simon – at the national level, the American Hospital Association was behind health reform. **When you drill that down to the Colorado Hospital Association, it's a similar alignment because it makes sense. And so you can take that and just flow it down to the community level.**

Task force? Subcommittee? Frank – let me think about this some more. I'm meeting with Public Health Director Jeff Zayach and the hospitals to test the water. **Jim, Chris, and I can begin to sift through some of the association messaging.** There's really great data out there: like 60% of bankruptcies in the United States are caused by a health crisis, those kinds of things. We can start to pull some of these together for the next meetings. Jim – Simon, it sounds like you have some data points as well that might be helpful in terms of health outcomes through insurance. Dan – **I don't know if the general public understands, for instance, what Laura just shared with us about the evolution of the healthcare system – it's very powerful.** Simon – **that was the design of health reform, to force these things.** Dan – but all we hear now is the negative stuff, it's going to cost more. Reduce readmissions, fewer people coming into the emergency room.

Simon – **our model is expensive: we take a big clinic, make smaller clinics each with a certain number of providers, with a case manager, with an integrated behavioral health professional, and two of our three downstairs are actually employed by Mental Health Partners, so that level of integration of care is an expensive primary care model. But**

when you look at the outcomes it's a much better investment of healthcare resources because it reduces overall costs. Frank – but you have to move to overall population-based system financial and health outcomes, and shift to that focus (just like DHHS is across the board).

Frank - Health Institute, Health Foundation, CCLP – we can tap into these resources. Can you all think about what this role might look like? I don't want this to be the only thing this committee talks about. That's why we have the "what do you want to do next" on the agenda. What do you want the next thing to be?

Simon – series of articles in local media recently about housing. Largely about Boulder, but it impacts the county too. Messaging has been to shift more toward that middle income population. Frank – Boulder Council is grappling with land use and height restrictions that has restricted their housing stock and increased median prices here beyond what people can afford. Greatest area of need is 50% AMI and below in rental housing. On the middle class side we are heavily focused on prevention (housing stabilization, etc.). It takes too long to build housing stock for this population and it's too costly in the end.

Frank – we keep trying to come at this from the Social Determinants of Health model – how do we keep integrating systems, how do we have health systems recognize that safe and stable housing is a key component to well-being? The access to care is only one piece. Healthy living, etc.

V. Update on DHHS marketing and outreach work with Pivot Communication (two options at present)

Jim provided an update on where things stood with the marketing and outreach work. 60 design options narrowed to 5, we've had focus groups, our own design review group, key managers input, multiple revisions, combination with the logo choice that this committee helped us make. Goals: de-stigmatization, standardization, flexibility of templates. With the logo, we incorporated "Boulder County" into the words; the doors/windows have resonated with most folks who have seen this; people seem to pick out the openness and integration in it. Combines the "Hope for the future, help when you need it" slogan. Jim ran through concepts: Concept #1 is "We Can Help" – brings together icons with that slogan plus the new logo. A simplified campaign, can help translate services across language and other barriers. Saw brochures, postcard, and bus board. This is not a photo-forward campaign, but inside will be photos of families and clients. Color-coded brochures with the icons that would sit in a collateral rack. Colors would go with other campaign elements – t-shirts that staff wear that are color-coded, etc. Hope for the Future, Help when you need it fairly prominent in some of these elements. Campaign #2: "Better Starts Here", a photo-forward campaign with that slogan. No icons.

Thoughts? Simon – at Clinica we've been looking at branding/messaging because when we look at our patient population, we know 70% of our mix is Latino. Photo-forward concept – inevitably potential for folks not identifying with the families in them. I like #1 with icons, very clear what services you offer. Picture gets a reaction before you know what services are being displayed.

Elvira – like #1 better. But I don't understand Better Starts Here and not sure how it would translate. Colloquial. Jim – we've found the same thing.

Dalia – little slogan under the logo is Hope for the future...? You lose that, and it's so important. I like the 1st option better too in terms of design. I like "We Can Help", it's easier to translate.

Simon – We Can Help more directly infers assistance.

Elvira – I like Better Starts Here because it's less top-down, but I don't know it will make sense to everyone.

No one liked the senior services logo.

Jim – combination of campaigns with "We Can Help" icon-facing piece, inside photos with allusion to Better Starts Here.

Dalia – You don't care that the slogan is not more forward? Jim – I do, but it's been called a tagline that will appear with the logo sometimes, but not all times. Dalia – you're losing it, so you might as well not use it at all.

Elvira – why don't you just use "Hope for the future, help when you need it" as your slogan in the campaign?

Jim – Yes, that's an option we have discussed. Pivot's recommendation is not to do that. They've been saying they don't want it to compete with the slogan line.

Elvira - I feel that if you don't use that tagline, the concept behind the tagline is very different for me than "we can help." "Help when you need it" for me, in terms of de-stigmatization, implies to me I might be in trouble temporarily. But I'm

really capable of caring for my family and my home. “We can help” doesn’t have that. It’s more stigmatizing to me. It feels more colonialistic. “Help when you need it” – everybody gets in trouble once in a while.

Dan – I tend to agree with that. I do like “we can help” with the icons (laundry list of things we’re addressing) but maybe the “Hope for the future...” can be more prominent. Almost everyone needs help at some point and we’re here for you.

Simon – I agree, I like the “Hope for the future, help when you need it.” It also kind of summarizes the overall direction and concept of the organization as a whole. I like the “we can help” because if you’re sitting in traffic figuring out problems in your life and the bus drives by with that slogan and the apple icon, it immediately draws you in and says we can help and has the door/entryway to assistance in the logo. I think they can be mutually supportive.

Elvira- I like the logo identified with the color-coding.

Laura – I like that as well.

Jim – it will help with our internal buy-in as well in terms of tying back to this campaign.

Frank – Option 1, I think we have to do more to de-stigmatize the terms. Health coverage, etc.

Jim – and this has come up: we need to be consistent in what we call our major areas of assistance.

Frank – might consider testing some of these with a client population.

Simon – “health access” is what we use, pathways to healthcare. Have you talked with Public Health about this?

Elvira – what about just using one word for each?

Frank – we need to be sure we’re delivering enough information in each one, though.

Dalia – I come back to the fact that you’re losing the tagline “hope for the future, help when you need it.”

Jim – we’re hearing all of you loud and clear on the tagline.

There was agreement in the committee that “hope for the future, help when you need it” would translate well. Perhaps not use the entire slogan on the bus.

Frank – did you look at “help how you need it” or “help on your terms”.

Jim – we did, Pivot advised against using “help” as a lead word.

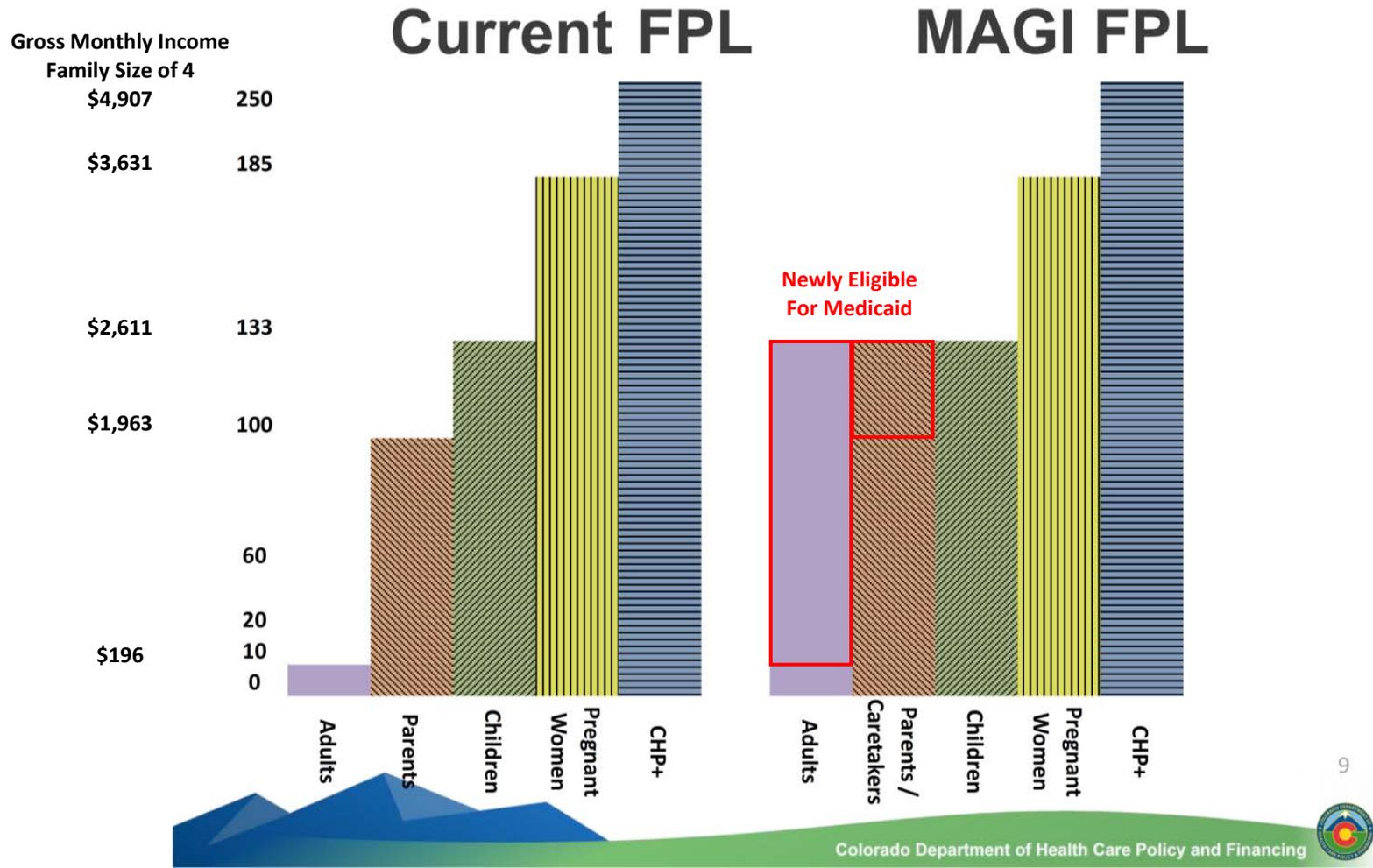
Phone number was decided to be better entry point for clients.

Dalia - Latino Task Force has received a grant for the Promotores program – services from different agencies. Can we get someone to talk about DHHS services to older Latinos? They need to know what services they can get. Timeline – training in June.

Dan - Congrats to the department for the Josephine Commons award and the fraud-fighting award.

- VI. Aspinwall at Josephine Commons update
- VII. Discussion of next committee-driven initiative(s)
- VIII. Community Feedback
- IX. Next Meeting: June 20, 2013

Medicaid Eligibility and the Affordable Care Act



Coverage Options by Income

Citation: The Center for Public Policy Priorities (www.cppp.org)

Family Income ↑

>\$92,200 for a family of four;
>400% of FPL

- Job-based coverage, or
- Full-cost coverage in the exchange

\$65,150-\$92,200;
300-400% of FPL

- Job-based coverage, or
- Subsidized exchange coverage: premiums capped at 9.5% of income

\$46,100-\$69,150;
200-300% of FPL

- Job-based coverage, or
- Subsidized exchange coverage: premiums capped at 6.3 – 9.5% of income

\$30,657-\$46,100;
133-200/250% of FPL

CHP+

- Job-based coverage, or
- Subsidized exchange coverage: premiums capped at 3% - 6.3% of income

<\$30,657 for a family of four;
< 133% FPL

Medicaid

Medicaid

Children and pregnant women

Adults

(non-disabled adults, not eligible for Medicare)

Health Insurance Marketplace
healthcare.gov



**CUT THE
COST**
of Health Insurance

A new tax credit helps
lower- and middle-income families

1 Do I Qualify?

If you answer **NO** to ALL of these questions, you may qualify:

- 1. **Does your employer offer health insurance?** YES NO
- 2. **Do you receive Medicare?** YES NO
- 3. **Does your family make *more* than the yearly income below?** YES NO

FAMILY SIZE	YEARLY INCOME
1	\$45,960
2	\$62,040
3	\$78,120
4	\$94,200
5	\$110,280
6	\$126,360

If your income is near these amounts, you may still qualify.



2 How Does the New Tax Credit Work?

What is this tax credit?

The Health Premium Tax Credit reduces the total amount of tax you owe the IRS. If you don't owe, you can get a bigger refund. You get the tax credit to help cut the cost of your health insurance.

Can I use my tax credit for any health plan?

NO. You MUST buy your health insurance from:

Health Insurance Marketplace
1-800-xxx-xxxx
Healthcare.gov

This new marketplace offers a wide variety of health plans with good benefits. All plans cover prescriptions, hospital stays, doctor visits and more. If you buy different coverage, you won't get the tax credit help.



How much help will I get?

The amount depends on your family income and your family size. Lower income families get the most help.

When does it start?

The tax credit begins with insurance that starts January 1, 2014 — or later.

3

Two Ways to Take the Tax Credit — You Decide!

Take It Now!

October 2013 – March 2014	<ul style="list-style-type: none"> • Sign up for health insurance at healthcare.gov • Tell them you want the tax credit “in advance” • Choose to take all your credit in advance — or just part of it
During 2014	<ul style="list-style-type: none"> • Pay a lower premium each month in 2014 — and now you are covered
January 2015 – April 2015	<ul style="list-style-type: none"> • Get a statement from your Health Insurance Marketplace showing how much tax credit you received in 2014 • File your 2014 taxes, including information about tax credit already taken

ADVANTAGE: Lower your health care premium each month!

Take It Later!

October 2013 – March 2014	<ul style="list-style-type: none"> • Sign up for your health insurance at healthcare.gov
During 2014	<ul style="list-style-type: none"> • Pay the full premium each month in 2014 — and now you are covered
January 2015 – April 2015	<ul style="list-style-type: none"> • File your 2014 taxes • Subtract your tax credit from the tax you owe — or get a bigger refund if you don’t owe anything

ADVANTAGE: Lower the amount you pay at tax time!

Jane needs to decide which way works best for her. Either way, she gets the same total tax credit for the year.

“If I take the tax credit now, I lower my monthly premium costs to \$60.”

Monthly Premium	\$300
Monthly Tax Credit	– \$240
New Monthly Cost	\$60



“If I take the same tax credit later, I pay the full \$300 premium now but get a bigger refund next April.”

Tax Due	\$900
Yearly Tax Credit	– \$2,880
IRS Refund	\$1,980

4 Taking Your Credit Now? Get the Right Tax Credit.

If you take the tax credit in **advance**, changes to your family size or income — or even a new job that offers health insurance — could mean you're getting the wrong amount of tax credit. To make sure you get the right amount, call when you have changes:

Health Insurance Marketplace
1-800-xxx-xxxx
healthcare.gov

When can family size change?

- You get married or divorced
- You have a baby
- You no longer claim your child on your tax return

↓ Family size goes DOWN	Call to recalculate your credit so you won't owe money.
↑ Family size goes UP	Call so you might get more credit.

When can income change?

- You get a raise
- You lose your job
- You take a salary cut

↓ Income goes DOWN	Call so you might get more credit.
↑ Income goes UP	Call to recalculate your credit so you won't owe money.

Remember: It's your responsibility to tell your state's Marketplace!

VISIT healthcare.gov

What if your income changes each month?

Talk to your Marketplace about taking a partial credit. Your monthly premiums will still be lower but not as much. By taking the rest at tax time, there is less chance of repayment.

What if your new job offers health insurance?

Call your state's Marketplace. You may no longer be eligible for your tax credit.

AVOID REPAYMENTS!

Claudia and Patrick's story

"In January, we decided to take the tax credit in advance. On August 1, I got a new job that increased our income so we no longer qualified for the tax credit. We forgot to tell our Health Marketplace. At tax time, we had to pay back \$2,000."

Tax credit they got over 12 months	\$4,800
Amount they should have gotten since credit ended in August	– \$2,800
Amount they must pay back	\$2,000



Remember: You control how much tax credit you use in advance.

CALL 1-800-xxx-xxxx

5

How Do I Get Started?

- For details on whether you qualify and how much credit you will get, contact your state's Health Insurance Marketplace:

healthcare.gov

or Call Center

1-800-xxx-xxxx

- Need more advice? Talk to local assistors, such as navigators, brokers or agents who are familiar with this new program at:

xxxx.org

or call

1-888-xxx-xxxx

or visit this local office:

123 Maple Avenue

Somewhere, ST 12345

- At tax time, talk to your tax preparer or find free tax preparation help at:

irs.treasury.gov/freetaxprep

or call

1-800-906-9887

New Health Premium Tax Credit for Lower- and Middle Income Families

Take it Now or Take it Later: Your Tax Credit is the Same



Step 1

October 2013 – March 31, 2014

Choose a health plan from your state's Health Insurance Marketplace.

Choose to take your tax credit now or later — or some now and some later.

Step 2

January 1, 2014 – December 31, 2014

Take it Now: Pay a lower monthly premium

Take it Later: Pay the full monthly premium

Step 3

January 1, 2015 – April 15, 2015

Take it Now: Report your advanced tax credit

Take it Later: Use your tax credit to reduce the tax you owe or increase your refund if you don't owe.

Last updated: 5/15/2013

Boulder County Housing & Human Services ANNUAL REPORT TO CITY COUNCIL



June 24, 2013



HUMAN
HOUSING & SERVICES
Hope for the future, help when you need it.

Introduction

Thank you for taking the time to review this report. Our partnership with the City of Longmont is extremely important to us as we work to ensure all investments made in the community are maximized and that the highest priority needs are being met. In addition to responding to a rapid increase in critical need, we continue to deepen our investments in early intervention and prevention in Longmont in order to both help community members avoid crisis and reduce our costs and the necessity for resources.

Working together, we are accomplishing this goal.

Boulder County Housing and Human Services is committed to providing an annual report on the services being provided within and near the city of Longmont.

We welcome feedback on the helpfulness of the contents provided.



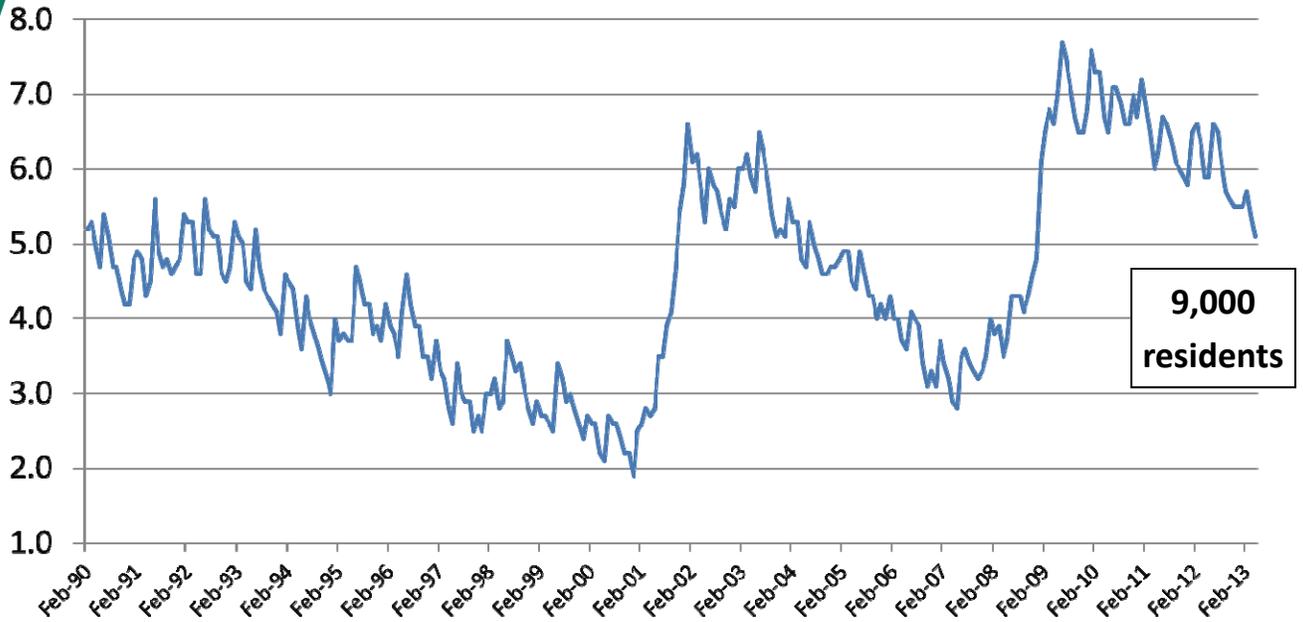
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HOUSING & SERVICES
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Economic Pressures Continue

The unemployment rate approached 8 percent in Boulder County in 2009. While it has fallen back to near 5 percent, this still represents over 9,000 people out of work in the shadow of the Great Recession.

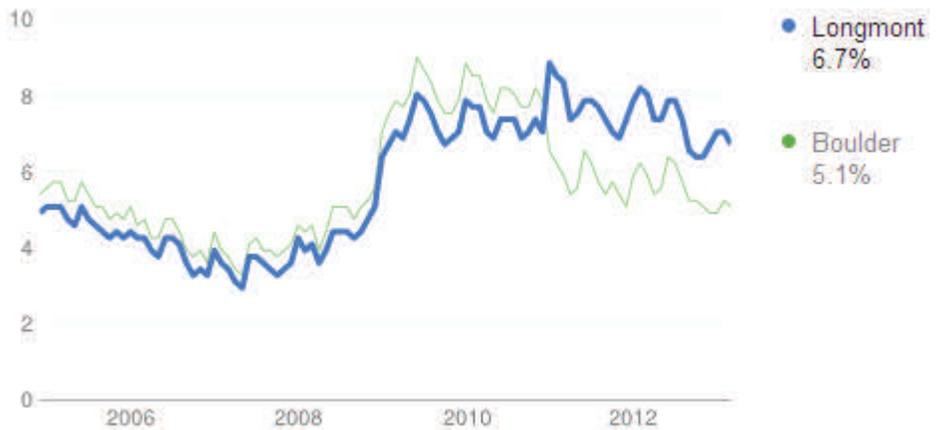
Boulder County Unemployment Rate



Over 9,000 people remain unemployed in Boulder County. Many more are under-employed.



Unemployment Rate (%)



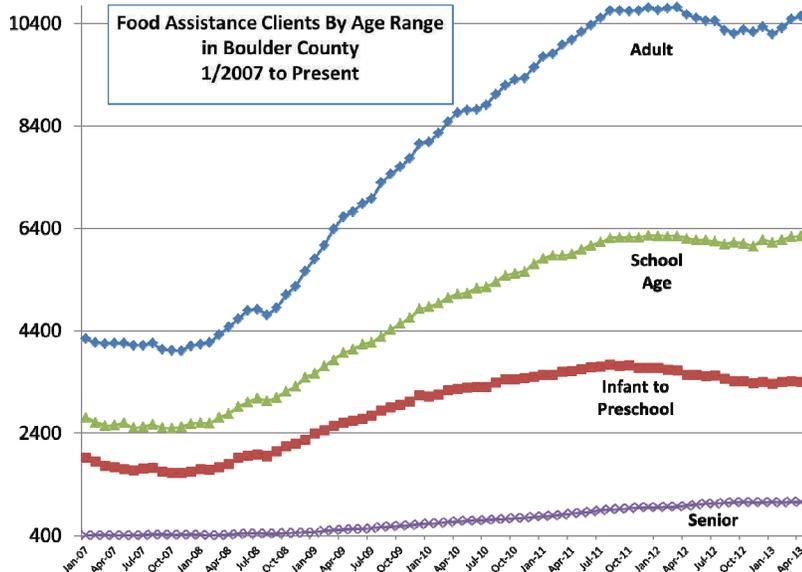
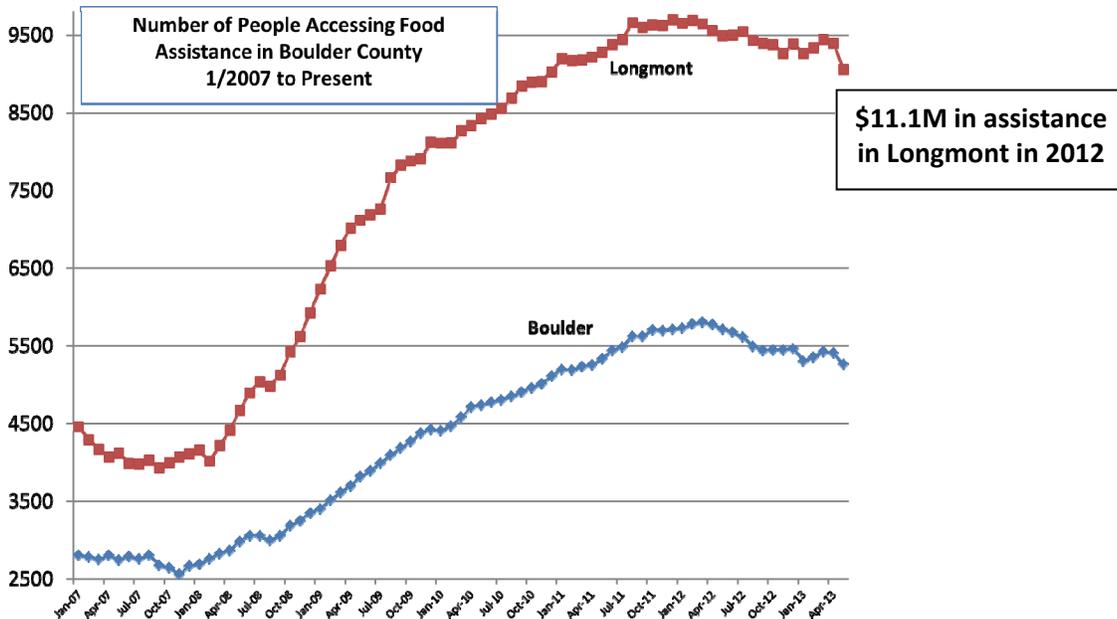
The economic downturn continues to linger in Longmont.



Food

Rapidly Increasing Need for Assistance

These economic pressures are directly reflected in the increases in need for assistance in Boulder County. The number of people accessing food assistance in Longmont, for example, has increased **146 percent** since 2007, with adults and children both clearly in need.



In 2012, Boulder County oversaw **\$11,169,014** in food assistance for Longmont residents.



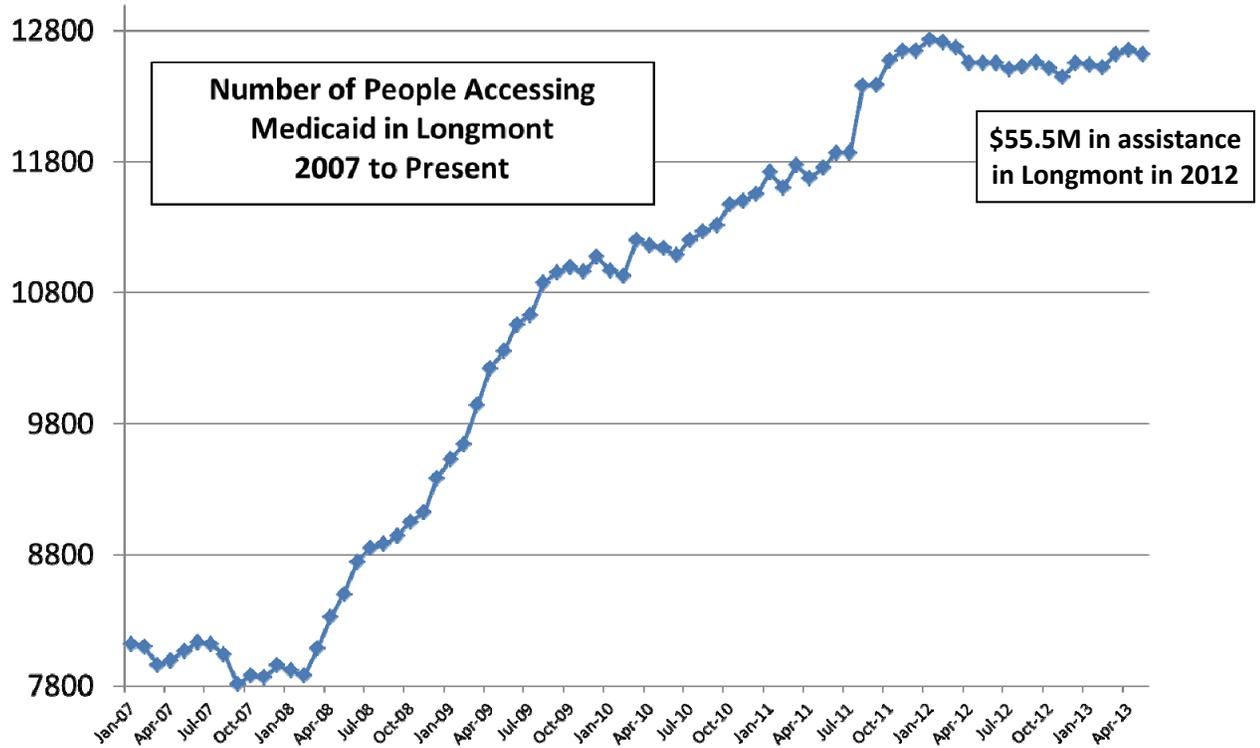
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Healthcare Coverage

Skyrocketing Need for Healthcare Coverage

Among the increases, Medicaid caseloads have risen 60 percent in Longmont since 2007. This represents 4,800 people, many of whom found themselves newly in need of (and eligible for) healthcare coverage assistance.



Total healthcare-related Medicaid expenditures for Longmont residents in 2012 totaled **\$55,489,073**.



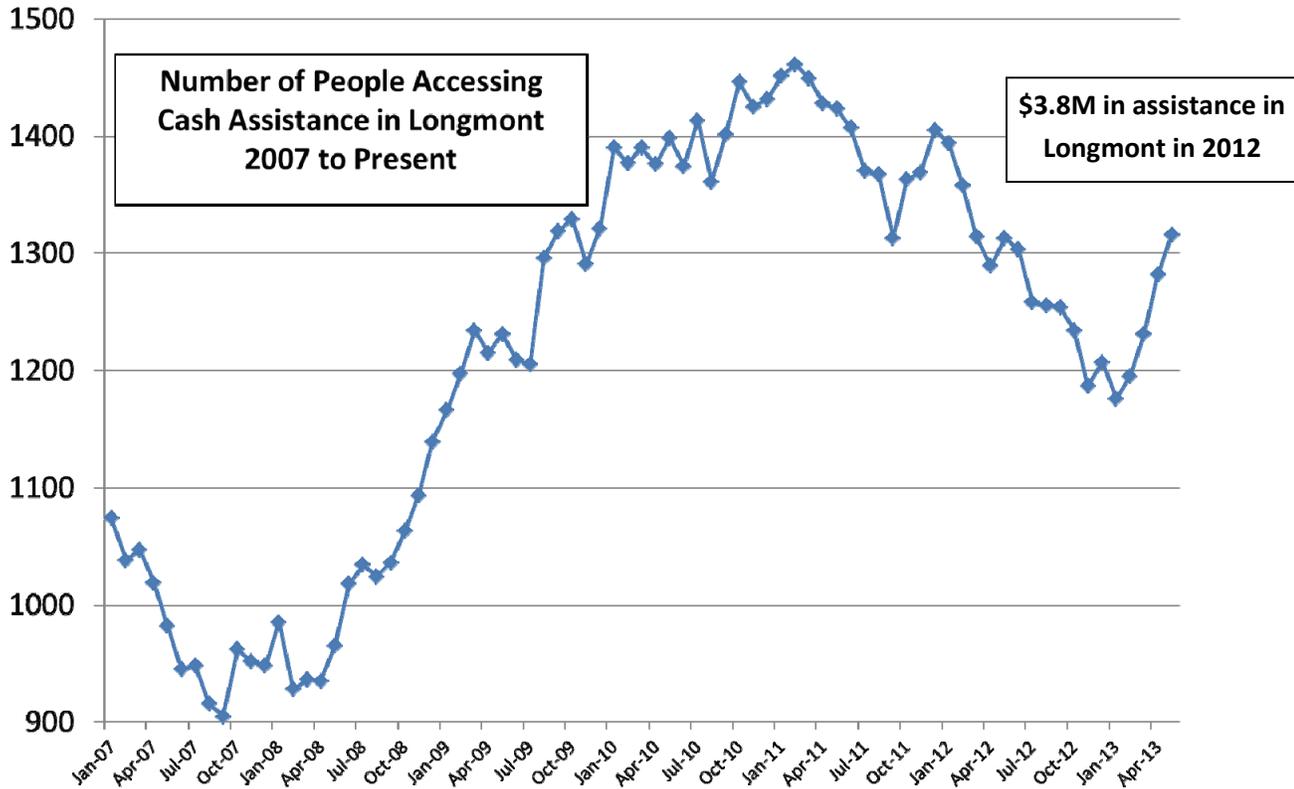
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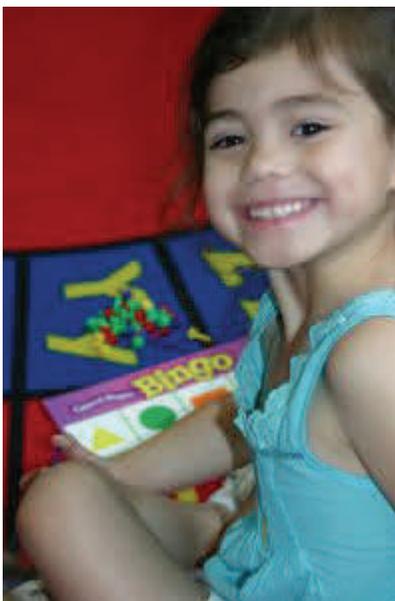
Continuing Need for Financial Assistance

Financial Help

Clients who apply for cash assistance and meet program requirements receive a debit (EBT) card primarily through Colorado Works (TANF). The funds can be used in whatever ways the client feels best meet his or her family's needs (with certain restrictions). In Longmont, as in other parts of the county, the need for this assistance tends to follow the employment trends.



In 2012 alone, Boulder County-administered cash assistance for Longmont residents totaled **\$3,894,867.52**.



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Hope for the future, help when you need it.



Expansions

Imminent Expansions of Medicaid and Health Coverage Assistance

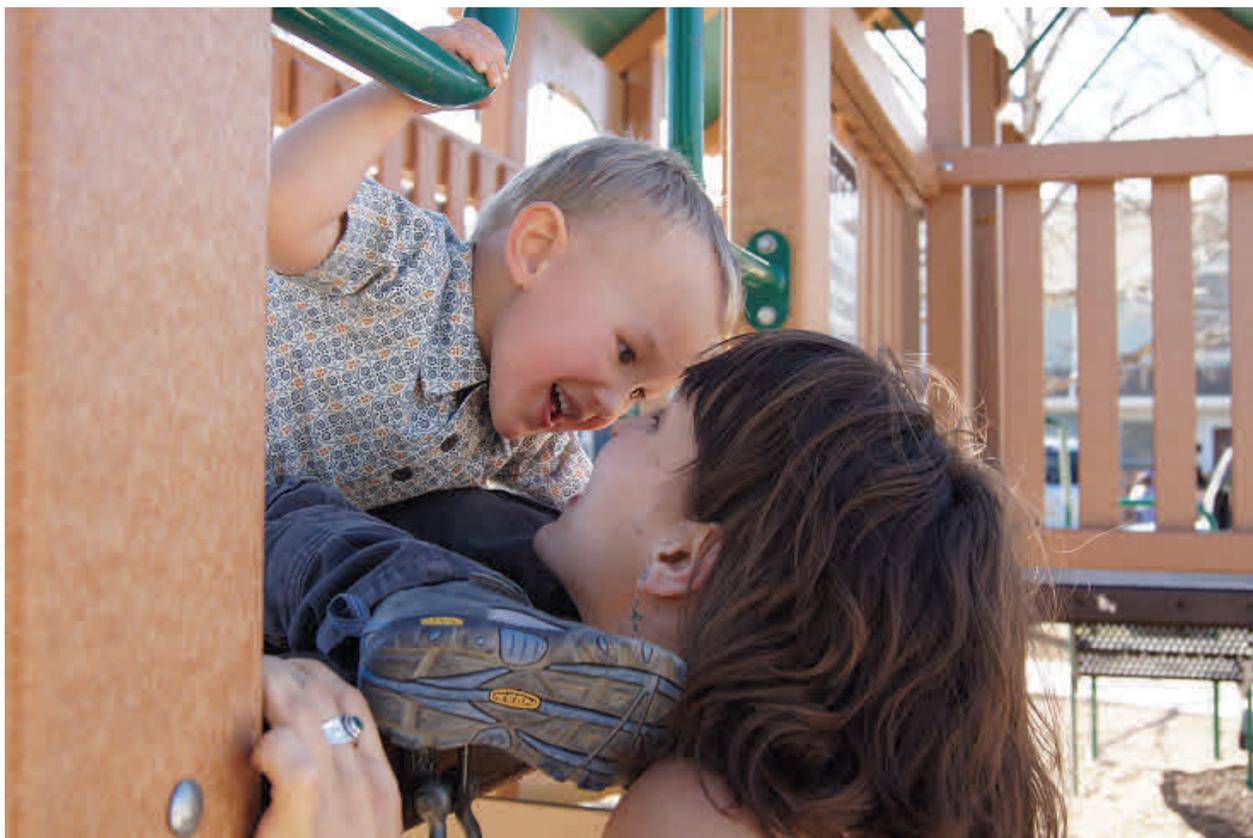
As a result of the Patient Protection and Affordable Care Act passed by Congress in 2010, significant expansions of Medicaid and other kinds of federally-subsidized insurance will take place in Colorado beginning October 2013.

There are estimates that as many as **35,000** currently-uninsured and under-insured people in Boulder County will be reached by the Medicaid expansion and the creation of a Health Coverage Exchange (Connect for Health Colorado).

These populations are also likely to qualify for a broad range of additional programs, including rental assistance and housing vouchers.

We are committed to meeting this increase in need across the spectrum of services we provide, and are actively preparing for the expansions by strengthening our community partnerships, internal capacity, and training capabilities.

Longmont Medicaid clients total 42% of the county's case counts. Combined with the estimated numbers on the healthcare coverage expansions, this could mean we'll serve nearly **15,000 new health coverage assistance clients in Longmont.**



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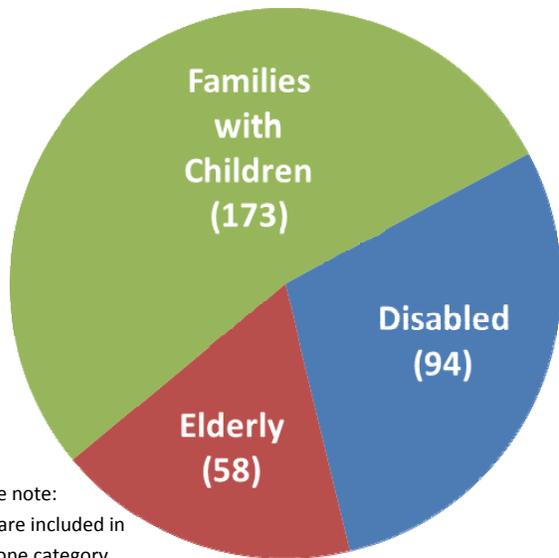


Boulder County Housing Authority Services in Longmont

Housing Choice Vouchers

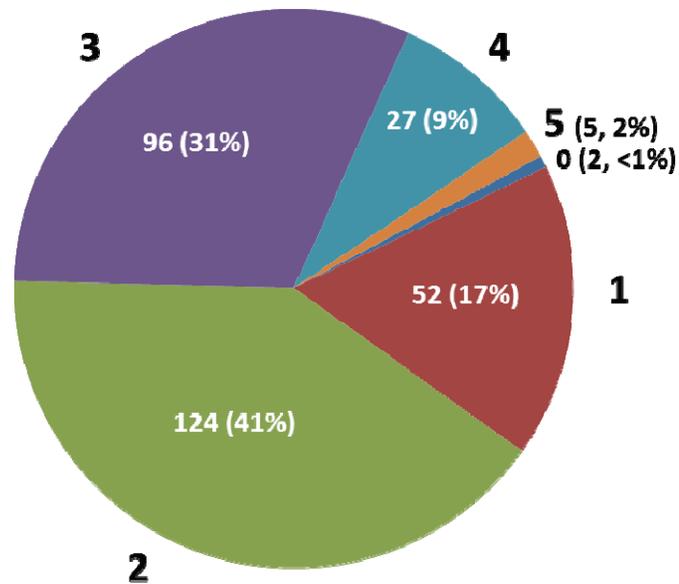
Housing Choice Vouchers allow low income clients to lease apartments in the private rental market. Clients pay 30% of their income on rent, and HUD pays the remainder. BCHA administers nearly 700 Housing Choice Vouchers. Of these, 306 vouchers (44% of the program total) are in use by families in the Longmont area. This represents a total investment of \$2,832,972 into the rental market in the Longmont area. It also represents crucial support for vulnerable families as they continue to work to stabilize themselves.

Who is being served with Housing Choice Vouchers?



Please note:
Some clients are included in more than one category

Vouchers by Bedroom Size



Rental assistance vouchers represented a **\$2.8 million** investment in stabilizing families in Longmont in the last year.



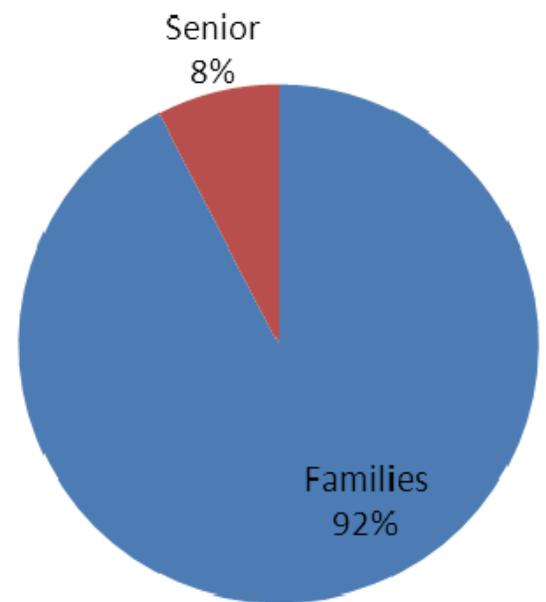
Who does BCHA serve in Longmont?

Population served in the affordable housing portfolio

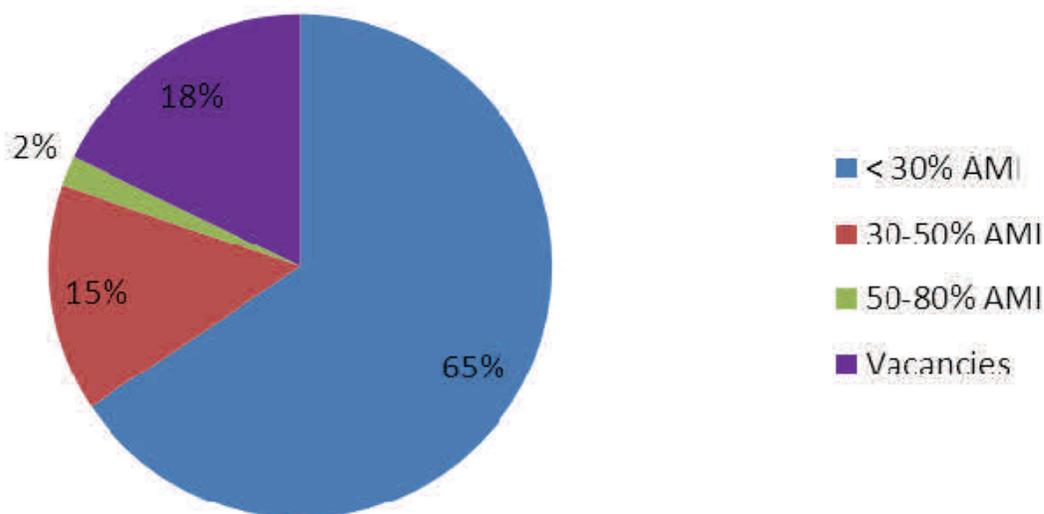
In the 133 units in Longmont, we currently have 103 units for residents below 30% AMI (\$22,000/year for a two person household), 23 units for residents below 50% AMI (\$36,650/year for a two person household), 3 units for residents below 80% AMI (\$51,550/year for a two person household) and 28 vacancies (24 of which are located at the Casa Vista site that is currently for sale).



Seniors and Families

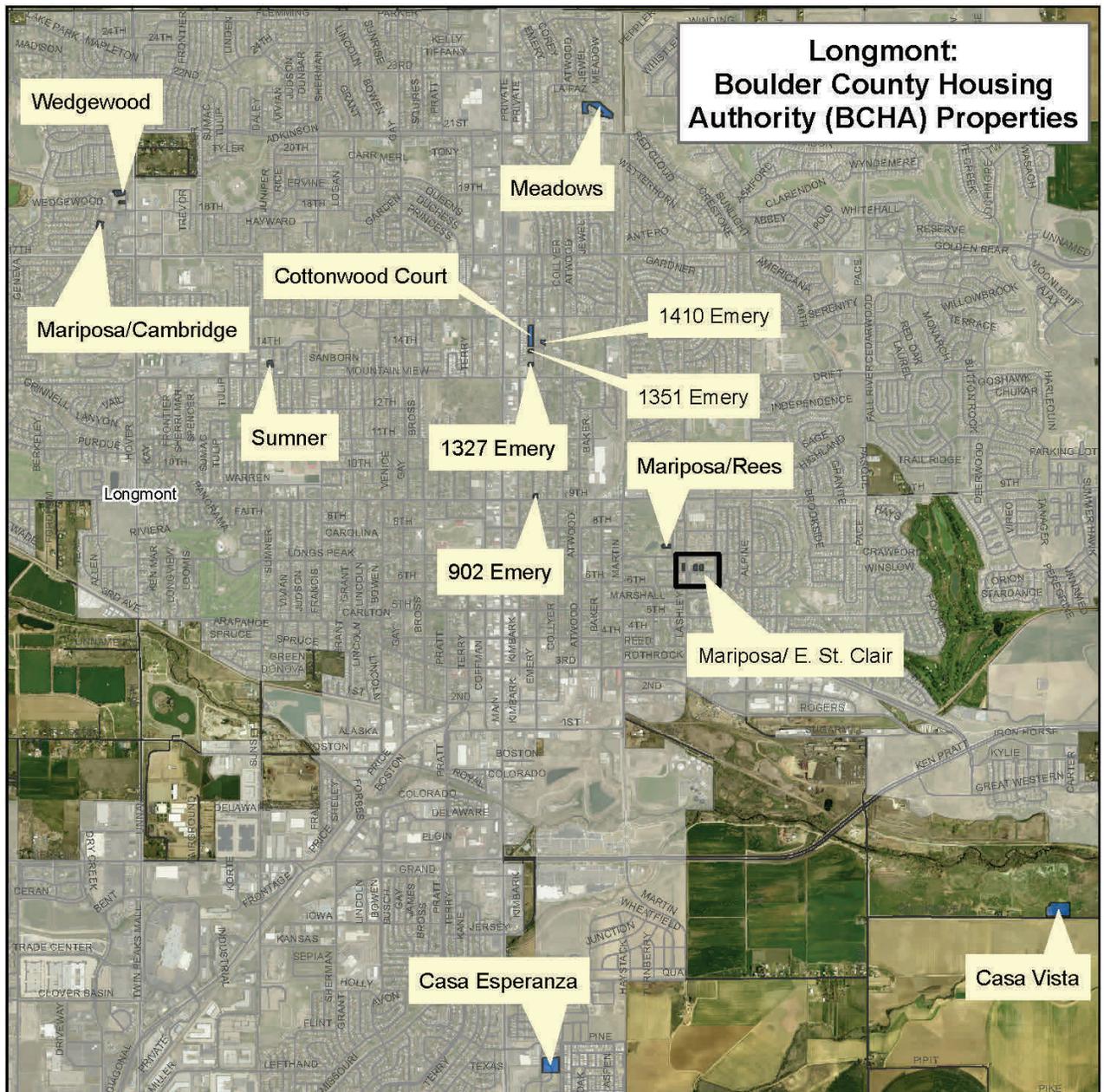


Distribution of Income Levels



Longmont BCHA Properties

The Boulder County Housing Authority currently manages 133 affordable housing units in and near Longmont. Among them:



Housing & Other Supports

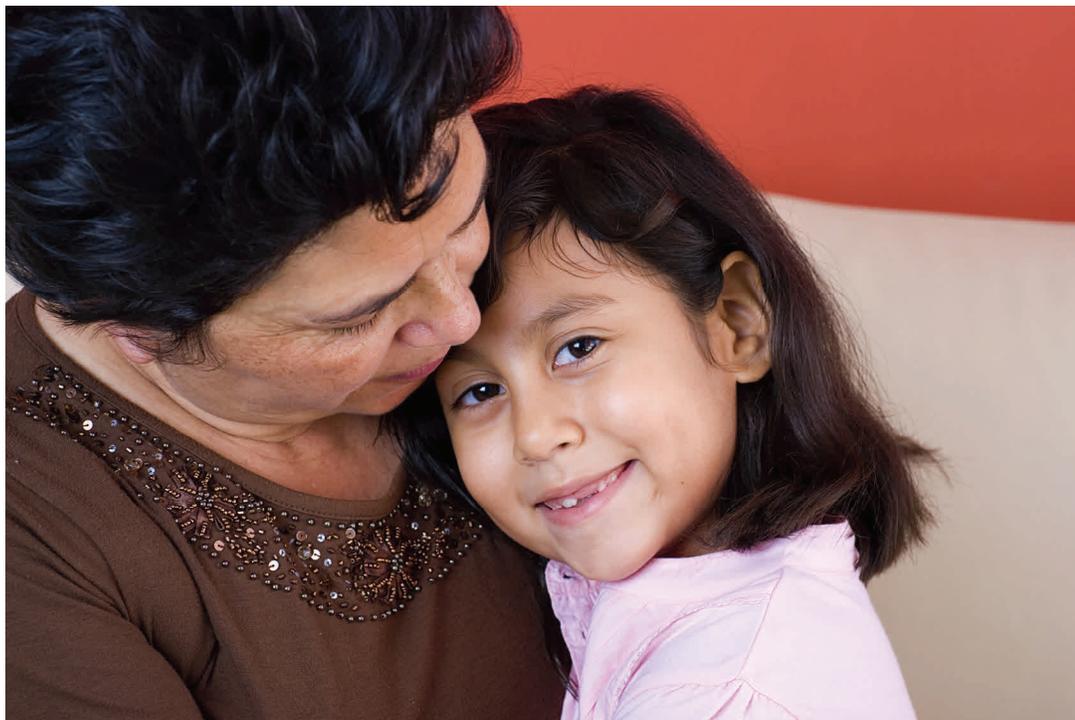
Tenant-Based Rental Assistance

Tenant-Based Rental Assistance (TBRA) provides housing vouchers and intensive case management to homeless families with school-aged children who are currently attending Boulder Valley or St. Vrain Valley School District schools.

By working with parents and schools, TBRA caseworkers focus on empowering parents to support their children's academic success.

During 2012, TBRA served 19 Longmont families. The rental assistance and case management in 2012 totaled \$229,236 for these families. Since TBRA families are often homeless when they enter the program, there are many immediate physical needs. Among many other things, the program assists with acquiring mattresses and basic household items including linens, dishes and cleaning supplies.

19 Longmont families who were homeless or on the verge of homelessness have received **\$229,236** in crucial rental assistance and case management services in the last year.



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Housing for Veterans

Veterans Affairs Supportive Housing

Boulder County has the second-largest homeless population in the Denver metro area. In Boulder County, veterans make up about 11 percent of the homeless population.

In 2012, Boulder County, in partnership with Boulder Housing Partners and the Longmont Housing Authority, sought and, for the first time, received 25 vouchers to help house homeless veterans. Known as Veterans Affairs Supportive Housing (VASH), the program is delivering nearly \$230,000 annually to Boulder County for rental assistance for chronically homeless veterans. The goal is to connect them with safe, stable, affordable, and permanent housing while providing long-term intensive case management to ensure they receive the health care services they need to sustain residence and avoid a return to homelessness.

We began the program on July 10th, 2012, and within two months, nearly 75 percent of the vouchers had been issued. At this date, only one voucher remains to be issued.

In addition, we are utilizing Temporary Human Services Safety Net (TSN) funding to help veterans with deposit assistance for their rental units. And through our integrated services model, we are ensuring that each veteran involved in the program also has access to food, health coverage, and other types of housing and financial assistance. In part due to the success of our administration of VASH in Boulder County, BCHA has been awarded ten additional vouchers for use in coming months.



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Family Stabilization

Family Self-Sufficiency

The Family Self-Sufficiency Program (FSS) is a 5-year academic, employment and savings incentive program designed to help low income families who have a Housing Choice voucher or reside in a Project-Based Voucher housing unit gain education and career skills to improve their family's financial situation and move toward self-sufficiency.

There are currently 34 FSS households in the Longmont area which represents 32% of the FSS caseload. The program receives HUD funding for 3 case manager positions. The coordinator, administrative support, and client expenses are funded through donations, grants and county funding.

Excluding rental subsidies (which are counted in the Housing Choice Voucher numbers) 2012 costs for Longmont households including case management, supervision, administrative support and other operating expenses were approximately \$59,160. In addition to intensive case management services, Longmont FSS families had access to many non-monetary supports such as bus passes, classes, budgeting help and other resources.

Nearly \$60,000 has gone to help 34 Longmont families with education and career skills in the past year. Graduates of the FSS program frequently move on to college degrees and gainful employment.



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Housing Counseling and Rental Assistance

Housing Counseling

Our Housing Counseling program served 163 clients from Longmont with one-on-one counseling sessions. One on one counseling topics include credit and debt, default and delinquency, mortgages and home equity, and pre-purchase counseling. In addition, 424 clients accessed our Housing Counseling classes, which cover a wide variety of topics on financial management principles. The cost of these services combined to a total of \$10,000. This program is a highly cost-effective approach to supporting households to achieve housing stability.

With a **\$644,000** investment, Boulder County served 140 Longmont clients with critical rental assistance and other supports to not only help them avoid homelessness, but also to help them move toward self-sufficiency.

Housing Stabilization

The Housing Stabilization Program offers short term assistance with deposits and other housing costs when a household has hit a temporary financial set-back. The program has proved highly efficient in preventing housing-related crises such as foreclosure and homelessness.

In 2012, the total number of clients served by the Housing Stabilization Program in Longmont was 140 (60% of the program total). Average cost per client in Longmont was \$4,600, for a total value of \$644,000. For these 140 clients, the following chart shows how many months they accessed Housing Stabilization in 2012.

Longmont

Housing Stabilization Program Clients

Months of Service	Number of Clients
1	40
2	25
3	17
4	14
5	18
6	13
7	5
8	5
9	3

Stats here on clients' success after leaving HSP

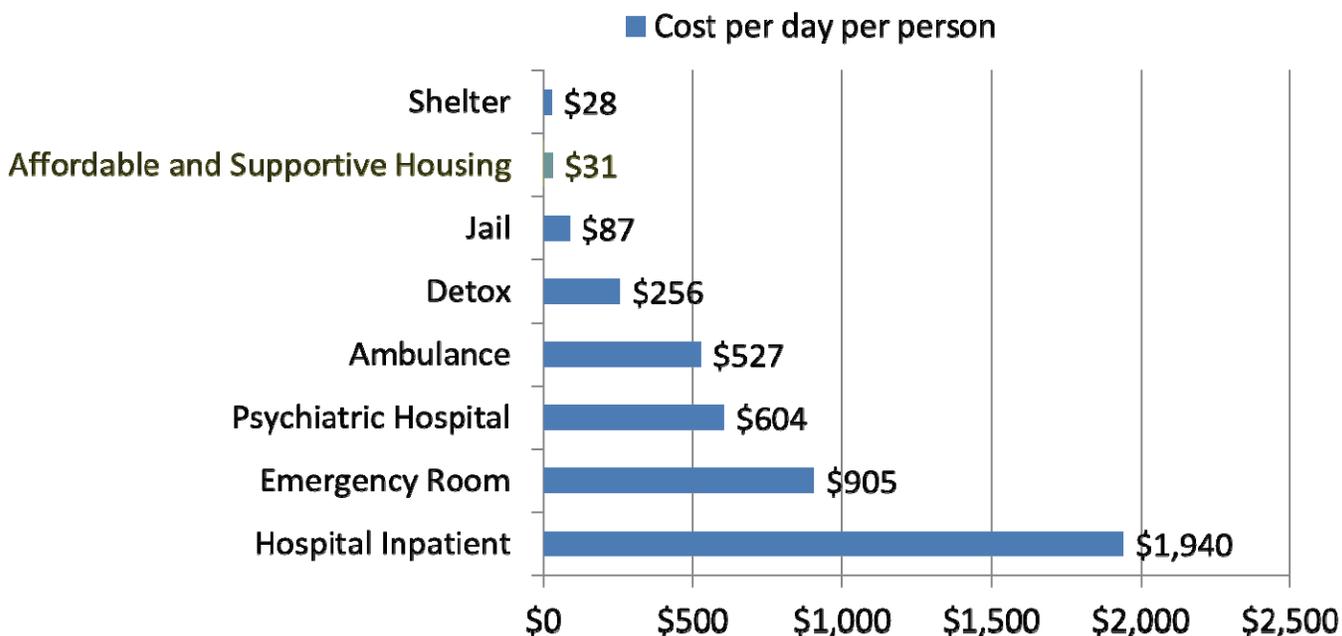


Efficient Supports

In addition to helping people stabilize and move toward self-sufficiency, our investments in these housing supports combined with wrap-around case management is generating significant financial savings in the Longmont community.

The New England Journal of Medicine reports that homeless people spend an average of four days longer per hospital visit than comparable non-homeless people (an extra cost of \$2,414 per hospitalization).

Safe and Stable Housing for Families Saves Money



A two-year study of homeless individuals by the University of Texas found that each person cost taxpayers \$14,480 per year, primarily for overnight jail. In contrast, affordable and supportive housing moves individuals permanently away from homelessness, and ultimately from public assistance itself.



Weatherization, Energy-Efficiency, and Maintenance Assistance

Longs Peak Energy Conservation, a group within BCHA, weatherized 84 homes in Longmont in the past year, at no cost to the homeowners. In addition, 18 Longmont homes were included in our pilot project with the Colorado Department of Energy to install energy efficient tank-less water heaters (SERC), and 19 households accessed our Crisis Intervention Program (CIP). Labor, materials and overhead for that work was valued at \$649,896.

LPEC Services in Longmont - 2012	# of Homes	\$/home	Total \$
Weatherization	84	\$6,752	\$567,168
SERC	18	\$3,589	\$64,602
CIP	19	\$954	\$18,126
Total	121	\$5,392	\$649,896

Weatherization programs invested **\$649,896** into Longmont-area homes in 2012.

Description of LPEC Programs

Weatherization: Provides energy conservation and efficiency measures to promote the health, safety, comfort, and affordability of low-income households at no cost to the participant.

On average, weatherization services save clients \$437/year on their energy bills and reduces their carbon footprint by 2.65 metric tons of CO₂/year. Weatherization is funded through the U.S. Department of Energy, CDHS LEAP, and the Colorado State Severance Tax Fund.



Sustainable Energy Resources for Consumers (SERC): Pilot program to install innovative energy-saving technology in weatherization-eligible clients' homes. LPEC has utilized these funds to install tankless condensing domestic water heaters to replace existing tank water heaters. This technology has the potential to save clients energy by heating water only when it is needed.

Crisis Intervention Program (CIP): The CIP program is available to Colorado LEAP recipients in need of emergency repair or replacement of unsafe or inoperative heating equipment. The goal of the CIP program is to ensure that low-income Coloradoans have can safely heat their homes through the cold winter months.



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Additional BCHA Services to Longmont Residents in 2012

Boulder County Area Agency on Aging Services to Longmont Residents January - December 2012			
Service Provider	Service	Units of Service	Number of Clients
Complete Home Health Care	Homemaker	696.00	6
Meal Sites Nutrition Program	Congregate Meals	69.00	6
Caregiver Initiative	Caregiver Training	116.00	19
Mental Health Partners	Counseling/Support Groups	262.00	35
Nutrition BCAA	Nutrition Counseling	13.00	13
Project HOPE	Homemaker/Personal Care/ Transportation	863.50	8
Respite Assistance	Respite Services	1,962.50	59
RSVP/CareConnect	Chore	285.00	35
	Assisted One-way Rides	394.00	36
Short Term Assistance	Emergency Assistance	93.00	42
Via Mobility Services	One-way Rides	3,386.00	91
Totals		8,140.00	350



Investments Resulting from Boulder County's Work in the city of Longmont

While need for assistance has risen steadily in Boulder County since 2008, our investments in our community have increased as well. As a result of our efforts in collaboration with the city of Longmont, Boulder County helped leverage **nearly \$75 million** in funding in 2012 for services to Longmont residents.

These investments, in addition to boosting the health and well-being of our community members, also provide a significant financial infusion into the economy.

Program Group	Total Benefit Expenditure
Cash Assistance	\$ 3,894,867.52
Food Assistance	\$ 11,169,014.61
Medicaid	\$ 55,489,073.76
Housing Choice Vouchers	\$ 2,832,972
Tenant-Based Rental Assistance	\$ 229,236
Housing Stabilization Services	\$ 644,000
Housing Counseling Services	\$ 10,000
Weatherization Services	\$ 649,896
Total	\$ 74,919,059.89



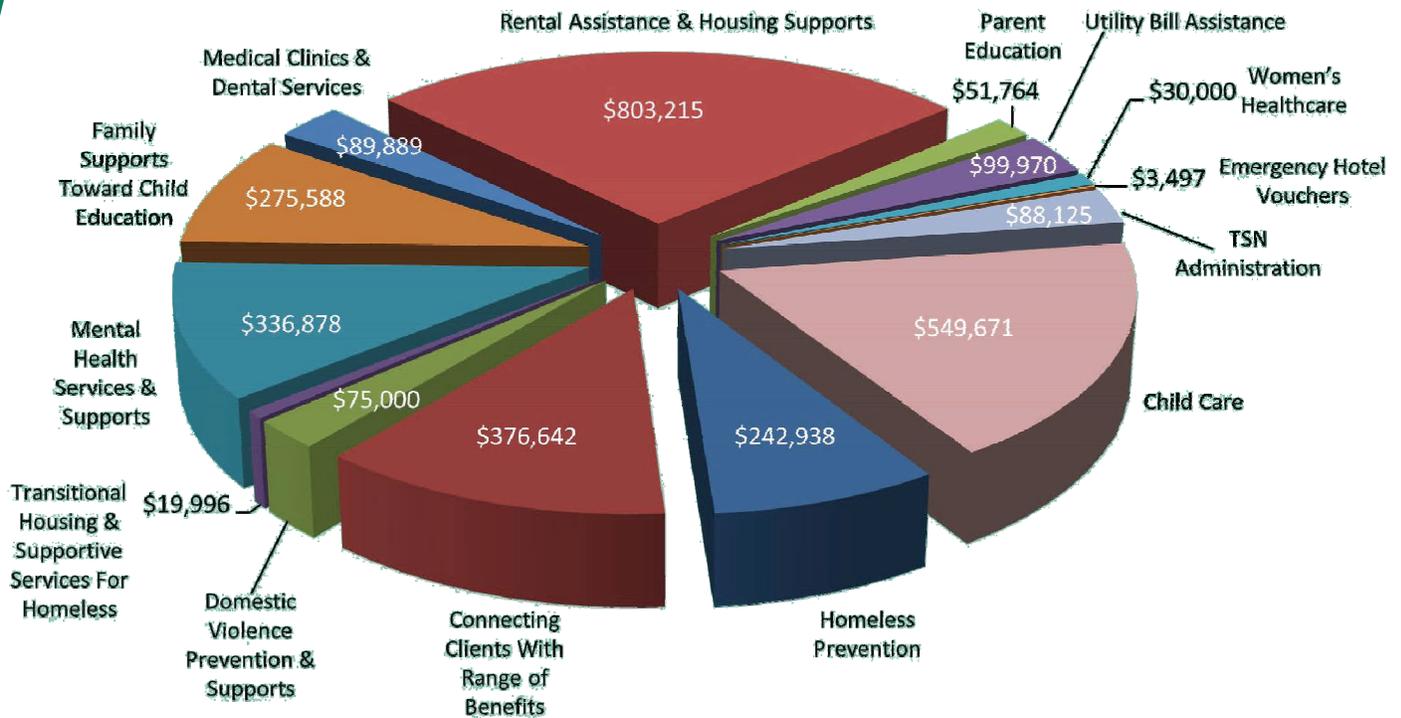
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Temporary Human Services Safety Net (TSN)

The Temporary Human Services Safety Net (TSN), passed by voters in November 2010 as Ballot Initiative 1A, has had a tremendous impact on housing supports in Boulder County. The TSN was designed to backfill state and federal budget cuts to human services programs (and housing supports), and since January 2011 has provided millions of dollars to help Boulder County residents stabilize and avoid

2012 TSN Investments By Category



See the 2013 Report on the TSN at www.BoulderCountyTSN.org

See our 2013 Budget document at www.BoulderCountyHHS.org



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DHHS Programs and Strategic Initiatives

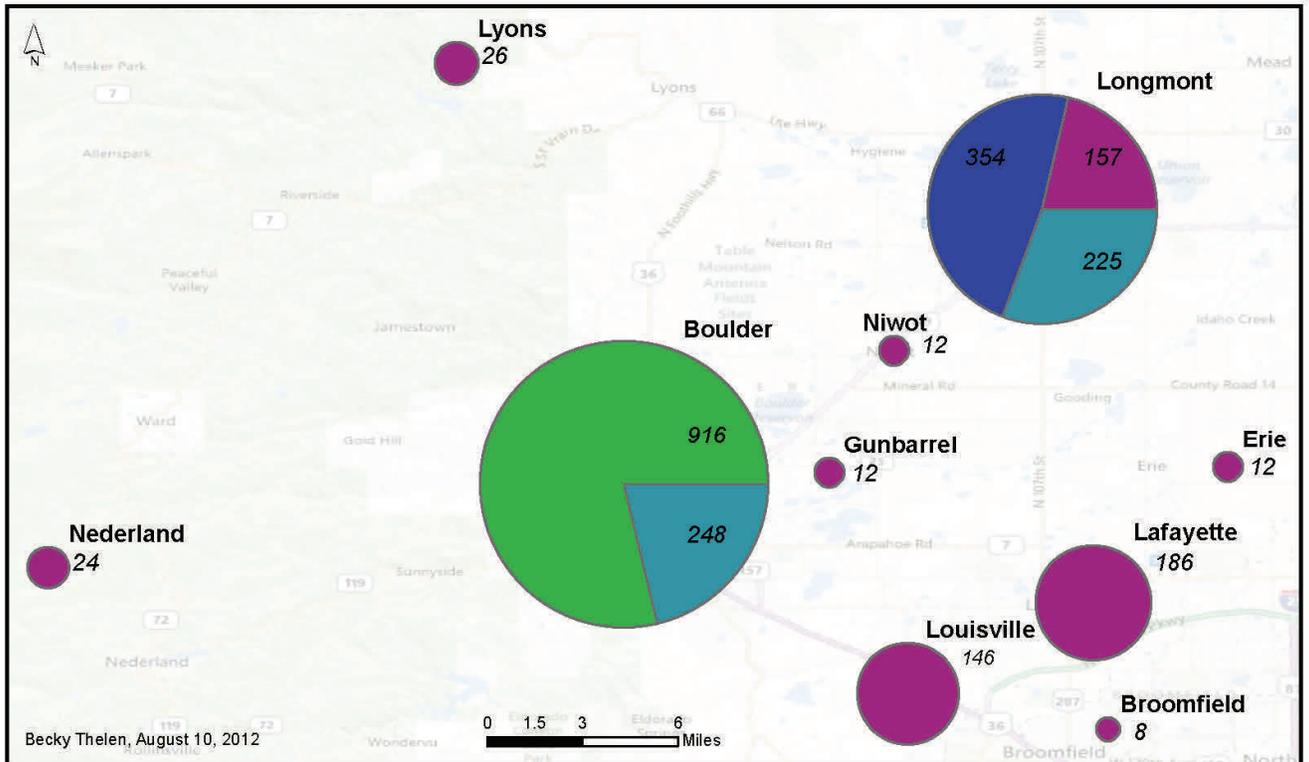
- **Short-Term Housing:** BCHA entered an IGA with Human Services in 2011 to provide 10 units of short term housing for 10 years. In this program, child welfare involved families are provided with 90 days of safe and secure housing while they receive case management. The program has been effective supporting family stabilization and reducing out of home placements for children.
- **Aspinwall:** Phase I of BCHA's Josephine Commons affordable housing development in Lafayette (74 units) was completed in September 2012 and fully leased within five days of receiving the certificate of occupancy. Phase II, Aspinwall at Josephine Commons (72 units), will break ground in summer 2013.
- **Weatherization/Energy Smart initiative:** LPEC and Energy Smart have come together to create a pilot project to serve middle income (200% of FPL to 80% AMI households) with reduced cost weatherization services. The project will begin in July, and include 130 homes this year. Carbon emission reductions will be one of the outcome data tracked.
- **DHHS University** - BCHA is involved in a new initiative designed to streamline our offerings of trainings and workshops for our clients. This will include our Housing Counseling and Financial Stability classes, which have seen tremendous attendance over the past year.
- **Alkonis:** In March 2013, Boulder County purchased 13 acres of land in east Louisville for \$2.58 million. Plans for this site include the development of much-needed affordable housing for seniors and families in a project similar to Josephine Commons in Lafayette.
- **Gunbarrel:** In May 2013, boulder County purchased a 10 acre site on Twin Lake Road for future affordable housing. We anticipate building in this location in a five to ten year time horizon.
- **Additional Landbanking:** Boulder County is seeking one additional landbank site to secure for future affordable housing opportunity.



BCHA Affordable Housing Inventory Properties Per City, County-Wide

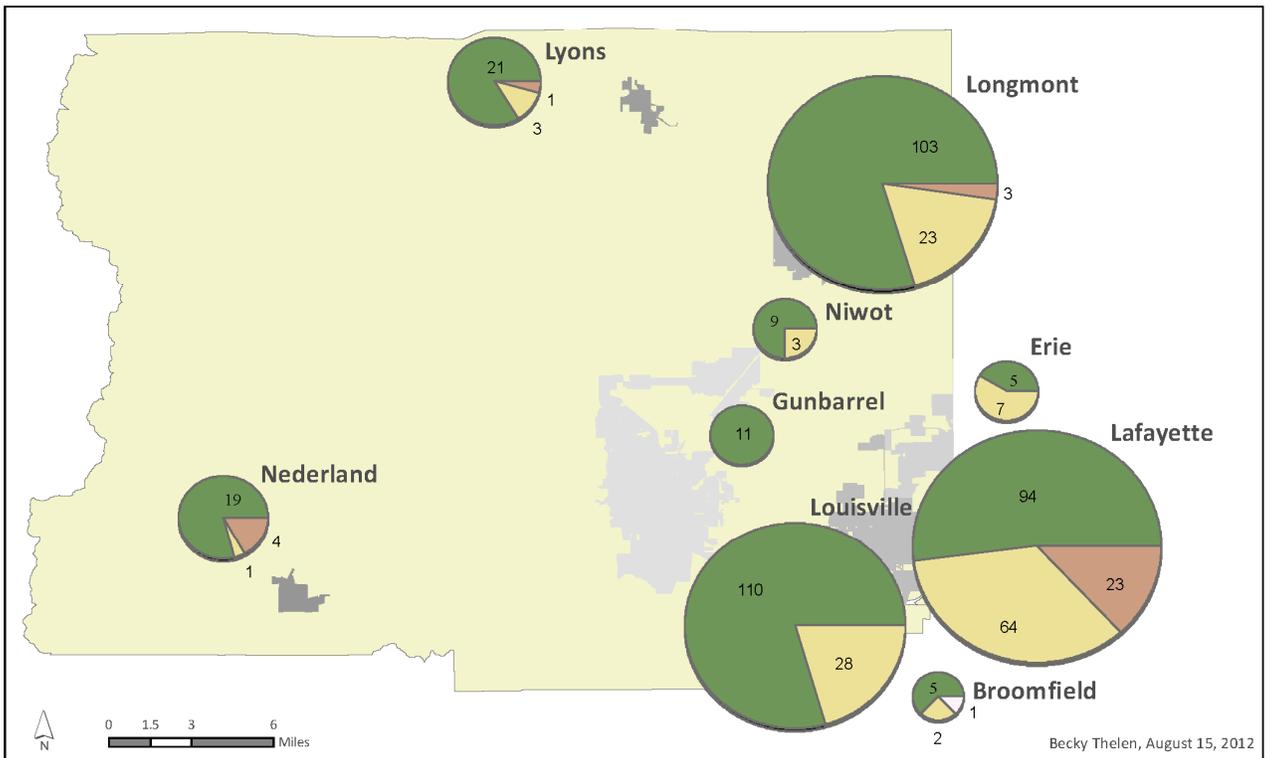
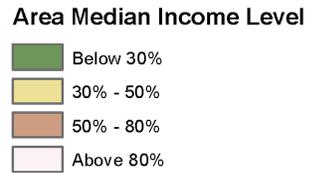
Affordable Rental Properties Number of Units per Owner and City

- Affordable Housing Property Owner**
- Boulder County Housing Authority (BCHA)
 - Boulder Housing Partners (BHP)
 - Longmont Housing Authority (LHA)
 - Thistle Communities



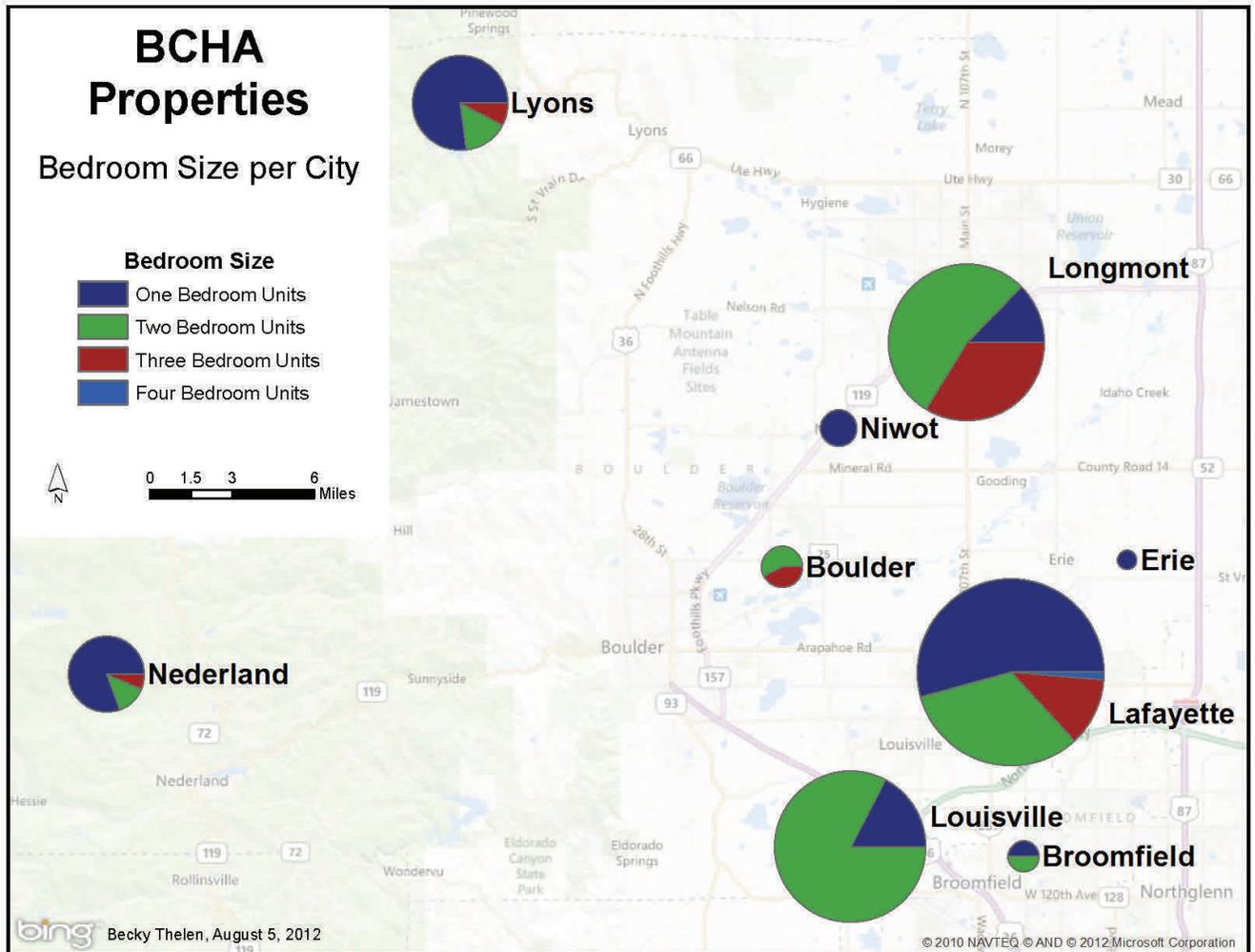
BCHA Affordable Housing Inventory Income Levels Served, County-Wide

Income Level Served by BCHA Properties



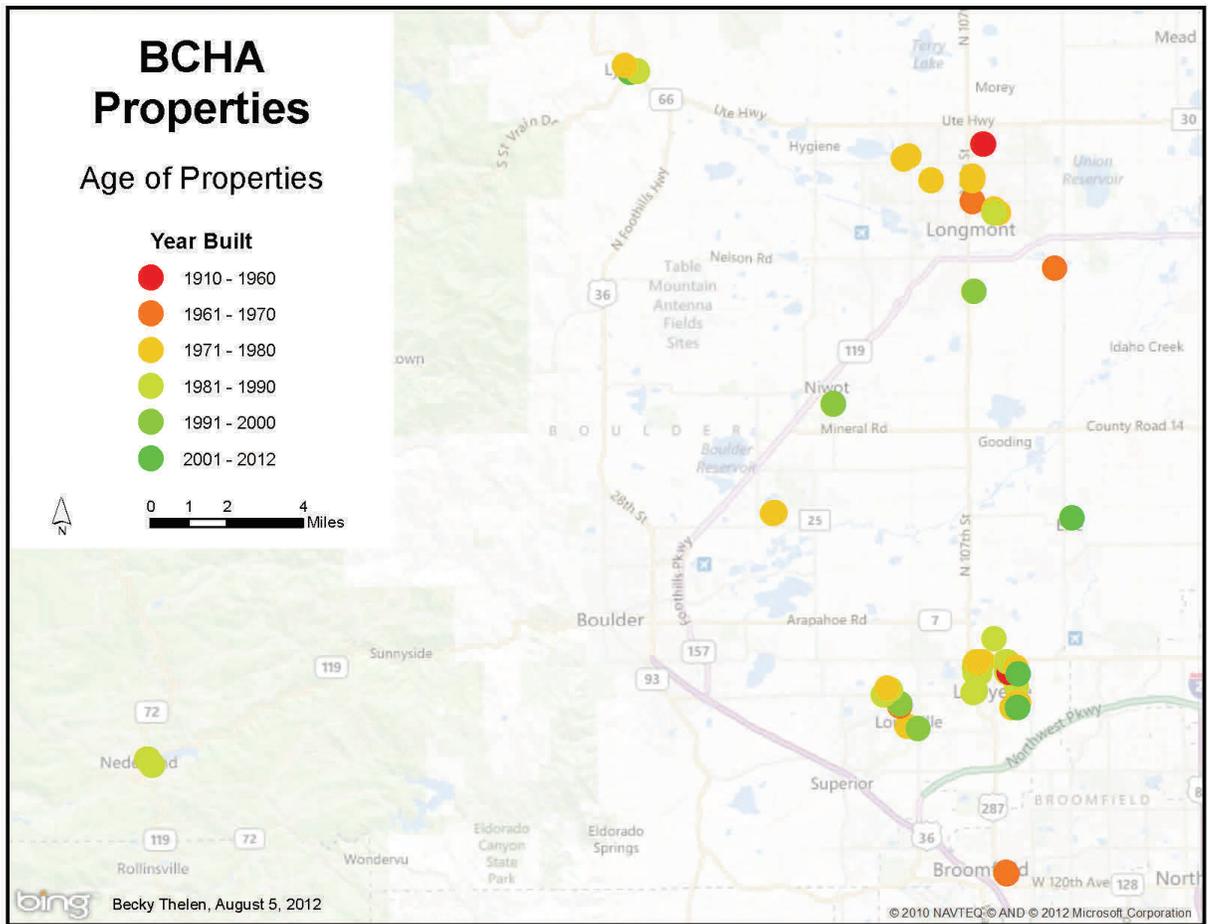
BCHA Affordable Housing Inventory

Bedroom Size, County-Wide



BCHA Affordable Housing Inventory

Age of Properties, County-Wide





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HOUSING & HUMAN SERVICES ADVISORY COMMITTEE MEETING

Thursday, October 17, 2013, 8:30 – 10:00 a.m.
DHHS Kaiser Building, Large Conference Room, 2525 13th Street

- I. **Approval of Today's Agenda**
- II. **Approval of minutes from August 15, 2013 meeting**
- III. **Matters from the committee members for consideration**
- IV. **Flood response and recovery Update**
 - a. Resource coordination across the community
 - b. What are you hearing as unmet needs?
- V. **Circling Back: Next major initiative - Health Care Reform:** generating healthy communities by co-creating solutions for multi-dimensional family and socio-economic challenges and opportunities.
 - a. Update from Frank on Health Care Exchange and Medicaid Expansion progress thus far:
 - b. Action Item: Continued work and ultimate agreement on work plan to drive this initiative. See attached draft.
 - i. Need agreement on task leads, timelines and prioritization of work plan.
 - ii. Additional messaging ideas
 - iii. Additional outcomes
- VI. **Additional Members Discussion**
 - a. Current HHSAC members consider inviting colleagues to help with this next major initiative; what kinds of backgrounds should these new members have?

VII. Community Feedback

VIII. Next Meeting: TBD—Thanksgiving holiday, traditionally do not have a meeting in November.



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Draft HHSAC Healthcare Reform work plan

Outcome of the Committee's work—Help people understand and embrace that getting Boulder County residents enrolled in health care is a very positive thing, that access to prevention will be greatly enhanced, and that we are all helping build a *stronger* community.

Specific Tasks:

1. General Community education/awareness

- **Committee Lead(s)**
- **Timeline:**
- **Specific Action Items:**
 - Op-Ed pieces in both major papers –sets the stage for here's what we're doing for federal health reform, we don't have all the answers yet;
 - Creation and dissemination of success stories
 - Discuss and identify ideal outcomes (materials to be published, presentations to be created and scheduled, campaigns to be organized, etc.)
 - Decision on how to market and approach health reform—side project with Pivot?
 - Front Page story in the times call/with stories, when we are able to take application (mid-October). Households are going to receive letters soon.

Some messaging to be used: Targeted, smart investments:

- Secures prevention, more than anything
- Massive expansion, bubble penetration people

- Here to January 1, tied to Health Care Reform
- \$80-100 million economic impact to the community annually.

2. Community partner education

- **Committee Lead(s)**
- **Timeline:**
- **Specific Action Items:**
 - Support for touch points in the community. Create a talking points document to help educate staff who touch clients
 - Work with DHHS outreach team to educate community partners

3. Focus groups with various stakeholders to raise awareness: **Is it still prudent to bring focus groups together?

- **Committee Lead(s):**
- **Timeline:**
- **Specific Action Items:**
 - Focus groups with consumers
 - Focus group with partners at the Community Foundation – Elvira
 - Focus group at hospital – Laura
 - Dalia – focus group with Latino clients who are going to be eligible. Would love to have one here in Boulder (where Latinos are invisible).
 - Help us ascertain how the Spanish speaking population would best be informed of the needs from a flood recovery aspect and from a health care aspect.



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HOUSING & HUMAN SERVICES ADVISORY COMMITTEE MEETING

Thursday, August 15, 2013, 8:30 – 10:00 a.m.
DHHS Kaiser Building, Large Conference Room, 2525 13th Street

Present: Dan Thomas, Elvira Ramos, Simon Smith, Ernie Villany, Penny Hannegan, Laura Kinder, Heather Balser, Dalia Dorta, Frank Alexander, Jim Williams

- I. **Approval of Today's Agenda**
- II. **Approval of minutes from June 20, 2013 meeting**

Approval of minutes from June 20th: Penny – Clarification – will Boulder County be the regional hub for 80% of the population? Yes. Minutes approved without amendment.

- III. **Matters from the committee members for consideration**
- IV. **Next major initiative - Health Care Reform:** generating healthy communities by co-creating solutions for multi-dimensional family and socio-economic challenges and opportunities. **Brainstorm and agree to specific outcomes for the committee's work, discuss a work plan to drive this next initiative.**
 - a. **Community messaging around health care reform:** *Outcome*—Help people understand and embrace that getting Boulder County residents enrolled in health care is a very positive thing, that access to prevention will be greatly enhanced, and that we are all helping build a *stronger* community.
 - i. Support the current marketing and outreach work led by Jim Williams and created by Pivot Communication
 - ii. Create a **specific community messaging** plan
 1. Focus groups to determine best approaches?
 2. Create and disseminate success stories
 3. Create and publish Op-Eds
 4. Messaging: Targeted, smart investments
 - a. Secures prevention, more than anything

- b. Massive expansion, bubble penetration people
 - c. Here to January 1, tied to Health Care Reform
 - d. \$80-100 million economic impact to the community annually.
5. End product?
- a. Discuss and identify ideal outcomes (materials to be published, presentations to be created and scheduled, campaigns to be organized, etc.)
 - b. Decision on how to market and approach health reform—side project with Pivot?
 - c. **Huge: Front Page story in the times call/with stories, when we are able to take application (mid-October). 30 K households are going to receive letters this week.

HHSAC Discussion:

- Next major initiative: last couple of months big discussions about federal health reform and the committee's part in what we're doing. WE sat with it last month and it felt like it could easily be this committee's primary task for the next 6 months, then transition into another phase. We'll also have planning around Alkonis land which will be important to this committee. We felt that you all could contribute to this safety net discussion. Many different communications and collaborations that will be happening. Must be delivered really well. Our proposal to you: have you think about it and see if it resonates with you. Powerpoint and then list of ideas and options for areas of support.
- Dan – probably most important political thing the department has had to deal with; a hot potato?
Frank – yes from a national perspective, less so in Colorado. Healthcare sector is pretty aligned in their support for this. Certainly one of the biggest projects we've taken on, but we've not been "fired at" over this.
- Dan – is our charter to advocate for ACA or implement what's been passed down? Would hate to see dept get tainted with any of the negatives.
- Elvira – I was thinking the same thing – helping people understand and embrace ACA.
- The way we send the message out could help diffuse opposition.
- Ernie- are beneficiaries of ACA folks who have been previously served by DHHS? Both – population of potential Medicaid patients who can be newly helped. Frank – there are a number of folks who've already touched our services who are also in that uninsured category and will now be eligible for one of the exchange products. We're not advocating for the ACA, we're advocating for preventive care is good, lack of healthcare coverage is bad. Beating the bushes for taking care of our Boulder County residents who need help; a new service that's available. Tie folks to the best assistance they can receive for healthcare. Penny – this initiative is related to the DHHS mission. "Dedicated to supporting and sustaining healthy communities."
- You may have pulse of parts of communities who may be concerned about this. Some states have decided to not expand Medicaid; Colorado is not one of them. Hospitals drove a lot of this even before ACA (AwDC single adults without care, etc.). Frank – controversy can't derail the implementation requirements that we have to handle. We're trying to take the momentum and use a lot of the same language. Community development – integrated well developed system that gets people basic access to services far earlier in their systems – cheaper outcomes, better healthcare outcomes. Good economically for community, good for people's health. Our community tends

to understand these concepts; we're hoping to wash away the controversy by showing benefit to the people here.

- Toward what end to change someone's mind? Frank – for many reasons; large barriers to help are community stigma which forces more siloes. Siloes don't solve problems necessarily. May be more comfortable initially, but from well-organized safety net system it's the integration of these services that's important. **This is a huge tangible project that builds on all the work we've already been doing.**
- This is a part of raising the entire community.
- As a committee, we want you to determine how much you want to do. Behind the scenes, out in front work.
- So much confusion in public about what this means to everyone. Coordinated roll-out state and counties? We and our community partners will be counted on more than the state or national portals. 75% of people who are eligible want to talk to someone in person. They'll need that sense of comfort. We'll want people to get their answers quickly and trust them.
- Ernie- different outposts throughout county to get info? Frank – yes and they'll also be funneled into one place. We've met with clinics and hospitals and Dental Aid about data-sharing agreements. The majority of the folks without insurance have already touched medical providers. We're working on a data-driven process in relation to this. Planning who should be out-stationed where. Trying to get as much of this automated as possible; working out of different agencies.
- Elvira- when do you see the more intensive campaign for the safety net beginning? TSN ballot? If that decision is made it will be next spring (for the 2014 ballot). We'll be done with the first healthcare enrollment push.
- Longmont/Boulder cuts in human services; nervous people in non-profit community. And many of their staff are the ones who need to be touched by this (have to include health insurance for all our staff). Laura: Go to them first: let's get your staff enrolled. Boulder Humane Society staff? They have part time staff, a nonprofit like that. Frank – we're not the small business "SHOP" educator for small businesses' employee bases.
- Nonprofits seem nervous about signing people up. Inform them who do they go to. How might this impact their staffing at a time they're looking at funding cuts?
- Penny – lead focus groups around this, including one on service providers.
- They can be the mouthpiece for embracing this for their own constituents.
- We've met with safety net providers to talk about what we're planning. This is the core group, but not all nonprofits. Feedback they've given you? Frank – it's been very positive; people don't know how big it will be, we've been trying to get ahead of it (data-sharing and targeted outreach); difficult to manage if you're contemplating an individualized approach to enrollment.
- Most folks doing proactive outreach in Colorado? No. Advertising is the primary outreach approach: ring the bells, have a call center. Not necessarily strategic. Illinois strategy to auto-enroll food assistance clients not on med. **Good positive them that Boulder County is on leading edge of proactive outreach for this big initiative.**
- Postcards – "endorsed by" – hospital, foundation logos, safety net non-profits. Identify our materials in this way. Will help with differentiation from other materials people will receive. Show cohesiveness in community.

- Simon – I'm really in the weeds on this, I'm looking at some of our data on this. Frank is right that there's not a lot of outreach except at community healthcare level. We've tried to drill down into our data to determine eligibility, and now we're talking about how best to reach them. 3,000 for Medicaid expansion, 2,000 for exchange – eligibility amongst our clients. Pre-populated forms from county or through us? Follow up to be seen here or somewhere else? We host navigators here and schedule clients to meet with them? I'm optimistic about how we'll outreach to many of these patients. Still many unknowns. Application hasn't yet been finalized. Hard to plan around this. New systems implemented without testing on Oct. 1. Reassuring that our county is probably more prepared than other counties in our state.
- CBMS not used for eligibility? It's actually one of the most comforting things we have. But risk for duplicate data entry, etc. Turn chaos into a few consolidated efficient steps. CBMS is where we will process the Medicaid. We're doing the same analysis Simon is doing using our data from CBMS. We're trying to organize outreach so people get the same messages, same contact info.
- 16 insurance providers offering over 100 options through the exchange.
- Clients can go to hospitals, clinics to get forms to apply for exchange/expansion.
- Dan – we're okay with this being our focus. Penny – what do you want from us? Frank - Work with the community to back us out of this (weeds).
- Help us with: "This isn't going to resonate, people need to hear language like this, how will we address concerns in specific communities?" We don't want people to end up lost, confused, in fraudulent situations, tied up in data systems, just overwhelmed so they decide not to do anything about it. Penny – the one door approach is a good message for this. You'll end up in the same place regardless of where you go in. People can end up at either portal (Medicaid or Exchange). We want to get them straight into CBMS and process them. We'll be making decisions in September based on how finalized the systems are. The public won't see differences.
- We were at 17,000 Medicaid enrollees in 2008; we've already done this once.
- Focus groups or education sessions for partners, service providers (more of a training)
- Frank - Word of mouth on the street – potential for misinformation, but also potential for spreading the right info. Any way the community can help organize itself. Social media, normal media, word of mouth.
- Laura – important to have apps with logo. Can we brand any communications as "the official state designated agency?"
- Simon – many of our clients are active on the CACP program; they're comfortable hearing from us, they'll be confident hearing from us. DHHS can support Simon's team on being the point people there. Penny – our staff need to be educated about what to say to people in application processes.
- Focus groups with consumers
- Focus group with partners at CommFound – Elvira
- Focus group at hospital – Laura
- Simon – most important to focus on community organizations – 10 talking points, show clients an example of the letter

- Dalia – focus group with Latino clients who are going to be eligible. Would love to have one here in Boulder (where Latinos are invisible).
- Root Causes – collection of about 8 nonprofits meeting to learn about engaging constituents with advocacy – safety net is one of the two issues they’ve identified
- BCH – meeting of stakeholders on Aug 19th. Talk to Ron and get list of invitees.
- How do you gain people’s trust in these communications?
- Raising the community awareness and clarifying the process
- Op-Ed pieces in both major papers –sets the stage for here’s what we’re doing for federal health reform, we don’t have all the answers yet;

V. Additional Members Discussion

- a. Current HHSAC members consider inviting colleagues to help with this next major initiative; what kinds of backgrounds should these new members have?

VI. Community Feedback

VII. Next Meeting: September 19, 2013 (this meeting was canceled due to flooding)



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HOUSING & HUMAN SERVICES ADVISORY COMMITTEE REGULAR MEETING

Thursday, November 21, 2013, 8:30 – 10 a.m.

DHHS Kaiser Building, Large Conference Room, 2525 13th Street

- I. Approval of today's agenda**
- II. Approval of minutes from October 17, 2013 meeting**
- III. Matters from the committee members for consideration**
- IV. Flood response and recovery update**
 - a. Accelerated housing plan: Update from Norrie Boyd, DHHS senior planner around Aspinwall, Alkonis planning process (Louisville property), and opportunities for development in Lyons
 - i. Construction, rehabilitation, education (foreclosure prevention, budgeting, etc.)
 - b. DHHS recovery work plan
 - i. Infrastructure is in place for those affected. DHHS is well positioned.
 - ii. DHHS swim lane
 - c. Long-term recovery committee
- V. Health care exchange and Medicaid expansion update**
 - a. DHHS data to date
 - b. Bi-lingual outreach focus groups: target of December. Dalia, Elvira, Jim.

VI. Introduction of 2014 planning calendar

- a. Will guide committee's work for the year
- b. DHHS Vision Document: We are working on linking the DHHS vision to the committee's work and to the community's work in a more clear way.
- c. **Change in meeting date: meetings will move to the last Tuesday of the month at 8:30 a.m.

VII. December 2013 meeting

- a. Need date and time for meeting



Department of Housing & Human Services

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Hope for the future, help when you need it.

HOUSING & HUMAN SERVICES ADVISORY COMMITTEE MEETING

Thursday, November 17, 2013, 8:30 – 10:00 a.m.
DHHS Kaiser Building, Large Conference Room, 2525 13th Street

Present: Dan Thomas, Elvira Ramos, Simon Smith, Ernie Villany, Penny Hannegan, Laura Kinder, Dalia Dorta, Frank Alexander, Chris Campbell, Jim Williams

- I. Approval of Today's Agenda**
- II. Approval of minutes from August 15, 2013 meeting**
- III. Matters from the committee members for consideration**

Flood response and recovery Update

- a. Resource coordination across the community
- b. What are you hearing as unmet needs?

- Our basic process has been that we began on September 11, staffing the EOC and ESF 6, shelter and mass care role. We were focused on this and continue to be focused on this role. This ran 24/7. Along with this role, we opened the Dept. Operations Center with 24/7 operations—policy and operations needs are coordinated out of the DOC. Other counties supported us with the emergency response role.
- At the same time of handling the emergent needs, we begin to transition to longer-term housing. We then opened the DACs—widely successful, 4000 folks came through. We organized and created the intake process to help folks access the resources they need. Moved DHHS staff back to our offices, asked folks to come to our sites for assistance. Also set up mountain DACs—Jamestown, Nederland, Lyons.
- Now transitioning into recovery phase. The emergency needs are covered in our assessment—risk point of people being homeless, with family, friends, hotels, other apartments. FEMA has picked up a very large chunk of the funding--\$23 million to BOCO residents already. What are the longer term recovery strategies needed to be addressed—growing unmet needs. We know that a lot of low income families have been hit disproportionately—2 Longmont mobile home parks, 2 in Lyons, (estimation 70% are mobile homes). Cannot place any housing units back in the flood plain—struggling to find new sites/pads



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- Update from Elvira: Foothills United way funds, Lyons flood relief fund (per Elvira). Jamestown recovery as well—bike ride to raise money. Boulder County Arts Alliance is helping the various artists and musicians--\$25k. Longmont Humane Society and Boulder Human Society took a large hit—concerned about this. Concerns about landlords raising rents to cover damages. Housing stock is clearly low and highly impacted. Other concerns about domestic violence situations. Dan: general question—communications/collaboration between agencies? This is still a challenge.
- Communications between state agencies – many people touching the same issue in many ways. Working on long-term recovery collaborative group structure. Will need to be more coordinated as we get more strategic about the needs. Less the emergency cash response and now the rebuilding questions. We’ve still been in the place of stabilizing people.
- Folks working on recovery issues are looking to the county. #s of structures damaged/destroyed. Still many national groups here and this makes it complicated.
- Penny – we get the collateral damage – new Section 8 vouchers have been issued, but there’s nowhere to go. Some landlords have cut their rates, others have doubled or tripled them.
- Laura – for LUH, we raised \$65k; large impact of housing on our staff – 50 to 60 employees.
- We might be looking at a spike in diseases in the weeks/months ahead.
- Elvira – very impressed with how quickly the shelter was set up, food delivered.
- Laura – impressed with how quickly they opened up Boulder Canyon, impacts on mountain communities.
- Frank - We’re lucky to have the infrastructure that we have here in Boulder County. Problems are seen, not always the solutions that are put in place.
- How do you keep moving forward, strengthen relationships and partnerships, build what you want going forward? Don’t want to waste this moment.
- Our plan going forward:
 - Strengthen community partnerships
 - Release more money to nonprofits
 - Make sure people are getting food, financial, healthcare assistance they need.
 - Accelerate long-term housing construction and planning
- No longer time for debate over whether we need to be prepared for major disasters.
- Ernie: Louisville in a parallel universe, because it bypassed us. Must deliver message to people who weren’t affected by the flood. They may not be as receptive to planning/release of funds. Laura – videos can help, like the one from Jamestown. South and west Longmont are devastated. Creating awareness.
- Our job is to not let people forget the importance of the planning.
- What’s required of us and our role in the community:
 - Access to healthcare, food assistance, stabilizing resources; committee – messaging to the community, less of a stigma, come to us. Momentum available with healthcare reform – access to adequate prevention services. Need to keep people from falling deeper into crisis due to the risks that result from a disaster.
- Rehab and safety in existing housing stock, and planning around long-term housing stock has to accelerate. We need to build an affordable housing project outside the flood plain in Lyons on an accelerated timeline.



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- How to spread the word
- What tools could they use?

V. Circling Back: Next major initiative - Health Care Reform: generating healthy communities by co-creating solutions for multi-dimensional family and socio-economic challenges and opportunities.

- a. Update from Frank on Health Care Exchange and Medicaid Expansion progress thus far:
- b. Action Item: Continued work and ultimate agreement on work plan to drive this initiative. See attached draft.
 - i. Need agreement on task leads, timelines and prioritization of work plan.
 - ii. Additional messaging ideas
 - iii. Additional outcomes

- Focus groups, accessibility issues, reaching out to the Latino Community, who is accessing what kind of services. Amistad, El Comite, CIRC, just starting El Promotores program at a critical point now. The DACs asked for SSN and that did scare some folks in the DACs. El Comite was bussing folks to the DACs with translators to help folks.
- Latino Age Way/Rose Community Foundation put out funding for the El Promotores program. Promoters program. Bridge between the Elder Latino Community and service providers. 14 agencies participating—mental health, others. Grass roots program. People over 55 within the community, know the community. Group is really committed and involved in the community.
- Dan: given what I heard, affordable housing issue. Are we telling folks there is a plan in place? Not quite yet, not in a place to set those expectations. Need to have a better sense of needs. Almost there in terms of timeline. Multiple phases of communications. If people have to relocate for longer than 3-6 months, they may not return to their community. BCHA has to relocate 30 folks—low income, very vulnerable. They will be returning.
- Now that we are out of the crisis mode—change paradigm on how we create housing stock. Bring the housing groups together to contemplate these projects. Politicians, funders, developers, etc. need to come to the table.
- Input on the health access materials—update from Jim. Open enrollment began on October 1st. The data has been interesting. Now a whole lot of applications—300 statewide for the new exchange products. 162,000 visitors to the website. Feel ok with the Colorado launch, even though the numbers are low.
- Simon, doing specific outreach to their Medicaid eligible—360 through PEAK. 69 through the exchange. Anecdotally, folks are unable to afford the plans and stop there.
- Jim, the benefits of preventative care. Reaching those audiences that are less reachable. Have we reached those populations that need to be reached? Some of the materials are general education from the Piton Foundation. Goal was create general materials to prompt people to think about their own need for healthcare. Available in Spanish? Other material are the Connect 4 Health materials—Health Insurance marketplace.



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- At some point, we are want to go out into the community and hold some discussions with clients. What do folks need to see? Goal, set some projects for some of this. \$25,000-\$35,000 earnings, lot of folks that this would benefit. “If I get health insurance, could I go to the doctor”? Simple questions like these we could answer.
- Need to remember the Medicaid eligible families/individuals as well?
- Kids who are CHP+, families are not eligible.
- Feedback on the presentations to staff who interface with clients—to fast and too much detail.
- The Piton Foundation materials are very friendly. Use this approach. Simplify the approach to getting the word out. Simon—CICP, indigent care program, when they look at a heavily subsidized payment, still a lot of money. Why would I do this? How do we get the message out that this could drag you down—bankruptcy, etc.
- Jim will send the materials to the Committee, along with the Spanish materials.
- Laura, hearing that there are some concerns around navigators, breaches of confidentiality, scamming, etc. The way we are trying to deal with that, the network in Boulder County is very trusted.
- First wave of Data driven, pre-populated apps will go out next week. 6,000 applications. Ernie, is there any thing that is coming out that will change our approach. Change in income verification. Pretty tight already on our end.
- Elvira—press release from the County on this? Need to revisit. Op Ed on the both the flood response, and the healthcare reform launch. Dahlia, translated pieces doesn’t make the information get any better-still confusing. Need to be culturally sensitive to how the message to the Latino/a community. Accessing something that has not been accessed before.
- Need to get the young groups as well—Latinos/as. You can go to the Doctor, you have insurance. Better messaging. De-stigmatization, accessibility.
- Importance to ensure the network is on the same page—do we do a common, community planner on this? “Ask me about healthcare”. Provider could be last.
- This is the number one thing that people are calling about to our call center.
- Penny: resident newsletter. Something we could add here? Send Gabriela
- Op Eds: Healthcare related story that one of the Committee would be willing to tell? A compelling story that would be willing to tell. Penny’s assistant? She will ask her. Laura will ask as well. 50% of Simon’s Board is consumers—
- Ernie—Latino Chamber of Commerce: Help spread this information. Helping support them. What information he could convey, how to spread the word. Focus group?
- Peace of Mind.

VI. Additional Members Discussion

- a. Current HHSAC members consider inviting colleagues to help with this next major initiative; what kinds of backgrounds should these new members have?

VII. Community Feedback

VIII. Next Meeting: TBD—Thanksgiving holiday, traditionally do not have a meeting in November

DHHS Flood Recovery Work Plan



Family & Children
Services



Housing



Food
Assistance



Financial
Assistance



Elder
Services



Health
Coverage



Education &
Skill Building



BOULDER COUNTY
**HOUSING
& HUMAN
SERVICES**



DHHS Flood Recovery Phase High-Level Project Structure

Swim Lanes

Benefits / Emergency Assistance

LEAD: Lorraine Archuleta
DHHS Community Support
Food
Cash Cards
Medical Care Access

Call Center Support

LEAD: Chris Saunders
DHHS Business Operations & Systems Support
Portal to all DHHS Programs/Services

Foreclosure Prevention

LEAD: Tonja Ahijevych
Counseling services

Short-term Planning & Developing Housing Structures

LEAD: Suzie Strife
Identification of Pads, short-term housing solutions

Flood Recovery Resource Navigation

LEAD: Angela Lanci-Macris, Sarah Buss
DHHS Case Management / Community Outreach
FEMA TSA Coordination & Operations Liaising
Flood HSP Referrals & Temporary CM
Mountain Community Coordination
Housing Location Services

Housing Rehabilitation Needs

Flood Rehabilitation
LEAD: Chris Wiegand & Aaron Martinez (DHHS Housing)

Emergency Winterization/CIP Ops

LEAD: Aaron Martinez (DHHS Housing)

Long-Term Housing Planning & Development

LEAD: Frank Alexander, Jeremy Durham, Norrie Boyd (DHHS Housing)
Land Acquisition
Accelerated Development Projects
Funding Planning
New Project Construction

DHHS Flood Recovery Work Plan



Recovery Objectives & Assignments	1. Incident Name 9/11/2013 Boulder Flood	2. Date Prepared 10/14/2013	3. Time Prepared 8:00
4. Operational Period (Date and Time) 14-Oct-13 until needs are met			
5. General Control Objectives for the Flood Recovery			
1	Maintain an ongoing common operating picture from which all partners can operate. This includes the latest data associated with FEMA and other damage assessments, coordinated with DAC data, land use and other County entities	Lead Staff Chris Campbell/Jim Williams/Jason McRoy	
2	Continue to provide on-going emergency and stabilization services to residents impacted by the flood, including rental assistance, hotel vouchers, food, medical care, mental health services, etc.	Lead Staff Angela Lanci-Macris/Lorraine Archuleta	
3	Maintain Lead Housing Team to coordinate the transition to long-term and short-term housing development and rehabilitation	Lead Staff Frank Alexander/Jeremy Durham/Norrie Boyd	
4	Develop a standardized case management, referral and resource linkage plan that incorporates all partners conducting case management through community collaboratives	Lead Staff Sarah Buss/Angela Lanci-Macris	
5	Establish a coordinated financial funding plan to meet assessed needs of individuals and the community as damage assessments become more detailed and community plans coalesce.	Lead Staff Frank Alexander	
6	Establish and Participate in a Long-Term Recovery Group Committee that unites efforts from the private, nonprofit, and governmental sectors within Boulder County	Lead Staff Frank Alexander/Angela Lanci-Macris	
6. Work Assignments			
1	<i>Maintain an ongoing common operating picture from which all partners can operate.</i>	Completed (Yes, No, In-Progress)	Staff
Tasks	Develop, update, and work from a consolidated damage assessment and needs assessment and recovery data	In-Progress	Frank Alexander
	Determine a common operating framework that includes damage assessments, needs assessments, financial assistance and DAC and community support.	In-Progress	Marcelo Ferreira (OEM) and Jason McRoy

DHHS Flood Recovery Work Plan



Hope for the future, help when you need it.

	Communicate and work with all relevant agencies and departments	In-Progress	All-staff
2	<i>Continue to provide on-going emergency services to residents impacted by the flood.</i>	Completed (Yes, No, In-Progress)	Staff
Tasks	Continue to provide emergency food assistance, cash cards for donation, medical care access.	In progress	Lorraine Archuleta, Angela Lanci Macris
	Maintain awareness of current FEMA TSA program status and status of proposed programs (i.e. Mobile Housing Units) and coordinate any additional needed rental assistance or hotel vouchers.	In progress	Angela Lanci Macris, Sarah Buss
	Determine current and future needs and allocations for charity, financial and food assistance, and provisions, such as tools and cleaning supplies	In progress	LTRG representatives
	Continued support for emergency mitigation		
3	<i>Establish a Lead Housing Team to coordinate the transition to long-term housing needs</i>	Completed (Yes, No, In-Progress)	Staff
Tasks	Develop objectives and tasks		
	Create short-term and long-term plans for addressing housing needs: Projects--land acquisition, acceleration of current development project pipeline, funding planning, new projects for construction	In progress	Frank Alexander, Jeremy Durham, Norrie Boyd
	1. Current projects underway to add to housing stock: Aspinwall--95 units of rehab, 72 new construction (absorption beginning May 2013)	In progress	Norrie Boyd, Erin Ganser, Jim Wilson
	2. Current DHHS Pipeline: new development to meet post-flood housing need: Alkonis in Louisville 3. Flood-affected mountain areas replacement housing Lyons Jamestown Nederland	In progress: Alkonis and Lyons To Be Determined: Jamestown and Nederland	Lead on Alkonis: Norrie and Erin Leads on Lyons: Frank and Jeremy

DHHS Flood Recovery Work Plan



4	CIP, Emergency Winterization, and Expansion of Housing Rehab program. 1. Define scope of program expansion (Aaron/Chris). 2. Define eligibility parameters (Aaron/Chris) 3. Determine funding (Frank/Aaron)	In progress	Aaron Martinez, Chris Wiegand, Frank Alexander
	<i>Develop a standardized case management, referral and resource linkage plan that incorporates all partners conducting case management</i>	Completed (Yes, No, In-Progress)	Staff
Tasks	Assess, prioritize and develop a plan for implementing case management, while incorporating partners (i.e. Red Cross & FEMA & Community Partners)	In progress	Angela Lanci Macris, Sarah Buss
	Identify case management gaps and solidify existing resources.	In progress	
	Establish liaisons to impacted communities	In progress	
	Hire, train, and deploy DHHS Resource Coordinator and Navigator(s)	In progress	
5	<i>Identify mutually shared funds and establish a coordinated financial plan to meet assessed needs of the community once a comprehensive assessment becomes available.</i>	Completed (Yes, No, In-Progress)	Staff
Tasks	Communicate and work with all relevant agencies and departments	In-Progress	All-staff
6	<i>Establish and Participate in a Long-Term Recovery Group Committee that unites efforts from the private, nonprofit, and governmental sectors within Boulder County</i>	Completed (Yes, No, In-Progress)	Staff
Tasks	Determine DHHS membership on committee	In-Progress (Frank and Angela)	Frank Alexander, Chris Campbell, Sarah Buss, Angela Lanci Macris, Marcelo Ferreira (OEM)
	Determine common vision, goals, and objectives for DHHS to participate in the LTRG	In-Progress (Frank and Angela)	

DHHS Flood Recovery Work Plan



Establish an information sharing system amongst OEM and within DHHS	In-Progress	Jason McRoy (SharePoint site), Marcelo Ferreira (OEM, LTRG), Angela, Sarah (DHHS)
Determine, coordinate and execute mechanism for communicating with residents		Jim Williams
Communicate and work with all relevant agencies and departments	In-Progress	All-staff
7. General Situation Summary		
<i>Description</i>	<i>Link</i>	
FEMA Update	http://www.fema.gov/disaster/4145	
FEMA Evac Hotel List	http://www.femaevachotels.com/	
FEMA Housing Portal	http://asd.fema.gov/inter/hportal/home.htm	
Volunteer & Donations	http://www.helpcoloradonow.com/	
8. Resource Links		
<i>Description</i>	<i>Link</i>	
Boulder County Flood Information	http://www.bouldercounty.org/flood/pages/default.aspx	
How Do I Help After A Disaster	http://www.fema.gov/help-after-disaster	
FEMA - Housing Needs FAQ	http://www.fema.gov/do-i-qualify-housing-needs-assistance	
FEMA - TSA Fact Sheet"	http://www.fema.gov/public-assistance-local-state-tribal-and-non-profit/recovery-directorate/transitional-shelter	
SBA - Assistance Fact Sheet	http://www.sba.gov/sites/default/files/CO%2013768%20Fact%20Sheet%20w%20amendment%203%20%28Presidential%29.pdf	
SBA - Loan Navigation	http://www.sba.gov/category/navigation-structure/loans-grants/small-business-loans/disaster-loans	
CDBG Toolkit	https://www.onecpd.info/resource/2853/cdbg-dr-toolkits/	
9. Attachments (check if attached)		
x	Communications List	
x	Situation Status	
x	Organizational Chart	

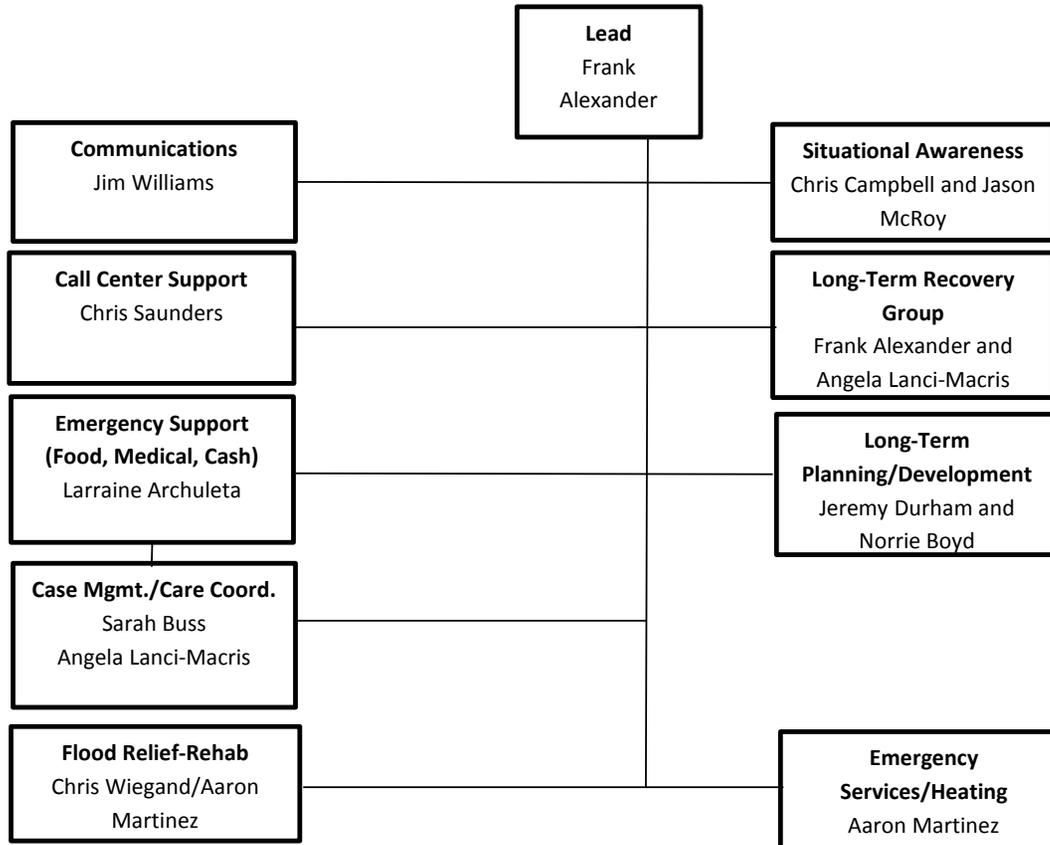
DHHS Flood Recovery Work Plan



Hope for the future, help when you need it.

Organization Chart	1. Incident Name 9/11/2013 Boulder Flood	2. Date Prepared 10/14/2013	3. Time Prepared 8:00
4. Operational Period (Date and Time) 14-Oct-13 until needs are met			

Organizational Chart
Leads in Key Areas



DHHS Flood Recovery Work Plan



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Initial Damage Assessment

Over \$10 k in damage	Estimate	Total Cost	Cost Per House
Boulder	216	\$4.6 million	\$21,297
Jamestown	21	\$1.068 million	\$50,857
Longmont	162	\$2.97 million	\$17,784
Lyons	94	\$3.503 million	\$37,265
	493		
	524 (assessors #, accelera database)		



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DRAFT 2014 HOUSING & HUMAN SERVICES ADVISORY COMMITTEE PLANNING CALENDAR

November 21, 2013

- Flood response and recovery
- Healthcare exchange and Medicaid expansion
 - Discussion of upcoming health coverage expansions focus groups
- Introduction and discussion of 2014 planning calendar

TBD December 2013

- Overview of DHHS Budget
 - DHHS Budget Book
 - New DHHS Finance Division Director Introduction: Will Kugel
- Fiscal Leveraging/Mega Contract update: Melissa Frank Williams
- Health Care Focus Groups
 - Extended December Meeting for focus group (Dahlia Dorta, Elvira Ramos, Jim Williams)

January 28, 2014

- Introduction of the Generative Model Framework

- Implications of the framework for the committee's work
- Vision Document Draft for review and discussion

February 25, 2014

- Extended meeting for focus group work: TOPIC: DHHS Vision Document

March 25, 2014

- Final DHHS Vision Document
- Targeted recruitment of new committee members:
 - Senior executives
 - Other CBOs
 - Hospitals and School Districts

April 29, 2014

- TBD

May 27, 2014

- TBD

June 24, 2014

- Extended meeting for focus group work: topic TBD

July 29, 2014

- Year-to-date financial update

August 26, 2014

- TBD

September 30, 2014

- TBD

October 28, 2014

- Extended meeting for focus group work: topic TBD

December 9, 2014

- TBD

DRAFT



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HOUSING & HUMAN SERVICES ADVISORY COMMITTEE REGULAR MEETING

Thursday, December 19, 2013, 8:30 – 10 a.m.

DHHS Kaiser Building, Large Conference Room, 2525 13th Street

- I. Approval of today's agenda**
- II. Approval of minutes from November 21, 2013 meeting**
- III. Matters from the committee members for consideration**
- IV. Latino task force community assessment report/proposed joint meeting:**
 - a. Potential March meeting with Latino Task Force Board, DHHS Advisory Committee, DHHS Staff to discuss this assessment's findings and how we can do things better with these community members
- V. DHHS Finance focus**
 - a. New DHHS Finance Division Director Introduction: Will Kugel
 - b. 2014 BCHA and DHHS budgets
- VI. Flood response and recovery update**
 - a. Accelerated housing plan: Update from Frank around Aspinwall, Alkonis planning process (Louisville property), and opportunities for development in Lyons—see attached Power Point
 - i. Construction, rehabilitation, education (foreclosure prevention, budgeting, etc.)
 - b. DHHS recovery work plan
 - i. Infrastructure is in place for those affected. DHHS is well positioned.

- ii. DHHS swim lane
- c. Long-term recovery committee update

VII. Health care exchange and Medicaid expansion update

- a. Update of outcomes from the bi-lingual outreach focus groups (December 6, 2013): Dahlia, Elvira, Jim.

VIII. Introduction of 2014 planning calendar

- a. Will guide committee's work for the year
- b. DHHS Vision Document: We are working on linking the DHHS vision to the committee's work and to the community's work in a more clear way.
- c. **Change in meeting date: meetings will move to the last Tuesday of the month at 8:30 a.m.

IX. Next meeting

- a. **Tuesday**, January 28, 8:30 a.m. Kaiser Large Conference Room, 2525 13th Street, Boulder.



2013 BOULDER COUNTY LATINO COMMUNITY ASSESSMENT



Latino Task Force
of Boulder County

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WELCOME!

It is with gratitude and honor that the Latino Task Force presents the 2013 Latino Community Assessment. First and foremost we want to thank the Latino community whose strengths and challenges inspired and motivated us to share this assessment with the rest of Boulder County. This assessment could not have been conducted without the support of funders such as The Community Foundation Serving Boulder County, Boulder Valley and St. Vrain Valley School Districts, and several other institutions and individuals who believed in the value of this Assessment.

The Latino Task Force of Boulder County is a volunteer-run organization. Board members and volunteers contributed countless hours to raise funds, conduct surveys and focus groups, then compiled the data and wrote the report. A very special thank you to the research firm PrimeTime whose guidance and expertise helped make this assessment possible. This report is a labor of love and commitment. During this process it was clear that we have strong Latino leaders, both young and old, and a desire from the Latino community to be engaged and be at the table to represent their community.

Members of the Latino community, although they may share a common culture and language, are, in fact, very diverse. Latinos come from many different countries though many were born and have their roots in the United States. An important fact, not recognized by many, is that 43% of Latinos living here were born in Boulder County, a fact not recognized by many. Latinos are strong economic partners who constitute a critical part of the workforce, are business owners, pay taxes, and buy local goods. Yet, the community is faced with challenges such as poor working conditions, non-payment of wages, and inequitable pay.

Among the strengths identified in the Survey are the involvement that Latinos have within the larger community and their commitment to community. The gift of diversity gives us not only an additional language, but new foods, arts, culture and perspectives. It has given Boulder County the opportunity to expand perspectives, and to build relationships and bridges that can make Boulder County richer making it a community that is inclusive and embracing for all its members.

For over a decade The Latino Task Force of Boulder County has worked to honor Latino culture and help shape the future by building capacity and highlighting the assets within the Latino community. We are thankful to all of those that assisted in the completion of the 2013 Latino Community Assessment.

Carmen Ramirez
Board President

INTRODUCTION

Welcome to the 2013 Latino Task Force Boulder County Community Assessment. The Assessment is the work of multitudes of people, Latino and not, who care about, and are invested in a Boulder County that is inclusive of all its people. We hope that the information contained herein will be enlightening and useful as we work together to improve the quality of life for Boulder County and all its residents.

In 2012, the Latino Task Force of Boulder County (LTF) contracted with Primetime Research and Evaluation to conduct a study assessing the strengths and needs of the Latino community in Boulder County. This study was a follow-up to a landmark community assessment conducted by LTF in 2001. The new Community Assessment had three main goals: (1) to identify and understand the values/contributions made by the Latino community that have improved the quality of life for all residents in Boulder County, (2) to identify the needs of Latino residents in Boulder County, and (3) to measure changes that have occurred since the 2001 Community Assessment.

The Latino Task Force of Boulder County is a 501(c)3 nonprofit organization dedicated to serving the Latino Community in Boulder County by facilitating initiatives and opportunities that enrich the economic, educational, political, and cultural lives of Boulder County Latinos. The LTF values inclusiveness and actively seeks opportunities to create bridges between communities of color and other communities. The LTF serves as a cultural brokering organization and assists in networking and communicating with other community, public and private agencies.

The current goals of the Latino Task Force of Boulder County are:

- Track challenges and assets of the Latino community in Boulder County
- Foster leadership, communications and collaborations in the Latino community
- Serve as spokespersons for the Latino community
- Act as fiscal agent for community initiatives that benefit the Latino community

The LTF was initiated in 1999 as an ad hoc group to tackle issues of equity in education, housing, employment, and to change the perceptions of the dominant culture towards the Latino community. In order to undertake these issues, an assessment of the Latino community was completed. In 2001 the LTF hired the external research and evaluation agency, ALMAR, to conduct the assessment and analyze the results.

The LTF convened several meetings with the Boulder County community to share the results of the assessment along with their recommendations. Many non-profits, public schools, and community agencies (both public and private) began to incorporate some of the recommendations. For example, the City of Longmont created a Latino group to advise them on issues or opportunities for the Latino community. In addition, the superintendents of both school districts participated in a one day community event where they guided Latino parents on how to best navigate the school system. On the heels of this successful initiative, the LTF went from an ad hoc group and established its own 501(c)3 nonprofit status.

LIVING CHRONOLOGY

1999 **Ricardo Garcia convenes a group of Latino community leaders in Boulder County.** The group met to identify the challenges facing their community and to seek solutions. After meeting for a number of months, these leaders formalized their work in 2001 by creating the ad hoc group, Latino Task Force (LTF) of Boulder County.

2001 **The LTF initiated and completed a county-wide assessment of the Latino community.** The 2001 Latino Assessment had two goals: identify and understand the value/contributions made by the Latino community that have improved the quality of life for all residents in Boulder County and identify what is needed to improve the quality of life for Latino residents in Boulder County. Findings were presented to hundreds of county decision makers and employees of municipal government.

2002 **The LTF received the Pacesetters Award** from the Boulder Daily Camera in recognition of the 2001 Latino Assessment and county-wide presentations of the results and recommendations.

2002 **The City of Longmont conducted a city-wide inquiry of Latino and non-Latino residents and developed the Latino Strategic Action Plan that continues today as the Longmont Multicultural Action Committee.** The LTF 2001 Assessment was the catalyst for this effort and LTF members served as consultants to the City of Longmont.

2004 **LTF facilitated and hosted the Boulder County Latino Unity Summit.** The Summit was a gathering of over 300 Latino community members and key decision makers from throughout the county. The focus was to address cultural competency issues related to serving Latinos in the educational, judicial, and human services systems. In addition, the Summit focused on the need to include Latino political representation at the local and county levels of government.

2005 **LTF convened the Latino Leaders' Summit.** The Summit gathered 50 Latino leaders from throughout the county to discuss and address internalized oppression, identify barriers and improve communication to support collaborative efforts within the Latino community.

2005 **Trabajando Unidos, a community coalition of human service providers and Lafayette residents, conducts the Lafayette Latino Needs Assessment report.** The assessment was modeled after the LTF 2001 Assessment. LTF members served as consultants to this project.

2006 **Lafayette Latino Advisory Board was formed as a result of the recommendation of the LTF assessment and the Trabajando Unidos' assessment.** The advisory board continues to provide input regarding the Latino community for the Lafayette City Council.

2006 **LTF applied for and received IRS non-profit status as a 501(c)3 organization.**

LIVING CHRONOLOGY

2007 Boulder County Public Health completed the **Teen Project Report as a follow up to the most recent Youth Risk Behavior Survey (YRBS)**. LTF served as a consultant for this follow-up report to ensure an accurate understanding of Latino youth beyond the results of the Youth Risk Behavior Survey.

2008-2009 Strategic planning sessions were held with **Latino leaders**. These sessions were a multi-phase process to develop a County-wide Latino community vision, enhance the quality of life for all Latinos, and develop a procedure for collecting and sharing information.

2009 – 2011 LTF continued as an advisor and consultant with various community and public agencies to provide the **Latino perspective and voice in decisions that impact the Boulder County Latino community**. In addition, LTF developed its own internal structure by completing a Business Plan and a Strategic Communication and Marketing Plan. During the course of business in 2011, LTF committed to completing an updated county-wide Latino assessment.

2012 LTF completed a successful fundraising campaign that raised more than \$50,000 for the **2013 Latino Community Assessment**. PrimeTime Research and Evaluation was contracted to complete the Assessment and report the findings to the LTF Board of Directors.

2013 LTF publishes and distributes the findings of the **2013 Latino Community Assessment to the Boulder County community**.



FISCAL AGENT PROJECTS

LTF serves as a fiscal agent for a number of projects in Boulder County. These are efforts that benefit all of Boulder County, but especially represent the Latino Community. Most of these groups/ events would not take place were it not for the LTF's support.

Cinco de Mayo annual celebration provides cultural, historical and educational activities on May 5th to the Longmont community; (2008 - present).

Voices of Immigrant Children for Education and Equality (VOICE) created interactive workshops with and for high school Latino students and created a teacher training program to increase awareness and tolerance; (2010 - 2011).

Boulder County Latino Coalition works to improve the health and well-being of low income and underserved Latinos, with an emphasis on migrants and immigrants, through action and goal-oriented advocacy and interagency coordination and collaboration. (2010 - present).

Boulder & Broomfield Latino Health Coalition convened health providers and advocates to increase health awareness and eliminate health disparities in Boulder and Broomfield Counties. Activities included a community health worker project to prevent tobacco use and secondhand smoke exposure. (2009 – 2013).

Health Task Force of Longmont Multicultural Action Plan plans the health fair, Sabroso y Saludable, which promotes healthy eating and active living in a family friendly, celebration of Latino culture and Mexican Independence Day. (2009 - present)

Academic Leadership Program, an after-school youth program for middle-school students and their parents in the Boulder Valley School District that targeted the English Language Learner (ELL) population. (2011-2012).

Latino Parent Leadership Development provides parents from five Title 1 schools in the St. Vrain Valley School District the skills with which to navigate the school system, enhance communications between teachers, understand and interpret state assessments, and conduct parent needs surveys. These participants will return to their schools and develop strategies to engage fellow parents within their schools. (2012-present).

Latino Age Wave Promotoras Project: A multi-agency collaboration, selected to receive \$25,000 per year for the next two years, to implement the promotora (community health worker) model to increase access and utilization of services for the older Latino adult population. (2012 - present).

Latino History Project: This project prepares a multi-media history of Latinos in Boulder County by collaborating with Latino community groups, interested individuals, and local historical organizations. The title of the project is "A Century of Latino History in Boulder County: A Collaborative Community Project." (2013 – present).

RESEARCH DESIGN

Both primary and secondary data were collected for the Assessment. Secondary data were obtained from: the U.S. Census, the American Community Survey (ACS), the Colorado Department of Public Health and Environment (CDPHE), the Pregnancy Risk Assessment Monitoring System (PRAMS), the Colorado Behavioral Risk Factor Surveillance System (BRFSS), the Youth Risk Behavior Survey (YRBS), the Early Childhood Council of Boulder County (ECC), and the Colorado Department of Education (CDE).

Primary data were collected in three ways using mixed methods of qualitative and quantitative strategies: (1) interviews were conducted with 29 leaders in Boulder County, (2) five focus groups with 40 participants were held between August and September 2012, each targeting a different demographic group of Latino residents of Boulder County, and (3) a 92 question survey instrument was administered to a sample of Boulder County Latino residents to assess their contributions and needs.

The population eligible to receive the mail solicitation included all active registered voters in Boulder County with a surname considered by the U.S. Census to have at least a 75% chance of reflecting Hispanic/Latino ethnicity. Two thousand randomly selected voters received a letter from

the Latino Task Force outlining the purpose of the 2013 Community Assessment and asking the respondent to complete an online version of the survey instrument. A total of 400 surveys were returned – with exactly 200 completed online and 200 completed on paper. Fourteen respondents neither lived nor worked in Boulder County, resulting in a final sample size of 386 after these respondents were excluded. The fact that 400 Latinos volunteered to complete a lengthy, 92 question survey demonstrates a desire to have the Latino voice, both individually and collectively, captured and imparted throughout Boulder County.

Many respondents included in the study were not randomly selected. Rather, they were obtained using snowball sampling (one respondent making referral to other respondents) and convenience sampling (respondents selected due to ease of access). Locations at which the surveys were distributed include: the YMCA of Longmont, Fairview High School in Boulder, a food bank in Longmont, parent meetings at two elementary schools in Longmont, a parent group in Boulder, and a nonprofit in Lafayette. Surveys were also administered to a group of Latino citizens in Lafayette and in-home daycare providers in Boulder and Longmont. Boulder County Latinos were electronically solicited for participation by the Latino Task Force as well.

The 2013 survey sample is fairly representative of the broader Latino community in Boulder County on all measures except for gender. Survey respondents were disproportionately female – with Latinas comprising approximately 72% of those surveyed, compared to approximately 47% of Boulder County’s Latino population according to the 2010 U.S. Census. The table below provides a comparative summary of the characteristics of respondents from the 2013 and 2001 LTF Community Assessments.

2013 LTF Community Assessment respondent demographics compared to the 2001 LTF Community Assessment

	2013 Assessment		2001 Assessment	
	Percentage	Total Number	Percentage	Total Number
US Citizen	54.7%	362	81.9%	271
Foreign born	63.7%	366	35.0%	320
Place of birth for foreign born*:				
Mexico	79.1%	366	-	-
Other Spanish speaking country	20.0%	366	-	-
Other non-Spanish speaking country	0.9%	366	-	-
Language spoken at home:				
Spanish	60.6%	368	-	-
English	39.1%	368	-	-
Other	0.3%	368	-	-
Married	61.9%	367	69.9%	352
Median household income	30-40,000	334	20-30,000	331
Unemployed	22.6%	350	5.8%	257
Currently receiving public assistance	19.5%	344	8.3%	336
Educational Attainment:				
Less than high school graduate	24.3%	362	13.8%	324
High school graduate or GED	25.7%	362	29.5%	324
Some college or associate's degree	16.9%	362	30.1%	324
Bachelor's degree or higher	33.2%	362	25.6%	324
Lack health insurance:	44.2%	371	35.1%	325

LATINOS IN BOULDER COUNTY

It is impossible to generalize about a population of nearly 40,000 people with ethnic origins spanning the globe. Indeed, nearly one-quarter of Boulder County’s Latino population is from an area other than Mexico, according to the U.S. Census. Nonetheless, we are providing an overview of Latino residents of Boulder County with the intention of highlighting trends within the community and in an effort to dispel inaccurate, but commonly held, stereotypes about Boulder County’s Latino residents.

Data from the U.S. Census reveals that the typical Boulder County Latino is a young adult, about 25 years of age. Of additional interest, the median age for Latinos is more than ten years younger than for the county as a whole, meaning Latinos have long-term potential to contribute to the workforce and tax base of the local community. This typical resident is employed fulltime and makes between \$25,000 and \$30,000 per year, according to the American Community Survey. Also, he or she has health insurance coverage and does not receive any form of public assistance.

This average resident lives with two or three other people in a one-unit, detached home, according to data from the U.S. Census. It is more likely that these housemates are other family members than it would be for the typical non-Latino resident of Boulder County. This household is also about one person larger than the typical non-Latino household. This person is likely to be married and have at least a high school diploma. He or she is of Mexican origin but was born in the United States and speaks English either “very well” or exclusively, according to the American Community Survey and U.S. Census. The typical Latino encounters the realities of acculturation and assimilation characteristic of the United States.



Percent of Latinos by Municipality in Boulder County

Municipality	Percentage	Number
Boulder	8.7%	8,507
Broomfield	11.1%	6,216
Erie	8.8%	1,603
Jamestown	1.1%	3
Lafayette	18.2%	4,454
Longmont	24.6%	21,191
Louisville	7.2%	1,318
Lyons	5.7%	116
Nederland	4.1%	59
Superior	6.6%	827
Ward	2.0%	3

Source: 2010 U.S. Census
Appendix A, Fig 1



Population of Boulder County by Race/Ethnicity

Race/Ethnicity	Percentage	Number
Total Boulder County		294,567
White	79.4%	233,741
Black	0.8%	2,265
American Indian	<1%	1,061
Asian	4.1%	11,996
Pacific Islander	<1%	153
Some Other Race	<1%	478
Two or More Races	1.9%	5,597
Hispanic/Latino	13.3%	39,276

Source: 2010 U.S. Census

CONTRIBUTIONS

One hundred and eighty-nine survey respondents answered the following open-ended question: “How have Latinos contributed to improving the quality of life for residents in Boulder County?” For the Spanish language survey, this was asked as: “¿Cómo han contribuido los Latinos en la calidad de vida para los residentes del Condado de Boulder?” This represents a response rate of approximately 49%. Focus group participants and interview respondents were also queried on the contributions made by Latino residents of Boulder County that improve the quality of life for all county residents. Latino contributions can be put into four overall categories of workforce and economy, community involvement, culture, and diversity.

Workforce and Economy

Latinos are making a valuable and growing contribution to Boulder County’s economy through their strong work ethic, determination, and persistence. Leaders interviewed for this project felt that “at a pretty basic level, the jobs that a lot of Latinos have really are the underpinnings of the economy here.” It was repeatedly pointed out by Boulder County leaders who were interviewed for this project that many businesses in Boulder County would not be able to survive without Latinos taking the low-income jobs that others do not want. This provision of a solid economic base was seen as a contribution that “allowed the wealthier folks to live the lives they have.” Not only do many Latinos work less desirable jobs, but their contributions also include paying taxes and using their income to purchase-goods locally.

One focus group participant expressed that, “Latinos treat each other like family, they show concern not only for where they work but for each other as well. They make even the worst workplace better because they are here to make their lives better.”

According to The Community Foundation’s Boulder County Trends 2013, the local population aged 65 and over will grow six times as fast as the population as a whole over the next decade.

In fact, the number of seniors is expected to triple between 2000 and 2030. Thus, young Latinos will continue contributing to a tax base that will help support the aging members of Boulder County in years to come.

Respondents Reporting Business Ownership

	2012	2001
Yes	14.4%	9.5%
No	85.6%	90.5%

Sources: 2013 LTF Community Assessment and 2001 LTF Community Assessment

Latino Chamber of Commerce

The Latino Chamber works throughout Boulder County to support and develop Latino businesses. The Latino Chamber connects cultures and communities through business by providing business development services, networking opportunities, and advocacy for Boulder County businesses.

The Community Foundation’s Boulder County Trends report of 2011 estimated that, in 2007, Latinos owned 3% of all businesses in Boulder County. Over 14% of survey respondents in the 2013 Latino Community Assessment report owning their own business, and comparisons with the 2001 survey suggest business ownership among Boulder County Latinos may have increased over the last decade. Approximately three-quarters of business owners in the current sample employ between one and four employees, and approximately 15% employ between five and ten employees. The remaining 10% employ more than ten people – with 5% employing more than fifty people. This again suggests the Latino community in Boulder County is making a substantial contribution to the local economy – not only through workforce participation, but also by providing employment in local businesses.

Boulder County Latinos are also contributing to the local economy through their purchasing power. A majority of survey respondents in 2012 report spending most or all of their wages in their local community, with only 13.7% indicating they spend none of their wages locally. The proportion of wages spent locally appears fairly consistent between 2001 and 2012.

Respondents Reporting Wages Spent Locally

	2012	2001
All	20.3%	13.4%
Most	34.0%	39.1%
Some	32.0%	31.4%
None	13.7%	16.0%

Sources: 2013 LTF Community Assessment and 2001 LTF Community Assessment



Community Involvement

After economic contributions, the next most common category of contributions among survey respondents was community involvement. About 20% of respondents suggested Boulder County Latinos are actively engaged in community activities. Some made general references to community involvement (e.g., “volunteering for numerous causes”, “community involvement”, and “Latinos are very involved in improving the lives of their families and communities”). Others referenced specific activities, including political involvement (e.g., voting and serving as members on boards and commissions), serving in non-profit organizations, and assisting with community events – particularly those that highlight Latino culture.

Many focus group participants emphasized that Latinos in Boulder County have a “Yes, we can!” attitude. They are more than simply hopeful, citing that Latinos in Boulder County have or are forming coalitions, and are pressing local politicians for change benefiting the Latino community. As stated by one respondent, “[We have] a deep desire to come together on many political and non-political matters from education and English classes to creating a Latino platform for discussion and resolution of pressing topics.” On average, respondents expressed an interest in learning how to become more involved in local government.

Culture

A significant contribution felt by participants across all focus groups were family and family values. Latinos, and especially Mexican Americans, are typically described as being oriented toward family well-being, rather than individual well-being. Participants in the groups indicated that the Latino “family unit” includes not only parents and children, but also extended family. They suggested individuals within a family feel a moral responsibility to aid other members of the family who are experiencing financial problems, unemployment, poor health conditions, or other life issues. They teach their children to be respectful. They eat meals together, celebrate holidays with the extended family, and are proud of their family and familial networks at home and at school. Participants also emphasized that their strong family ties give them the ability to adapt to the difficult situations they face as a result of lower social and economic positions. The participants in our focus groups collectively appeared to respect and attempt to hold on to their culture’s camaraderie, language, the close-knit families, their dances, the food (among the best around according to some participants), the sense of helping each other, and their shared work ethics.

Cultural Celebrations

Latino community leaders provide many opportunities to highlight Latino culture, music, and food in family friendly, educational, and festive events. Events like these, frequented by Latinos and non-Latinos alike, enable multiple communities and cultures to learn about and celebrate the Latino culture:

- Cinco de Mayo
- Día de los Muertos/Day of the Dead
- Longmont’s Inclusive Communities Celebration
- Sabroso y Saludable Health Fair
- Lafayette Cesar Chavez Celebration

Boulder County Community Action Programs developed two programs to help address the leadership gap in non profits:

PERL: People Engaged in Raising Leaders

PERL teaches individuals from the county’s diverse communities about the inner workings of boards and commissions in order to increase the representation of people of color on boards and commissions.

Creating Connections

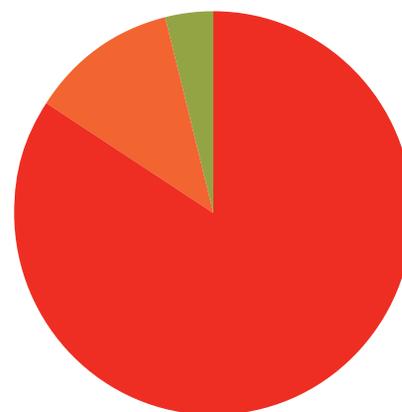
Training sessions provided by that help board members and executive directors link their organization’s values, mission, and strategic plan with the inclusion of all cultures.

Many survey respondents also mentioned more tangible elements of Latino culture, including food and language. The benefits of introducing the Spanish language to Boulder County residents was identified as a cultural contribution. As stated by one respondent, Latinos “bring bilingual education.”

Diversity

A more diverse population improves all aspects of the lives of those in Boulder County. Diversity increases creativity, and provides formerly untapped talent and resources to local discussions, forums, organizations, and political policy-making bodies. Nearly 15% of survey respondents mentioned the desirability of diversity within the community, citing the benefits Boulder County residents receive from the presence of multiple perspectives, “worldwide experience,” and “interactions with other races.” For example, as one respondent suggested, “Latino culture brings a richness of color, flavor, sound, experience and viewpoint...” The extent to which increasing diversity makes non-white members of Boulder County feel more at home was referenced as well.

Ability to speak Spanish



Yes, well **84.4%**
Yes, a little **11.8%**
No **3.8%**

QUALITY OF LIFE ISSUES

General Health

According to The Community Foundation’s Boulder County Trends 2013, 68% of Latino residents rate their health as “good” or better, compared to 88% of county residents. However, data from the Colorado Department of Public Health and Environment reveals that only 5.1% of Boulder County residents who died in the past decade were Latino. This includes less than 4% of residents who died from cardiovascular disease and less than 5% of those who died from cancer. This is likely due in part to the younger age distribution of the Latino population, but may also reflect positive health behaviors among Boulder County Latinos. For example, Latina mothers are significantly less likely to report drinking or smoking during the last three months of their pregnancies compared to non-Latina women, according to the Pregnancy Risk Assessment Monitoring System.

Latino residents of Boulder County appear more likely to be overweight or obese than their non-Latino counterparts. According to the 2009 Youth Risk Behavior Survey (YRBS), over 16% of Latino high school students are overweight, and nearly 13% are obese. Data from Boulder County’s Supplemental Nutrition Program for Women, Infants, and Children (WIC) suggests the prevalence of overweight and obesity among children has been on the rise in Boulder County over the last decade. In fact, the proportion of low-income children aged 2-5 who are considered overweight or obese increased from 21.5% to 28.1% in the last ten years, according to data from the Colorado Behavioral Risk Factor Surveillance System.

Estimates by the American Community Survey suggest a higher proportion of Latina women have given birth in the previous year compared to the general population of Boulder County (7.7% compared to 3.9%). While only about 14% of women aged 15-49 in Boulder County are Latina, nearly one-quarter of all recorded births in the last decade were to Latina mothers, according to the Colorado Department of Public Health and Environment. Latinas account for a higher proportion of births at relatively young ages as well. This is particularly the case for teen births, and this trend has increased over the last decade. Since 2000, over 60% of all teen births (aged 10-19) in Boulder County have been to Latina mothers. In addition, data from the Pregnancy Risk Assessment Monitoring System suggests that Latina women may be slightly less likely than non-Latina white women to receive prenatal care as early in their pregnancy as they would like.

Finally, the 2013 Latino LTF Assessment reveals that mental health care options for Latinos were thought to be “almost nonexistent” by those interviewed. Specific options that were mentioned involved the availability of mental health care in Spanish, but no one interviewed appeared to have a good grasp of how widespread these types of options were: “I know there are Spanish-speaking providers, psychiatrists as well as therapists. What percentage they have or are they meeting their need... [I don’t know].” In general, mental health care was seen as inadequate for all those in Boulder County, not just for Latinos.

¡Adultos Mayores Unidos!/Seniors United!

Funds from the Colorado Latino Age Wave were awarded to a Boulder County collaborative that:

- Uses a strength-based approach, the promotores model (community health workers)
- Builds connections between the Latino community and service providing agencies, and
- Identifies gaps to access in services for all Latino elders

Repondents Reporting Accessibility and Affordability of Healthcare for Adults and Youth in their Household

	Adults (age 18+)		Youth (age 17 and under)	
	Accessible	Affordable	Accessible	Affordable
General Health	55%	54%	54%	46%
Mental Health	26%	23%	22%	18%
Dental Care	38%	38%	37%	31%
Vision Care	30%	32%	31%	22%

Source: 2013 Latino Community Assessment in Boulder County

Findings of the 2013 LTF Community Assessment in Boulder County reveal that about half of respondents believe general health care is accessible and affordable for either adults or children in their household. Even fewer respondents report that they believe that mental, dental, and vision care is accessible and affordable for either adults or children in their household.

Access to Health Care

A majority of Boulder County Latinos of all ages – youth, adults, and seniors – have health insurance, according to the American Community Survey. However, Latinos are considerably more likely than non-Latinos to be uninsured. Over half of all children and seniors in Boulder County who are uninsured are Latino, along with approximately one-third of all uninsured adults. Latinos constitute only 13% of the overall population of Boulder County, therefore if the distribution of health insurance was equitable, we would expect approximately 13% of those who are uninsured to be Latino.

According to the leaders interviewed for the 2013 LTF Community Assessment, poverty is one of the primary barriers to health insurance for Latinos in Boulder County. Those interviewed pointed out that “in general [those] who have minimum wage jobs that don’t have health insurance with their employer, that’s a huge barrier. Affording that outside of your employer if you don’t qualify for Medicaid is almost impossible.” Leaders also felt that families have to make decisions regarding competing priorities:

“when it’s a matter of eating and having a house and a car, health insurance is getting cut out more and more... it’s even easier in a company to not provide health insurance to Latinos because they are a little bit more desperate for work, quite a bit more desperate in some areas and are willing to forgo the health insurance just to get money to put food on the table.”

The failure to provide health insurance to low socioeconomic status individuals, especially Latinos, exemplifies the classism that creates a major barrier to health insurance access for Latino in Boulder County.

Health Insurance Coverage by Age Range | Latinos in Boulder County

	Under 18		18 – 64		65+		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Yes	11,770	83%	13,380	58%	1,439	91%	26,589	68%
No	2,426	17%	9,770	42%	135	9%	12,331	32%
Total	14,196	100%	23,150	100%	1,574	100%	38,920	100%

Source: American Community Survey

Youth Risk Behavior

Data from the 2009 Youth Risk Behavior Survey (YRBS) indicates Latino youth are more likely than non-Latinos to: ever have had sex, currently be sexually active, have had more than four sexual partners, have had sexual initiation before the age of 13, and have been pregnant or gotten someone pregnant. Compared specifically to non-Latino whites, Latinos are also more likely to have: been forced to have sexual intercourse, been hurt by a girlfriend or boyfriend, had a first sexual partner who was at least five years their senior, and used alcohol or drugs before their last sexual encounter.

Latino youth report greater experimentation with drugs, and experimentation at earlier ages, compared to non-Latino youth. This includes experimenting with cigarettes, alcohol, marijuana, cocaine, and inhalants. Compared with white non-Latinos, Latino youth also report greater experimentation with ecstasy, methamphetamine, and illegal steroids. Latinos are more likely than non-Latino youth to experiment with drugs before the age of 13 as well.

Suicide is the second leading cause of death among youth and young adults (aged 10-34) in Colorado, according to data in the Colorado Annual Report 2009-2010. Latino high school students in Boulder County are more likely than non-Latino whites to have attempted suicide, with approximately 8.5% of Latinos reporting a suicide attempt according to the YRBS. Approximately 30% of Latino middle school students report having considered suicide, and over 11% report having attempted suicide.

Latino Youth Risk Behavior Survey

Youth Risk Behavior	Percentage Responding Affirmatively
Never or rarely use a bike helmet	89.5%
Ever drank alcohol	76.8%
Condom used during last sexual intercourse	65.3%
Ever smoked cigarettes	52.1%
Attempting weight loss	51.5%
Ever had sexual intercourse	50.5%
Ever used marijuana	48.8%
Sleeps 8+ hours on school nights	42.8%
Alcohol or drugs used before last sexual intercourse	31.3%
Considered suicide	30.0%
Felt sad or hopeless	26.4%
3+ hours of video games per day	21.9%
Ever used ecstasy	14.5%
Harassed because of racial/ethnic origin	11.8%
Did not go to school because felt unsafe	8.9%
Ever used methamphetamine	6.4%
Ever used heroin	5.2%

Source: Youth Risk Behavior Survey – Boulder County

Nearly one-third of Latinos in Boulder County do not have health insurance coverage. When broken down by age range, 17% of youth, 42% of adults, and 9% of elderly do not have health insurance coverage.

Longmont YMCA

The Longmont YMCA is dedicated to increasing the scope and reach of its health and wellness program to serve Longmont's rapidly growing Latino community. Numerous collaborations help us serve hundreds of families every year in programs such as Tomando Control de su Salud and Salsa, Sabor y Salud. Our membership base serves more than 1000 Latino families with culturally competent classes, exercise and nutrition.

Quality of Life Issues

Recommendations for Institutions

- Develop culturally competent services to Latino community
- Provide culturally competent programming in area of health promotion, with a particular focus on youth
- Increase access to affordable health care
- Build capacity to provide affordable and accessible mental health services
- Use promotora model to increase Latino community engagement

Quality of Life Issues

Recommendations for Latino Community

- Participate in culturally appropriate educational presentations provided by service providers.
- Join in leadership positions of preventive and health institutions
- Increase participation in appropriate health care insurance programs or with community-based health care providers
- Engage in healthier lifestyle and disease prevention
- Provide healthier food options for community members
- Increase the number of Latino youth engaged in addressing health disparities

EDUCATION

About a quarter of children enrolled in grade school in Boulder County are Latino. This includes an estimated 22% of those in grades 1-8 and 27% of high school students, according to the American Community Survey. Latinos constitute a disproportionately small proportion of nursery school, preschool, and kindergarten attendees, however. Less than 18% of children receiving an education prior to first grade (the first year of compulsory school attendance in Colorado) are Latino. This suggests a lack of access to early childhood education among this population.

Early Childhood Education

Early mental stimulation is crucial for young children and impacts them for the rest of their lives. Of the respondents to the 2013 Latino Task Force Community Assessment survey with children in preschool, the largest proportion has children enrolled in a school district preschool. This is followed by an equal number reporting that their children are enrolled in either Head Start or a preschool subsidized by Colorado Preschool Program. No respondents indicated their children are in a preschool subsidized by Colorado Child Care Assistance Program.

Access to early childcare is important for logistical reasons as well. According to a 2009 study by the Early Childhood Council of Boulder County, most Boulder County parents – both Latino and non-Latino – who report needing childcare need it so they can go to work.

Of families who do not have their children enrolled in preschool, Latinos appear more likely to rely on other family members for care, while non-Latinos are more likely to have their children enrolled in childcare centers. According to Boulder County Trends 2011, nearly three-quarters of Latino families, particularly those of lower income, rely on family members, friends, and neighbors for their childcare – either exclusively, or in conjunction with licensed care. While these caregivers may keep children safe, less emphasis is generally placed in these environments on school readiness.

The average respondent to the 2013 LTF Community Assessment survey “slightly agrees” that childcare is accessible in his or her community; however, he or she “slightly disagrees” with the statement that childcare is affordable. In addition, respondents “slightly agree” on average, that Latino families have a harder time finding childcare than non-Latinos; however, they also “slightly agree” that childcare providers in their community understand Latino culture.

Leaders interviewed for this project stressed the importance of preschool in attaining school readiness and later success in school. The issue was seen by most as an economic one in which those who had money and education already were able to purchase preschool care that was sufficient and also to supplement that learning in the home, while those who were less educated or had financial difficulties did not have the same readiness capacity. This sets up children who are already at a disadvantage for language or poverty reasons to be at a further disadvantage. Those interviewed thought that Latinos were generally aware of the disadvantages of the care available to them:

PASO

Providers Advancing School Outcomes

The purpose of the PASO program is to ensure the school readiness of Latino children, birth to five years of age by:

- Increasing the quality of early learning services for Latino children so that they enter school ready to learn
- Increasing Latino parental involvement and effectiveness with their children’s early learning at home and at school
- Facilitating the development and building the capacity of informal child care providers by implementing a community-based training model

“The majority of Latinos would like to see their children in high-quality, culturally competent care, and so they love to put their children in high-quality culturally competent centers because they think that is the best place to prepare them for school readiness. But, a lot of centers are not culturally competent and they can’t afford those that are.”

Primary and Secondary Education

Compared to the county as a whole, Latino students tend to underperform on the Colorado Student Assessment Program (CSAP) test. Latino students, particularly Latino males, have higher dropout rates than the general student population in Boulder County, according to the Colorado Department of Education (CDE). The CDE also reports that Latinos have slightly worse attendance, have considerably lower graduation rates, and are disciplined at a higher rate than their non-Latino counterparts. While Latinos constitute approximately one-quarter of grade school attendees in Boulder County, they constitute about 42% of those who received in-school suspensions in 2011, 40% of those who received out-of-school suspensions, 42% of those who were referred to law enforcement, and over 56% of those who were expelled.

Many leaders interviewed for this project feel that issues surrounding the lower academic achievement of Latino youth in Boulder County are mainly attributable to economics, and are about being Latino only to the extent that more Latinos are in poverty than other groups in Boulder County; however, they did allow for additional disadvantage being conferred based on being Latino. For example, one respondent said:

“The highest predictor in our data around achievement is economic. The relationship, when we control for other things, if the child is median or higher income and Latino and is primary English-speaking, there isn’t an achievement gap. The predictor for us is poverty. And/or language. And sometimes those all gets stacked up into one: poverty, language, and Latino.”

Another leader had this to say about school performance:

“In conversations that I’ve had with people, when we talk about disparities in achievement levels, it comes down to test scores. And I think that a lot of people don’t use test scores as the best measure of achievement. So there may not be as big an achievement gap as one might think in the schools, it just may be that there is a gap in test scores... Because there are so many different ways that a student can be successful. And for me... I’m looking more for involvement, I’m looking more for participation in sports, music, drama and I’m looking for attendance. I’m looking for participation in advanced coursework. I’m looking for graduation. I’m looking for outstanding citizenship.”

Higher Education

Large disparities exist between Latino and non-Latino youth in Boulder County in terms of college enrollment. In fact, the state of Colorado has one of the worst records in the nation with regard to graduating youth of color from college. Only 9% of Latino ninth-graders in Colorado will eventually graduate from college, according to Boulder County Trends 2011. The American Community Survey reveals that in Boulder County, over one-quarter of high school students are Latino, however Latinos constitute only 7.5% of those enrolled in college. Enrollment rates differ by institution, with approximately 10.6% of students at Front Range Community College's Boulder County campus identifying as Latino compared to 6.8% of those enrolled at CU Boulder (in 2011 and 2010, respectively) according to the Colorado Commission on Higher Education. In 2009, only half of Latino high school graduates in the Boulder Valley School District went to college in contrast to 80% of students district-wide. In the St. Vrain Valley School District, a similar disparity exists, with 45.8% of Latino graduates going on to college compared to 69.6% of students district-wide.

According to the 2013 LTF Community Assessment, a majority of respondents agree that school staff encourage Latino students to attend college as much as they encourage non-Latinos. The same is true for the belief that Latino parents and caregivers encourage their children to attend college as much as non-Latinos do. Even so, nearly one-third of respondents express some level of disagreement with these statements, suggesting that there is also a fairly prevalent belief that Boulder County Latinos are not adequately encouraged to pursue higher education.

A major concern of the leaders interviewed for this assessment is that Latino students are being tracked in high school either towards community college rather than four year colleges, or toward technical degrees seemingly based solely on their ethnicity. While some felt that Boulder was better than other counties at not tracking, they still felt it was an issue. Those who felt that Boulder was not doing a better job on this issue, saying specifically:

"It's a lot of the Boulder schools. A group of students are going to Front Range and they will just bring Latino students. They won't bring a mixed group of students or high-achieving students or anything. [They say] here are the Latino students; they are the only ones who are going to go to community college. But they are not tracking them to a community college because it's a good place for them to start. They are tracking them because we have career technical programs."

Another issue that was identified was the necessity of remedial classes once students have left high school and entered college. A community college representative specifically mentioned that they are "not getting [students] there with the skills that they need to be successful in college. They can't read, they can't write, and they can't do math." The main problem with this from the college's perspective is that students must take a lot of time – and spend a lot of money – taking these remedial classes in college that do not count toward a college degree. Combined with a lack of access to sufficient financial aid, these additional classes can impose a financial barrier that makes pursuing a college education impossible.

Education Recommendations for Institutions

- Develop culturally competent services to Latino community
- Increase parity in leadership of educational institutions
- Promote bilingual education
- Institute culturally competent curriculum
- Facilitate family engagement
- Provide additional outreach, awareness, and resources for early childhood education
- Increase opportunities for adult education
- Equity in identifying Latino students for advanced programming or scientific tracks
- Provide additional education in the form of afterschool programs and tutoring, or by extending the school year for all children
- Hire more Latino teachers and administrators, or those who understand various cultures, to better reflect and understand Latino student demographics.
- Provide greater transparency by informing both students and parents of expectations of the student and how well the student is meeting those expectations in terms of achievement.
- Begin dropout prevention efforts in preschool and kindergarten.

Education Recommendations for Latino Community

- Families should be involved in all aspects of child's education, starting with early childhood
- Develop and promote leadership capacity
- Take advantage of early childhood education opportunities
- Take part in skill-building opportunities to increase leadership and serve on Parent Teachers Organizations or other similar groups
- Publicly recognize Latino students' effort



ECONOMIC ISSUES

Income

Latinos are employed at a rate nearly equal to that of the general population, constituting almost 12% of Boulder County adults (aged 16-64) according to the 2010 Census. When unemployment rates are taken into account, it appears Latinos are seeking employment at an even higher rate than non-Latinos. Approximately 19.9% of Latino men and 14.9% of Latina women are unemployed, compared to 9.2% of Boulder County adults overall according to the American Community Survey.

Over 70% of respondents to the 2013 LTF Community Assessment are currently working - and of those, over 20% have more than one job - suggesting the Latino community in Boulder County is contributing greatly to the local workforce. Nearly half of respondents are working full-time, and of those working full-time, a large majority is doing so on a permanent basis.

Compared to the 2001 LTF Community Assessment survey, a lower proportion of respondents were currently working full-time. Although the proportion of full-time temporary workers is fairly stable across the two surveys, the percentage of full-time permanent workers decreased by over 20 points between 2001 and 2012. Likewise, the percentage of unemployed respondents is 16.8 points higher in 2012 than it was in 2001.

Employment Status of Respondents

	2012	2001
Full-time permanent (40+ hours per week)	43.7%	64.2%
Full-time temporary	4.9%	5.1%
Part-time permanent (<40 hours per week)	12.6%	10.5%
Part-time temporary	10.0%	Na
Unemployed	22.6%	5.8%
Retired	6.3%	14.4%

Sources: 2013 LTF Community Assessment and 2001 LTF Community Assessment

Although Latinos are working at a rate nearly equal to that of the wider community, they earn less than non-Latino workers. In 2010, the median earnings for full-time employed Latino men was approximately \$29,885 - less than half the median for Boulder county men as a whole (\$60,731) according to the American Community Survey.

Respondents to the 2013 LTF Community Assessment survey generally express a desire to hold a leadership position at work and expressed satisfaction with the training they received at their workplace. A majority of respondents at least "slightly agree" that they would like to start a business if they were able to get a bank loan.

On average, respondents reported being at least "slightly satisfied" with their employment situation, however, there is also dissatisfaction in certain areas. Over 30% of respondents at least "slightly disagree" with the statement that Boulder County Latinos can find work in their community; and 10% express strong disagreement with this statement. Likewise, over 40% of respondents believe the wages they are receiving are unfair, and approximately 15% of respondents believe their workplace is somewhat unsafe or uncomfortable.

According to Boulder County leaders interviewed in the 2013 LTF Community Assessment, Latinos in Boulder County tend to hold lower paying jobs:

"What I see, which is what I think everybody sees, is that a lot of folks in the Latino community are in lower paying jobs, landscapers, maybe working for a contractor, housing, housekeeping kinds of services, food service, those sorts of things, and those are low paying jobs. So I think it's true that the job opportunities are not as good for the Latino community."

Leaders believed this is mainly due to a lack of educational attainment among this population. Most respondents felt that "if you have the education and you have the background, there are a lot of opportunities. If you don't, there are not very many opportunities." This sentiment was repeated multiple times across those interviewed. Other leaders felt Latinos may pursue self-employment in order to avoid potential discriminatory practices. One respondent said:

"I think that's why you have such a high percentage of the Latino community that are self-employed as well as in the service industry because that's work that they can control. They don't have to rely on going to an agency or walking in and applying and facing what could be discriminatory practices."

Job obstacles such as poor working conditions, fear, lack of knowledge of the system, lack of knowledge about workers' rights, discrimination, and wage issues, including non-payment of wages, were also mentioned in the interviews with leaders. It was also speculated that as Latinos are more likely to both be in low income jobs and to face these related obstacles, the employment inequities were magnified for the Latino population in Boulder County.

Poverty

Latinos are disproportionately likely to live in poverty compared to non-Latinos. Latinos constitute approximately 13% of the general population, but nearly half of all children in Boulder County who are living below the poverty line are Latino, along with nearly one-quarter of impoverished adults and nearly 30% of impoverished seniors, according to data in the American Community Survey.

The majority of Boulder County's Latino residents do not receive public assistance. However, according to the American Community Survey, Latinos are more likely to receive assistance than non-Latino members of the community. Nearly half of all residents receiving public assistance via food stamps or the Supplemental Nutrition Assistance Program (SNAP) are Latino. And just over half of Boulder County families receiving basic cash assistance (BCA) self-identified as Latino. BCA payments help with emergency household expenses and services such as counseling and training for families in need, particularly those with dependent children according to Division of Colorado Works BCA receipt data, 2012.

Respondents to the 2013 LTF Community Assessment are considerably more likely to have received public assistance compared to those in the 2001 sample; in fact, nearly twice as many respondents report having received public assistance in 2012. This may suggest an increase in the receipt of public assistance among the general population of Latinos in Boulder County over the last decade, but this aligns with the general state of the economy.

Respondents Reporting Being Ever on Public Assistance

	2012	2001
Yes	32.4%	15.2%
No	67.6%	84.8%

Sources: 2013 LTF Community Assessment and 2001 LTF Community Assessment

Housing

Compared to the general population of Boulder County, Latinos are more likely to rent than own their homes. According to the 2010 Census, 55.7% of Latino households rent, compared to 34.2% of Boulder County households overall. Of households who own their homes, however, the proportion who are "free and clear" (i.e. without a mortgage or loan) is only slightly lower in the Latino population (17.4%) than in Boulder County overall (18.4%). Home ownership among Latinos decreased since 2000 – from 46.2% to 44.3%. This is likely due in part to the recent housing crisis. Indeed, while foreclosures have declined since peaking in 2009, there were still nearly 800 foreclosures in 2012 alone, according to data from Boulder County Trends 2013.

Most Latinos in Boulder County live in single-unit, detached homes, as reported in the American Community Survey. Latinos are slightly more likely than non-Latino members of the community to live in housing structures with more than one unit per structure, however, and are more likely to live in mobile homes. The average respondent to the 2013 LTF Community Assessment survey expressed only slight agreement with the statement that affordable housing is available in his or her community.

Home Ownership for Boulder County's Latino Population

	2010	2000
Owner Occupied	44.3%	46.2%
Renter Occupied	55.7%	53.8%

Source: 2010 Census

Leaders interviewed for the LTF Community Assessment talked about various efforts in Boulder County to engage low-income and Latino individuals in decision making regarding affordable housing. They discussed local focus groups and "multiple community advisory committees." However, some respondents felt that Latinos and low-income individuals were not being included in the decision making process, saying: "by and large, no."

Boulder County Leadership Fellows Program

This Community Foundation of Boulder County program provides a resource for building networks and relationships; a forum to engage in thoughtful dialogue about emerging, multicultural, and transformational leadership; the chance to learn about the wide range of needs and assets in Boulder County; and the opportunity to share their own experience and interact with established community leaders.



Economic Issues

Recommendations for Institutions

- Access to capital
- Equitable work conditions and wages
- Access to larger business community
- Leadership equity and representation on government and nonprofit boards and business, fraternal, and civic groups
- Increase job training and opportunities for advancement
- Opportunities to involve/mentor Latino individuals into civic organizations
- Address the shortage of affordable housing in Boulder County
- Improve access to employment, quality of employment, and compensation

Economic Issues

Recommendations for Latino Community

- Patronize Latino businesses
- Latino business leaders support own community through philanthropy
- Join civic organizations, boards, and commissions
- Build capacity of Latino entrepreneurs and businesses

SOCIAL JUSTICE ISSUES

Criminal Justice

Latino men are overrepresented in Boulder County’s criminal justice facilities. In 2010, according to the U.S. Census, Latino men were overrepresented by a factor of 5.5, while non-Latino men were overrepresented by a factor of only 1.6. This suggests Latino males are nearly three-and-a-half times more likely than non-Latino males to be imprisoned in Boulder County. The proportion of the correctional facility population that is Latino decreased between 2000 and 2010 for both men and women, however – from a cumulative 32.9% to 30.6%.

Boulder County’s Adult Population in Correctional Facilities 2010 Compared to the General Population in Boulder County 2010

	Correctional Population	General Population
Latino Males	28.2	5.5
Latina Females	2.4	5.4
Non-Latino Males	60.6	44.5
Non-Latina Females	8.8	44.6

Source: U.S. Census

Respondents to the 2013 LTF Community Assessment “slightly agree,” on average, that Latinos are no more likely than non-Latinos to break the law. Over half of respondents agree to some extent that language barriers are a problem when they interact with law enforcement; the same is true for interactions with the courts. Likewise, respondents express slight disagreement, on average, with the statement that the law enforcement community generally treats Latinos fairly. Again, the same is true for the courts.

Even more strikingly, over two-thirds of respondents feel, to some extent, that the police are more likely to stop them because they are Latino – with a majority solidly “agreeing” with this statement. These results may suggest a need for more outreach to the Latino community in Boulder County by the law enforcement community and justice officials, as well as greater accommodations to address language barriers when interacting with these institutions.

Leaders in the criminal justice and law enforcement communities who were interviewed for this project generally acknowledged the overrepresentation of minorities in the criminal justice system; at the same time, however, they noted improvements they felt had been made in this area over the last decade. Those interviewed suggested that Latinos, and youth in general, are overrepresented in the criminal justice system in Boulder County, although some indicated they “don’t know why minority youth are generally more likely to be stopped, and then more likely to be arrested.” Others felt that the overrepresentation was due to Latinos’ overrepresentation among those living in poverty. One person said: “I think that’s more a function of poverty than it is a function of an ethnic group.” It was mentioned that higher incarceration rates of Latinos may be due to the lack of proper documentation when pulled over especially for undocumented immigrants and the inability to post bail. In addition, recent changes in immigration enforcement were perceived by those interviewed as making things more difficult for Latino communities, and especially for those who are undocumented.

There was also an acknowledgement that the situation is more complicated than it might seem at first glance:

“Fair is a complicated word. I’m convinced that we are not out there profiling, I’m convinced we are not going to stop you because you are Latino. We have gone through tremendous efforts with significant, serious consequences if we think people are doing that in our police department. But, fair, in my mind, [is more than that]. I don’t know if we are always great at making sure that we understand the context for everyone’s life.”

Law enforcement officials are both aware of their place and reputation within society, and the Latino community in particular, as well as being aware of and proud of the work they have done to eliminate bias in the law enforcement system. One person interviewed commented: “very rarely do we get a complaint that somebody was arrested or stopped or whatever because they were profiled. That happened a lot, years ago.” At the same time, officials acknowledge the inherent fear that can come from interactions with the police for anyone.

It was noted that the criminal justice system is “hiring more people [fluent in Spanish].” One respondent said, “I’m trying to create incentives among my staff to become fluent in Spanish, and I’m trying to set an example by doing it myself.” Others noted that we are “fortunate in the Boulder area,” as “there are a lot of law enforcement officers that do speak Spanish.”

Ethnic Discrimination

A majority of respondents to the 2013 LTF Community Assessment survey indicate they have been discriminated against in their community because they are Latino. And a majority express some level of disagreement with the statement that Latinos are treated the same as everyone else within their community. In addition, nearly 12% of Latino high school students report having been harassed because of their racial or ethnic origin, according to data from the Youth Risk Behavior Survey. This rate is no higher than that for other non-white high school students in Boulder County, but along with the findings presented above, it draws attention to an alarming trend.

Latino Youth Risk Behavior Survey

Youth Risk Behavior	Percentage Responding Affirmatively
Harassed at school in previous year	24.0
Has been electronically bullied	14.5
Harassed because of racial/ethnic origin	11.8
Did no go to school because felt unsafe	8.9
Threatened or injured with weapon on school property in last year	8.6
Harassed at school in past year because someone thought they were LGBTQ	6.0
Harassed because of religious beliefs	4.5

Source: Youth Risk Behavior Survey

In 2011, there were five racially/ethnically-motivated hate crimes in Boulder County, three of which occurred in Longmont, according to Boulder County Trends 2013. And less than one-quarter of Boulder County residents consider Boulder to be a good place for immigrants or racial/ethnic minorities. These data indicate there is much room for improvement when it comes to making Boulder County a welcoming place for all its residents.

Even so, over half of respondents to the 2013 LTF Community Assessment survey at least “slightly agree” with the statement that non-Latinos support Latinos taking leadership positions in their community. The same is true for the belief that non-Latinos support public policies that benefit Latinos – and agreement with this statement is higher now than it was in the 2001 survey. Although these findings do suggest feelings of otherness are prevalent among Latinos in Boulder County, and that experiencing discrimination is common, they also appear to suggest growing feelings of acceptance over the last decade.

Overall, those leaders interviewed for this assessment felt that there was still work to be done in Boulder County to remove discrimination as an issue. However, they also felt that a lot of progress had been made in this area. Most had no “hard data” to support their feelings, but were going by experiences they had or heard about where someone experienced racism or discrimination. One participant reported receiving complaints about translations of materials into Spanish: “We will get calls about why are we spending money to do that. ‘If they can’t speak the language, then they need to go home.’”

Several of those interviewed mentioned specific experiences they or their friends and family had in regards to being bullied or discriminated against by law enforcement. One person said,

“My son was stopped on the street just going to school, by the police. That happens. He wore a hoodie; maybe that was it. He was just walking down the street on his way to school, and the cops stopped him and he felt pretty harassed.”

Others who worked for municipalities reported receiving discriminatory complaints such as the following: “There are too many Mexicans living in this house and they are the downfall of my neighborhood.” This person felt that discrimination is “still there and with us.” Another of those interviewed said: “We would hear things about differential treatment in terms of our code enforcement.” While people frequently acknowledged the persistence of discrimination in law enforcement in Boulder County, at the same time, many felt hopeful that law enforcement was “strict about that” and did not allow individual race or ethnicity to influence their actions.

Others felt that discrimination in Boulder had become significantly better over time, and that although it may not have disappeared entirely, there had been a vast improvement. Several people felt that the City of Boulder had done better than other areas: “Our city workforce is representative of the community. So we’re working on it.”

Social Justice Issues

Recommendations for Institutions

- Provide transparent and equitable processes that can address complaints of bias and/or discrimination within institutions.
- Create review boards with authority to address the issue of discrimination within our schools and communities.
- Assess overrepresentation within the criminal justice system and address inequities.
- Institutional training to identify bias and/or discrimination with strategic action to address these issues.
- Develop advisory groups of Latinos to examine internal data collection, with a focus on demographic disparities
- Examine training programs to identify opportunities to enhance cultural competency components
- Highlight the benefit of employing/serving Latinos in the community

Social Justice Issues

Recommendations for Latino Community

- Become informed and support agencies that work for social justice support within the community.
- Be willing to bring forward complaints and solutions regarding incidents of bias and/or discrimination.
- Become informed of how systems work.
- Become involved in supporting social justice in your schools and communities.
- Document instances of bias/discrimination with the Latino Task Force
- Work with community to create the vision for a socially just Boulder County



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IN CLOSING

The 2001 Latino Community Assessment was a catalyst that started the recognition of the many positive assets and contributions the Latino community provides and the need to be intentional about inclusive practices. LTF hopes that the 2013 Latino Community Assessment will start a new focus on strategies and approaches that will create more equitable opportunities for Latinos in Boulder County. One of the most concerning issues uncovered in the 2013 Assessment is the evidence of the many underlying problems related to poverty, white privilege, and institutional racism in Boulder County. The 2013 Latino Community Assessment can serve as an opportunity for service providers, government programs, and other decision-making entities to conduct a self-assessment related to their existing workforce, mechanisms for community input, and leadership opportunities, all with the lens of being more inclusive and representative of the diversity in Boulder County. More inclusive and diverse workforces, advisory groups, and decision making bodies will inevitably lead to providing more culturally competent services and addressing the larger systemic issues preventing social equity.

LTF is humbled at the opportunity to serve as a bridge between the Latino community and the non-Latino community to produce change that enhances the quality of life for all Boulder County residents.

With appreciation

The LTF appreciates all the donors that helped make the 2013 assessment possible, with a special thanks to The Community Foundation Serving Boulder County, Boulder County Commissioners, City of Longmont, City of Boulder, Boulder Valley School District, St. Vrain Valley School District, Latino Advisory Board of Lafayette, Longmont Community Foundation, Bob Norris, Benita Duran, El Comite, and the YMCA Diversity & Inclusion Collaborative.

Con gratitud

The LTF is grateful to all those who participated in this assessment by helping administer the survey, filling out the survey, or participating in focus group or interviews.

Further engagement

If you would like more information about the Survey or would like for a member of the LTF to provide a presentation to your organization or group, please contact Nick Robles at NRobles@latinotaskforce.org.

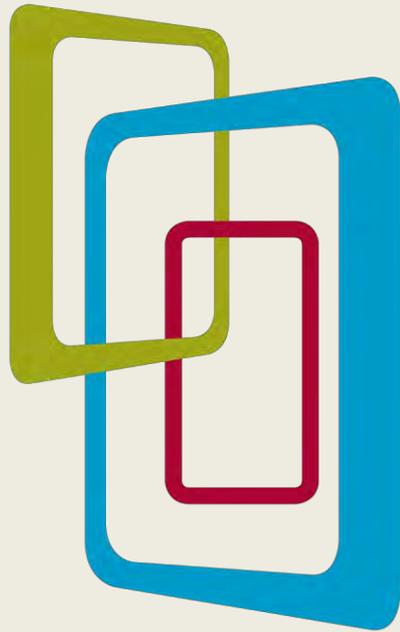
Glossary:

- **Acculturation** – Cultural modification of an individual, group, or people by adapting to, or borrowing traits from, another culture; a merging of cultures as a result of prolonged contact. It should be noted that individuals from culturally diverse groups may desire varying degrees of acculturation into the dominant culture.¹
- **Assimilation** – Assuming the cultural traditions of a given people or group.¹
- **Classism** – differential treatment based on social class or perceived social class; the systematic oppression of subordinated class groups to advantage and strengthen the dominant class groups. It's the systematic assignment of characteristics of worth and ability based on social class.²
- **Cultural Competence** – have a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally.¹
- **Cultural Brokering** – the act of bridging, linking or mediating between groups of persons of differing cultural backgrounds for the purpose of reducing conflict or producing change.¹
- **Discrimination** – unfair treatment of a person, racial group, minority, etc.; action based on prejudice.³
- **Institutional Racism** – The collective failure of an organization to provide an appropriate and professional service to people because of their color, culture or ethnic origin which can be seen or detected in processes; attitudes and behavior which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantages minority ethnic people.⁴
- **Internalized Oppression** – the process by which a member of an oppressed group comes to accept and live out the inaccurate myths and stereotypes applied to the group.⁵
- **Linguistic Competence** – the capacity of an organization and its personnel to communicate effectively and to convey information in a manner that is easily understood by diverse audiences.¹
- **Racism** – a belief that race is the primary determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race.⁶
- **Social equity** – fair access to livelihood, education, and resources; full participation in the political and cultural life of the community; and self-determination in meeting fundamental needs.⁷
- **Social Inclusion (inclusiveness)** – a process by which efforts are made to ensure equal opportunities for all, regardless of their background, so that they can achieve their full potential in life. It is a multi-dimensional process aimed at creating conditions which enable full and active participation of every member of the society in all aspects of life, including civic, social, economic, and political activities, as well as participation in decision-making processes.⁸
- **White Privilege** – A right, advantage, or immunity granted to or enjoyed by white persons beyond the common advantage of all others; an exemption in many particular cases from certain burdens or liabilities.⁹

Sources:

1. National Center for Cultural Competence. (2004). Bridging the Cultural Divide in Health Care Settings: The Essential Role of Cultural Brokers Programs. Washington, DC: Author.
2. Brown, N., Collins, C., Freeman, P., Fulton, H., Morales, A.G., Gonzalez, D., Greenberg, Z., Koch-Gonzalez, J., Labanowski, P., Ladd, J., Lavell, F., Leondar-Wright, B., Lloyd, S., Marshall, A., Moorehead, D., Myhand, N., Padgett, L., Phillips, A., Preston, A., ybaczuk, R., Sackey-Milligan, R., Seider, M., Shlasko, D., & Williams, T. (n.d.) What is Classism. Retrieved from <http://www.classism.org/about-class/what-is-classism>
3. Discrimination (n.d.). In The Free Dictionary online. Retrieved from <http://www.thefreedictionary.com/discrimination>
4. Randall, V.R. Race, Racism, and the Law. (n.d.) Retrieved from http://racism.org/index.php?option=com_content&view=article&id=324:racism08b&catid=17&Itemid=120
5. Internalized oppression. (n.d.). In Urban Dictionary online. Retrieved from <http://www.urbandictionary.com/define.php?term=internalized%20oppression>
6. Racism. (n.d.) In Merriam-Webster online. Retrieved from www.merriamwebster.com
7. Reliable Prosperity. (n.d.). Social Equity. Retrieved from http://www.reliableprosperity.net/social_equity.html
8. United Nations: Development Policy and Analysis Division. (2009). Creating an Inclusive Society: Practical Strategies to Promote Social Integration. Retrieved from <http://www.un.org/esa/socdev/egms/docs/2009/Ghana/inclusive-society.pdf>
9. Clark, K. Race, Racism, and the Law. (n.d.) Retrieved from http://racism.org/index.php?option=com_content&view=article&id=387:whiteness05a&catid=69&Itemid=165





BOULDER COUNTY
**HOUSING
& HUMAN
SERVICES**

Hope for the future, help when you need it.

Boulder County DHHS
2014 Budget

Boulder County Human Services
 Comparison of CY2013 and CY2014 Budgeted Revenues, Expenditures and Use of Fund Balance

	2013	2014	% incr/(decr)
REVENUES:			
Property Taxes	\$ 6,100,327	\$ 6,100,327	0.0%
HHS Fund (1A) (Transfer In)	\$ 1,412,286	\$ 1,412,286	0.0%
TSN Funds (Transfer In)	\$ 5,007,927	\$ 5,007,927	0.0%
Private Grant Funding	\$ -	\$ 1,408,679	n/a
TSN Funds - Use of TSN Fund Balance (Transfer In)	\$ 1,019,719	\$ -	-100.0%
Intergovernmental Revenue			
Revenue Generation:			
Child Support Retained	\$ 92,097	\$ 84,865	
State Incentives	\$ 122,652	\$ 167,126	
Federal Incentives	\$ 30,115	\$ 44,478	
TANF Collections	\$ 4,675	\$ 7,562	
Program Reimbursement:	\$ 249,539	\$ 304,030	21.8%
Colorado Works	\$ 3,284,284	\$ 3,325,628	
Child Care	\$ 635,768	\$ 630,422	
Child Welfare	\$ 10,246,252	\$ 10,528,399	
County Administration	\$ 3,184,795	\$ 3,554,689	
Core Services	\$ 562,090	\$ 345,828	
Child Support Enforcement	\$ 1,166,402	\$ 1,185,746	
Old Age Pension	\$ 198,886	\$ 188,457	
ADP Pass Thru	\$ 485,311	\$ 308,589	
County-Only Pass Thru	\$ 968,261	\$ 882,688	
ILA/Chafee	\$ 130,309	\$ 117,404	
PSSF	\$ 111,689	\$ 128,938	
IMPACT	\$ 250,623	\$ 137,216	
Other Grant Funds	\$ 116,256	\$ 59,310	
LEAP	\$ 147,000	\$ 140,293	
	\$ 21,487,928	\$ 21,533,606	0.2%
TOTAL REVENUES:	\$ 35,277,726	\$ 35,766,856	1.4%
EXPENDITURES:			
County Administration	\$ 7,237,091	\$ 7,149,119	
TANF	\$ 4,107,868	\$ 5,391,269	
Child Support	\$ 1,767,276	\$ 1,796,585	
Child Care	\$ 2,321,342	\$ 2,143,591	
LEAP	\$ 121,978	\$ 167,801	
Child Welfare	\$ 13,369,804	\$ 13,774,736	
Old Age Pension/Home Care Allowance/SSI	\$ 211,603	\$ 202,985	
Core Services	\$ 926,762	\$ 653,512	
ILA/Chafee	\$ 130,309	\$ 117,404	
PSSF	\$ 111,689	\$ 128,938	
ADP Pass Thru	\$ 1,470,639	\$ 935,118	
IMPACT	\$ 250,623	\$ 137,216	
Grant Funding	\$ 145,320	\$ 79,080	
County Only/General Assistance	\$ 3,800,741	\$ 3,649,880	
Aid to Needy Disabled	\$ 151,501	\$ 166,128	
TOTAL EXPENDITURES:	\$ 36,124,548	\$ 36,493,362	1.0%
REVENUES LESS EXPENDITURES:	\$ (846,821)	\$ (726,507)	-14.2%
DETAIL OF USE OF FUND BALANCES:			
USE OF FUND 012 BALANCE:	\$ (846,821)	\$ (726,507)	-14.2%
USE OF TSN RESERVES:	\$ (1,019,719)	\$ -	-100.0%

2014 SOURCES AND USES

Amts in purple boxes are from the EBT pmts Darker purple = local EBT/EFT share

Amounts in yellow boxes are I/G revenues Gray boxes are Fed/State EBT/MOE amounts

Amounts in grey are Federal MOE/EBT

Amounts in red boxes are allocations

Description	Local Share	Federal/State Share(2)	Component Spending	Total Spending	Notes:	Allocations
SOURCES:						
Mill Levy Revenues	not final \$ 6,100,327					
Local Initiative Funds	\$ 1,412,286				same amount every year	
Temporary Safety Net	not final \$ 5,007,927					
Child Support Retained	\$ 84,865					
State Incentives	\$ 167,126					
Federal Incentives	\$ 44,478					
TANF Collections	\$ 7,562					
Private Grant Revenues	\$ 1,408,679					
TOTAL	\$ 14,233,249					
USES:						
Colorado Works				\$ 6,657,035		\$ 5,379,362
Administrative Costs	\$ 831,407	\$ 3,325,628	\$ 4,157,035	local share at 20%	Cnty share of Admin (\$942k) is GT est MOE amt of \$788k (EBT tab cell C72)	
Basic Cash Asst/St Divrsn (lower limit at \$0)	\$ -	\$ 2,500,000	\$ 2,500,000			
Adj to allocation; overspend to county (new)	\$ 1,234,234	\$ (1,234,234)			adj moves overexpend to Local Share	
Child Care				\$ 4,288,027		\$ 3,087,117
Administrative Costs	\$ 157,605	\$ 630,422	\$ 788,027	local share at 20%		
CCAP Provider Payments	\$ 312,259	\$ 3,187,741	\$ 3,500,000			
Adj to allocation; overspend to county (new)	\$ 1,043,305	\$ (1,043,305)			10/15/13: \$500k of 2014 TSN reallocated to cover CCAP overspend	
Child Welfare				\$ 17,400,895	adj moves overexpend to Local Share	\$ 15,060,983
100% Admin	\$ -	\$ 1,169,210	\$ 1,169,210			
80/20 Admin	\$ 2,339,797	\$ 9,359,189	\$ 11,698,986	local share at 20%		
Vendor pmts via Trails:						
Child Welfare Child Care	\$ 75,000	\$ 300,000	\$ 375,000	local share at 20%		
Case Services	\$ 20,214	\$ 80,854	\$ 101,068	local share at 20%		
OOH Placement	\$ 377,622	\$ 1,510,487	\$ 1,888,109	local share at 20%		
Subsidized Adoption	\$ 348,436	\$ 1,393,745	\$ 1,742,181	local share at 20%		
TRCCF	\$ 23,661	\$ 94,645	\$ 118,307	local share at 20%		
PRTC/Fee for Services/CHRP	\$ 61,607	\$ 246,428	\$ 308,035	local share at 20%		
Total Child Welfare	\$ 3,246,337	\$ 14,154,558	\$ 17,400,895			
County Administration ⁽¹⁾	\$ 894,861	\$ 3,554,689		\$ 4,474,307	\$4.4M reimbursed @ 80%; assumes 11.7% surplus distribution; adtl overage reimbursed @ pass thru rate	\$ 4,007,081
Non-Allocated Programs	\$ 24,757		\$ 24,757		County share of EBT issuance cost, 100% county (F300.4011)	
Core Services						
Administrative Costs	\$ 86,457	\$ 345,828	\$ 432,285	local share at 20%		
Vendor Payments through TRAILS	\$ 221,227	\$ 2,091,242	\$ 2,312,469		Assumes available funds to be spent on Core contracts	\$ 2,555,466
Child Support Enforcement	\$ 610,839	\$ 1,185,746		\$ 1,796,585		
SSI HCA	\$ 7,696	\$ 146,230		\$ 153,926		
Aid to Needy Disabled	\$ 166,128	\$ 687,012		\$ 853,140		
Old Age Pension						\$ 322,179
Administrative Costs	\$ -	\$ 188,457	\$ 188,457			\$ (275,000)
Benefit Payments	\$ 6,832	\$ 5,419,348	\$ 5,426,180			
ADP Pass-thru	\$ 626,529	\$ 308,589		\$ 935,118	local share at 67%	
County Only Pass-thru (Cnty Adm ⁽¹⁾)	\$ 1,792,124	\$ 882,688		\$ 2,674,812	Assumes 33% pass thru rate	
ILA/Chafee	\$ -	\$ 117,404		\$ 117,404		
PSSF	\$ -	\$ 128,938		\$ 128,938		
Other Federal Grant Funds (Tit XX for PRT)	\$ 19,770	\$ 59,310		\$ 79,080	Tit XX Trng (PRT coord) at 75% Fedl	
LEAP	\$ 27,508	\$ 140,293	\$ 167,801			
Administrative and Outreach Costs		\$ 973,472	\$ 973,472			
Benefit Payments						
IMPACT	\$ -	\$ 137,216	\$ 137,216			
General Assistance/County-only	\$ 3,149,880			\$ 3,149,880	Includes TSN and non-TSN county-only spending	
County only - TSN CCAP overage	\$ 500,000			\$ 500,000	Reflects \$500k in 2014 TSN funds allocated for CCAP (10/15/13)	
TOTAL LOCAL SHARE	\$ 14,959,756					
SURPLUS/(DEFICIT)	\$ (726,507)					
REVENUE TO COUNTY	\$ 14,233,249	\$ 21,533,606		\$ 35,766,856		
BUDGETED EXPENDITURES				\$ 36,493,362		
INCR / (DECR) IN FUND BALANCE				\$ (726,507)	due to RMS rounding (LT .01%)	

⁽¹⁾ - Remaining deficits in County Administration following closeout are recorded as spending under County Only Pass Thru, where they are budgeted to be reimbursed at 33%.

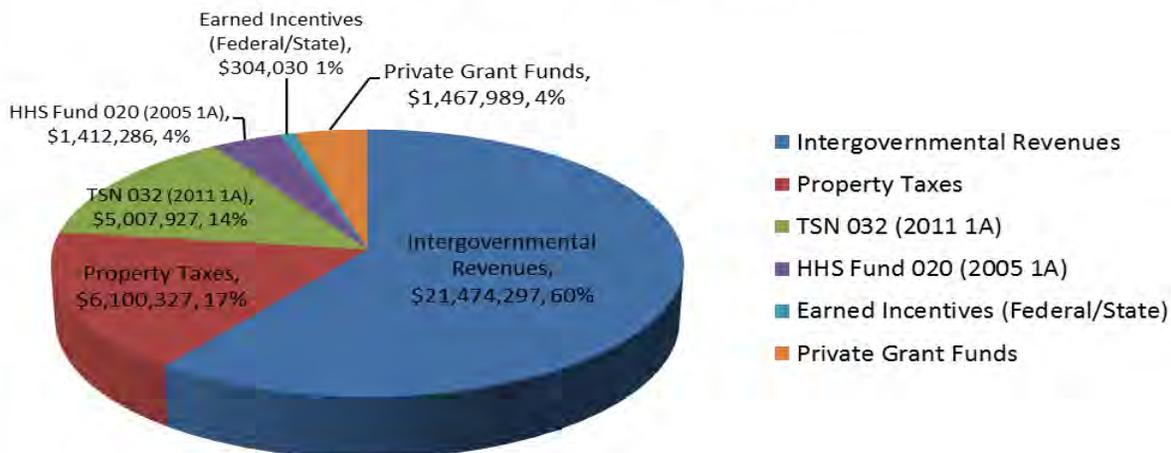
⁽²⁾ - Amounts highlighted in yellow indicate expected Fed/State revenue (\$21.5M total). Grey amounts in the Federal/State Revenue column are the expected Federal/State share of EBT transactions that do not pass thru the county.

Boulder County Human Services Temporary Safety Net / TSN Fund
2014 1A/TSN Budgeted Spending
October 17, 2013

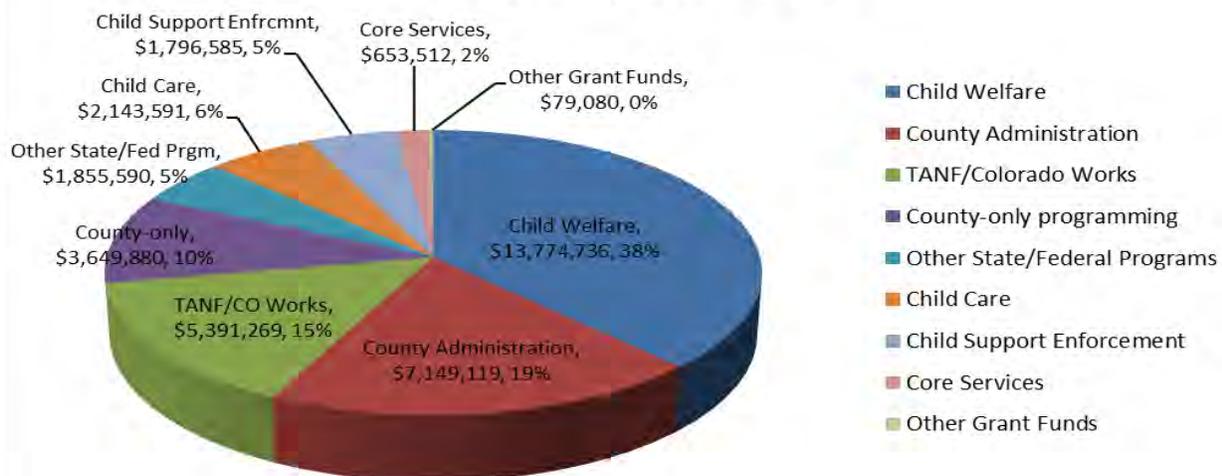
Expenditure Type	Expense				Revenue	
	County Admin Pass-thru	Child Care	Child Support	County Only	2014 Projected 1A/TSN	2014 Projected 1A/TSN
Personnel	1,993,906	66,282	51,004		2,111,192	2,111,192
Child Care		500,000			500,000	500,000
TSN Contracts					-	-
TBD				186,255	186,255	186,255
Emergency Services 2014				-	-	-
Boulder Outreach for Homeless Overflow				20,000	20,000	20,000
Boulder Shelter for the Homeless				75,000	75,000	75,000
Bridge House				20,000	20,000	20,000
Emergency Family Assistance Association				75,000	75,000	75,000
Outreach United Resource Center, Inc.				75,000	75,000	75,000
Safehouse Progressive Alliance for Nonviolence, Inc.				75,000	75,000	75,000
Sister Carmen Community Center, Inc.				75,000	75,000	75,000
City of Longmont Parent Education				49,534	49,534	49,534
Parents as Teachers (program)				114,186	114,186	114,186
Boulder Shelter for the Homeless - Benefits Acquisition				65,000	65,000	65,000
City of Boulder - Cnty wide child care resource & referral line				30,000	30,000	30,000
City of Boulder - Family Resource Center				170,000	170,000	170,000
Early Childhood Council				60,000	60,000	60,000
Mental Health Partners - Community based				320,000	320,000	320,000
Mental Health Partners - IMPACT				68,078	68,078	68,078
Mental Health Partners - Prevention Intervention Program				89,682	89,682	89,682
Mental Health Partners - Senior Reach				80,000	80,000	80,000
Sister Carmen Community Center, Inc.				200,000	200,000	200,000
Emergency Hotel Vouchers				15,000	15,000	15,000
Heating Plus 2013-14 season				200,000	200,000	200,000
Housing Choice Vouchers				110,000	110,000	110,000
Housing Stabilization Program				124,000	124,000	124,000
Contracts Total	-	-	-	2,296,735	2,296,735	2,296,735
TSN Admin	100,000				100,000	100,000
Cuts in Federal/State Funding ⁽¹⁾				-	-	-
Total TSN Spending in 2014	2,093,906	566,282	51,004	2,296,735	5,007,927	5,007,927
2014 Temporary Safety Net					5,007,927	5,007,927
Use of 2013 TSN Fund Balance					-	-

⁽¹⁾ - Potential use of TSN reserve balance is a contingency/non-budgeted item for now.

Human Services - 2014 Sources Sources Totaling \$35,766,856



Human Services - 2014 Uses Uses Totaling \$36,493,362



Boulder County Human Services 2014 Budget Assumptions

- Mill Levy revenues same as 2013
- TSN property tax mill revenues same as 2013
- DHHS unbudgeted reserves for potential cuts in federal funding
- DHHS unbudgeted reserves for disaster emergency operations
- Use of Human Services Fund 012 balance
- No or minimal available TSN Fund 032 balance



Hope for the future, help when you need it.

Boulder County Human Services 2014 Budget Risks

- Potential cutbacks to state non-entitlement funds caused by Federal impasse or funding-adverse actions
- Block grant funding levels changes made through allocation committees
- Increases in caseloads for self-sufficiency programs due to increasing need, Medicaid expansion and pace of economic recovery
- Child Care requirements exceed expanded funding opportunities
- Disaster that may require community response



BOULDER COUNTY
**HOUSING
& HUMAN
SERVICES**



Hope for the future, help when you need it.

Boulder County Human Services 2014 Budget Opportunities

- Flexible use of existing funding through passage of HB 1196 and IV-E Waiver that expand the range of human services programming to clients
- Implementation of expanded access to and funding for healthcare coverage through HB 1293 and the Affordable Care Act
- Availability of Boulder County 1A TSN funds to continue to provide resources for a larger community impact of services to clients through community partnerships



Hope for the future, help when you need it.

Boulder County Housing Division

Budget Update

This packet contains the updates to the 2013 and 2014 housing budgets. The changes are highlighted below by fiscal year.

2013 Budget Changes:

There are four proposed Intergovernmental Agreements (IGAs) transferring a total of \$2.840 million funds to the housing fund 098 at the end of FY 2013. These transfers will increase the fund balance in 2013 with expenditures of the funds expected in 2014 and 2015.

- A total of \$1.440 million to fund Housing Stabilization in 2014 as budgeted from TSN.
- \$1.000 million to fund development of potential new construction from Fund 012.
 - \$600K for Alkonis Phase 1 New Construction (Louisville)
 - \$400K for TBD Name, New construction (Lyons)
- \$400,000 for flood related rehab activity (source Fund 012)

2014 Budget Changes:

In total this packet presents a net reduction in 2014 expenditures of \$33,597, from the previous presentation in October. As a result, the budget documents show a projected net increase to BCHA Master fund balance of \$33,597 at the end of FY 2014.

- Salary true up with the County Budget Office resulting in a decrease to projected salary costs.
- Increased salary costs related to a Planner I position expected to work on the two development projects (Louisville and Lyons).
- Changed the Housing Stabilization Budget worksheet to reflect the new IGA funding from 2013.
 - Original request was \$986K changed to \$1440K due to flood housing needs.
- Changed the Capital Budget to reflect new construction projects funded by the new IGA funding in 2013.

BOULDER COUNTY HOUSING AUTHORITY

BCHA Consolidated

2014 Budget

**BCHC
Budget
2014**

Operating Fund				Grant Fund										
General Admin	North Properties	South Properties	Rural Dev	Wx	REHAB	HCV	TBRA	Housing & Comm Ed	Housing Stabilization	FSS	MFPH Pays Fee	Josephine Commons	Aspinwall LLC	BCHC Grants
JC Kitchen	1327 Emery 1410 Emery 902 Emery Bloomfield Pl Cambridge Casa Vista Catamaran Ct Cottonwood Ct E Saint Clair Eagle Place Meadows Rees Sumner Wedgewood	602 Geneseo 821 E Cleveland Acme Place Avalon Beaver Creek Lilac Place Lydia Morgan Regal Court I & II Hillside Regal Square Sunnyside Alkonis	Casa Esperanza Prime Haven Walter Self	DOE SEV LEAP ESPLUS CIP Unclassified	DOH COB DPWD	TBRA		CompCons CHFA HBE NW AHF Bldr CDBG Brmfl CDBG Lngmt CDFI Fin Ed HC BOCC CHFA EHLP Fin Stab Attny Gen	HC 1-A Primary HC 1-A Contingency Housing Crisis TANF ESG		Bedivere Carr Chester Lucerne Lyonesse Mt Gate Rodeo Sagrimore		Aspinwall 72 Units 501 Geneseo 503, 515 Gen. 505 Geneseo 507 Geneseo 509 Geneseo 517 Geneseo Finch 506 Geneseo 608 E Chester W Cleveland Milo Dover Laf Villa W Villa West II 712 Geneseo	Casa Youth FSS Non-HUD

BOULDER COUNTY HOUSING AUTHORITY

	2013 Budget	2014	2014	2014	2014	2014
	BCHA w/ Compnent Units	Boulder County Housing Authority	Component Unit MFPH	Component Unit Josephine Commons	Component Unit Aspinwall, LLC	Total BCHA w/ Component Units
Operating Revenues						
Tenant Rental Income	\$ 4,230,891	\$ 2,983,118	\$ 246,016	\$ 639,560	\$ 1,348,712	\$ 5,217,406
Management Fee Income	\$ 276,797	\$ 180,910				\$ 180,910
Grants (Including HAP & AF Payments)	\$ 10,281,824	\$ 10,721,953				\$ 10,721,953
Transfers In from Primary	\$ 200,000	\$ 200,000				\$ 200,000
Transfer in from Component Unit		\$ 40,303				\$ 40,303
Other Revenue	\$ 3,676,458	\$ 451,049		\$ 12,250	\$ 15,228	\$ 478,527
Total Operating Revenues	\$ 18,665,970	\$ 14,577,333	\$ 246,016	\$ 651,810	\$ 1,363,940	\$ 16,839,099
Operating Expenses						
Salary & Benefits incl. Work Order Labor	\$ (3,930,709)	\$ (3,439,796)	\$ (11,679)	\$ (99,821)	\$ (249,603)	\$ (3,800,899)
Indirect Salary & Benefits	\$ (694,115)	\$ (617,542)	\$ -			\$ (617,542)
Contractual Services	\$ (538,947)	\$ (903,363)	\$ (31,400)	\$ (39,000)	\$ (104,710)	\$ (1,078,472)
Property Management Fee	\$ (154,383)	\$ -	\$ (61,365)	\$ (39,950)	\$ (79,595)	\$ (180,910)
Operational Expenses	\$ (637,624)	\$ (197,623)	\$ (3,900)	\$ (8,500)	\$ (35,884)	\$ (245,907)
Direct Admin Expense	\$ (976,433)	\$ (516,668)	\$ (51,435)	\$ (155,750)	\$ (319,725)	\$ (1,043,578)
Indirect Expense (non Labor) + Non-routine	\$ (923,894)	\$ (984,209)				\$ (984,209)
Client Services/Expense	\$ (1,618,301)	\$ (8,750,928)				\$ (8,750,928)
Equipment Replacement Reserve Pmt	-	-		(22,200)	(40,363)	\$ (62,563)
Total Operating Expenses	\$ (9,474,405)	\$ (15,410,128)	\$ (159,780)	\$ (365,221)	\$ (829,880)	\$ (16,765,009)
Net Operating Income	\$ 9,191,565	\$ (832,795)	\$ 86,236	\$ 286,589	\$ 534,060	\$ 74,090
Non-Operating Expenses:						
Transfer Out			\$ (40,303)			\$ (40,303)
Depreciation Expense	\$ (1,510,016)	\$ (707,672)	\$ (35,344)	(484,634)	(810,668)	\$ (2,038,318)
Mortgage Interest	\$ (913,876)	\$ (594,423)	\$ (45,933)	(230,548)	-	\$ (870,904)
Deferred Developer Fee	\$ -	\$ -		(64,712)		\$ (64,712)
Soft Debt	\$ -	\$ -		(57,000)		\$ (57,000)
Total Non Operating Expenses	\$ (2,423,893)	\$ (1,302,095)	\$ (121,580)	\$ (836,894)	\$ (810,668)	\$ (3,071,237)
Total Expenses	\$ (11,898,298)	\$ (16,712,223)	\$ (281,360)	\$ (1,202,115)	\$ (1,640,548)	\$ (19,836,246)
Net Income	\$ 6,767,672	\$ (2,134,890)	\$ (35,344)	\$ (550,305)	\$ (276,608)	\$ (2,997,147)
		BCHA				
Net Income		\$ (2,134,890)				
Add Back non-cash expenses		707,672				
Cash Flow Sub Total:		\$ (1,427,218)				
Changes in Fund Balance:						
TBRA Fund Draw	\$	29,872				
HSP Fund Draw	\$	1,630,020				
HCV NRA Fund Draw	\$	293,860				
HCV UNA (Admin) Fund Draw	\$	158,341				
Wx Fund Increase	\$	(96,002)				
BCHA Master Fund Increase	\$	(97,058)				
Net Total Fund Draw	\$	1,919,033				
2014 loan payments to principle		(491,815)				
2014 Net Cash Flow	\$	-				

Boulder County Housing Authority
CAPITAL BUDGET AND CASH SOURCES BY PROJECT
2014

CAPITAL BUDGET (Uses)		Development Fund*	Development Fund Alkonis	Development Fund Land Bank	Bloomfield Place - North	Esperanza - RD - North	Beaver Creek - South	108-110 S. Carr - MFPH	Ned/Lyons Rehab	Regal, Lilac, Lydia Morgan Louisville Renovation**	Sunnyside Louisville Refinance/renovation	Alkonis Phase I New Construction Louisville	TBD Name Replacement Housing Lyons New construction	Capital Funds Remaining	Capital Funds Used
Allocated	2,993,838	-	500,000	100,000	22,500	191,000	67,000	62,000	122,000	719,338	210,000	600,000	400,000	-	2,993,838
Unallocated	2,107,528	300,000												1,807,528	300,000
Total	5,101,366	300,000	500,000	100,000	22,500	191,000	67,000	62,000	122,000	719,338	210,000	600,000	400,000	1,807,528	3,293,838

Assumptions: No new funding sources in 2014. All funding sources utilized in 2014 are from a prior Fiscal Year.

FUNDING SOURCE (Sources)	Unallocated	Unallocated													
Designated Purpose Funds															
From 2012 Bond	1,029,688									446,338				583,350	446,338
HUD CFP (Hillside)	33,314													33,314	-
IGA with Human Services	1,000,000											600,000	400,000	-	1,000,000
Grants															
COB 2014 HOME	180,000										180,000			-	-
Unrestricted															
Released due to 2013 Bond	560,979		8,175.00		22,500		67,000	62,000	122,000	273,000				-	-
Sale of Laurels	591,825		491,825.00	100,000										6,304	554,675
JC Dev Fees Earned	767,000	300,000												-	591,825
V Developer Fee - first installment	186,277										30,000			437,000	330,000
Sale of Sir Galahad	89,479													186,277	-
Restricted														89,479	-
Casa Esperanza FHMA Reserves	245,792													-	-
Prime Haven Reserve	37,267					191,000								54,792	191,000
Walter Self Reserve	67,773													37,267	-
LHA Transfer(Regal Sq & Hillside)	189,594													67,773	-
LHA Transfer(Sunnyside)	122,378													189,594	-
Total	5,101,366	300,000	500,000	100,000	22,500	191,000	67,000	62,000	122,000	719,338	210,000			1,807,528	3,293,838

* \$100K of Refunded Dev Fund spent in 2013 on non reimbursable expenses.

**LW Rehab Exterior - \$1,300K expensed in 2013.

Aspinwall, LLC
CAPITAL BUDGET AND CASH SOURCES BY PROJECT
2014

	Construction Budget	TOTAL
CAPITAL BUDGET (Uses)		
Construction in Progress	27,512,582	27,512,582
Unallocated		
Total	27,512,582	27,512,582
FUNDING SOURCE (Sources)		
Fund Balance	2,720,827	2,720,827
Interest	474,113	474,113
Loqan'Red Stone Capital	18,867,644	18,867,644
Geo Thermal	3,059,806	3,059,806
CDOH Etal	89,991	89,991
Unrestricted	2,300,201	2,300,201
Total	27,512,582	27,512,582
SOURCE FUNDS REMAINING		
	-	-

Operating Fund		
	2013 Budget	2014 Budget
Revenues:		
Tenant Rental Income	1,365,140	1,531,567
Subsidies	1,366,728	1,461,151
Management Fee Income	276,797	180,910
Transfers In from Primary	200,000	200,000
Transfers In from Component Unit	-	40,303
Vacancy & Loss	(6,574)	(9,600)
Other Revenue	3,567,028	230,949
Sub Total:	6,769,119	3,635,281
Total Revenue:	\$ 6,769,119	\$ 3,635,281
Operating Expenses:		
Salary & Benefits incl. Work Order Labor	(1,159,970)	(672,473)
Indirect Salary & Benefits	(296,866)	(269,183)
Maintenance Materials	(72,359)	(68,575)
Outside Contract Labor	(251,387)	(279,650)
Utilities & Phone	(282,450)	(285,266)
Property Mgmt Fee	(42,279)	-
Direct Admin Expense	(209,732)	(172,745)
Indirect (non Labor) + Non-routine Expense	(597,613)	(625,306)
Total Operating Expenses:	\$ (2,912,655)	\$ (2,373,199)
Non-Operating Expenses:		
Depreciation	(557,839)	(641,048)
Amortization	-	-
Mortgage Interest	(680,361)	(594,423)
Total:	\$ (1,238,200)	\$ (1,235,470)
Total Expenses:	\$ (4,150,855)	\$ (3,608,669)
Net Income:	\$ 2,618,263	\$ 26,612
Add Back Non-Op Expense:	\$ 1,238,200	\$ 1,235,470
Net Operating Income:	\$ 3,856,464	\$ 1,262,082

Grant Fund		
	2013 Budget	2014 Budget
Revenues:		
Administration Fee Income	480,000	456,336
Federal Grants Income	2,080,801	2,177,469
State / County Grants Income	1,325,553	1,782,412
HAP Payment Revenue	6,215,224	6,080,000
Utility Rebates	163,891	201,664
Interest & Fee Income	16,355	24,072
Other Income	104,492	220,100
Sub Total:	10,386,316	10,942,053
Total Revenue:	\$ 10,386,316	\$ 10,942,053
Operating Expenses:		
Salary & Benefits	(2,457,009)	(2,767,323)
Indirect Salary & Benefits	(397,249)	(348,359)
Administrative Contract Fees	(19,785)	(2,800)
Outside Contract Labor	(156,500)	(620,913)
Operational Expenses	(540,565)	(129,048)
Direct Admin Expense	(84,430)	(58,657)
Indirect Expense (non Labor)	(326,281)	(358,902)
HAP Rent & Utility Expense	(6,643,395)	(6,457,068)
Client Services/Expense (Non HAP)	(1,618,301)	(2,293,860)
Total Operating Expenses:	\$ (12,243,514)	\$ (13,036,930)
Non-Operating Expenses:		
Depreciation	(46,800)	(66,624)
Amortization	-	-
Mortgage Interest	-	-
Total:	\$ (46,800)	\$ (66,624)
Total Expenses:	\$ (12,290,314)	\$ (13,103,554)
*Net Income:	\$ (1,903,998)	\$ (2,161,501)
Add Back Non-Op Expense:	\$ 46,800	\$ 66,624
TBRA Payment from Reserves	\$ (29,872)	
HSP Payment from Reserves	\$ (1,630,020)	
HAP Payment Reserves (NRA)	\$ (293,860)	
HAP Payment Admin Reserves (UNA)	\$ (158,341)	
Wx Addition to Reserves	\$ 96,002	
2014 Master: Fund 1 (#2452)	\$ (47,086)	
Total Net Payment from Reserves	\$ (2,063,177)	
*Net Operating Income:	\$ (1,857,198)	\$ (2,094,877)

Back to Coversheet

Finance Administration	Allocated				Allocated	
	Across Property Units		Across Other Programs		Across Property Units	Across Other Programs
	2013 Budget	2013 Indirect Costs	2013 Indirect Costs	2014 Budget*	2014 Indirect Costs	2014 Indirect Costs
Revenues:						
Management Fee Income	276,797	-	-	180,910	-	-
Transfers In from Primary	200,000	-	-	200,000	-	-
Transfers In from Component Unit	-	-	-	40,303	-	-
Collection Loss	(30,000)	-	-	-	-	-
Other Revenue	3,476,358	-	-	130,000	-	-
Sub Total:	3,923,155	-	-	551,213	-	-
Total Revenue:	\$ 3,923,155.00	\$ -	\$ -	\$ 551,213.10	\$ -	\$ -
Administrative Expenses:						
Administrative Salary	\$ (155,337.42)	\$ (191,464)	\$ (250,483)	\$ (159,634.72)	\$ (113,030)	\$ (207,965)
Administrative Benefits	\$ (49,747.58)	\$ (61,317)	\$ (76,498)	\$ (62,080.17)	\$ (43,956)	\$ (80,875)
Contractual Services	\$ (19,940)	\$ (36,435)	\$ (43,625)	\$ (31,405.32)	\$ (27,390.35)	\$ (47,093)
Legal	\$ (7,896)	\$ (14,428)	\$ (17,276)	\$ (10,911.64)	\$ (10,698.22)	\$ (18,649)
Audit	\$ (20,420)	\$ (37,309)	\$ (44,672)	\$ (38,414.99)	\$ (25,532.84)	\$ (48,223)
Supplies	\$ (9,849)	\$ (17,996)	\$ (21,547)	\$ (13,609.68)	\$ (13,528.43)	\$ (23,260)
Telephone	\$ (4,286)	\$ (7,831)	\$ (9,376)	\$ (5,921.99)	\$ (5,886.64)	\$ (10,121)
Postage & Shipping	\$ (3,290)	\$ (6,012)	\$ (7,199)	\$ (4,546.47)	\$ (4,519.35)	\$ (7,771)
Printing	\$ (1,496)	\$ (2,733)	\$ (3,273)	\$ (2,066.58)	\$ (2,054.25)	\$ (3,533)
Utilities	\$ (14,262)	\$ (26,059)	\$ (31,201)	\$ (19,707.47)	\$ (18,698.35)	\$ (40,753)
Office Rent	\$ (17,946)	\$ (32,791)	\$ (39,263)	\$ (24,798.98)	\$ (24,650.93)	\$ (42,385)
Bank & Other Fees	\$ (4,985)	\$ (9,109)	\$ (10,906)	\$ (6,888.60)	\$ (6,847.49)	\$ (11,773)
Travel & Training	\$ (10,369)	\$ (18,946)	\$ (22,685)	\$ (14,328.29)	\$ (14,242.79)	\$ (24,489)
Dues & Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Employee Meetings & Recognition	\$ (299)	\$ (547)	\$ (655)	\$ (413.32)	\$ (410.87)	\$ (707)
Vehicle Expense	\$ (2,233)	\$ (4,081)	\$ (4,886)	\$ (3,086.09)	\$ (3,067.63)	\$ (5,274)
Admin Expense Elimination	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance Expense	\$ (5,487)	\$ (10,026)	\$ (12,005)	\$ (15,510.33)	\$ (24,774.00)	\$ (13,551)
Non Routine	\$ -	\$ -	\$ -	\$ (10,000)	\$ -	\$ -
Total Operating Expenses:	\$ (327,843.84)	\$ (477,081)	\$ (595,549)	\$ (423,325)	\$ (339,288)	\$ (586,424)
Non-Operating Expenses:						
Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Amortization	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Mortgage Interest	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Tax Credit Soft Debt	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenses:	\$ (327,844)	\$ (477,081)	\$ (595,549)	\$ (423,325)	\$ (339,288)	\$ (586,424)
Net Income:	\$ 3,595,311	\$ (477,081)	\$ (595,549)	\$ 127,888	\$ (339,288)	\$ (586,424)

Property Administration	Allocated Per Property Units		Allocated Per Property Units	
	2013 Budget	2013 Indirect Costs	2014 Budget	2014 Indirect Costs
Revenues:				
Management Fee Income	-	-	-	-
Transfers In from Primary	-	-	-	-
Transfers In from Other Departments	-	-	-	-
Collection Loss	-	-	-	-
Other Revenue	-	-	-	-
<i>Sub Total:</i>	-	-	-	-
Total Revenue:	\$ -	\$ -	\$ -	\$ -
Administrative Expenses:				
Administrative Salary	\$ (317,518.34)	\$ (421,003)	\$ (29,416)	\$ (404,941)
Administrative Benefits	\$ (142,852.66)	\$ (189,411)	\$ (11,439)	\$ (157,477)
Contractual Services	\$ -	\$ -	\$ -	\$ -
Legal & Professional Services	\$ (1,391)	\$ (2,609)	\$ (3,531)	\$ (2,496)
Audit	\$ -	\$ -	\$ -	\$ -
Supplies	\$ (7,363)	\$ (13,805)	\$ (13,897)	\$ (17,546)
Telephone	\$ (7,475)	\$ (14,017)	\$ (14,111)	\$ (17,815)
Postage & Shipping	\$ -	\$ -	\$ -	\$ -
Printing	\$ -	\$ -	\$ -	\$ -
Utilities	\$ (24,877)	\$ (46,645)	\$ (46,966)	\$ (59,285)
Office Rent	\$ (4,134)	\$ (7,750)	\$ (7,801)	\$ (9,851)
Bank & Other Fees	\$ -	\$ -	\$ -	\$ -
Travel & Training	\$ -	\$ -	\$ -	\$ -
Dues & Subscriptions	\$ -	\$ -	\$ -	\$ -
Employee Meetings & Recognition	\$ -	\$ -	\$ -	\$ -
Vehicle Expense	\$ -	\$ -	\$ -	\$ -
Admin Expense Elimination	\$ -	\$ -	\$ -	\$ -
Insurance Expense	\$ (13,189)	\$ (24,729)	\$ -	\$ (13,765.00)
Non Routine	\$ -	\$ -	\$ (90,000)	\$ -
Total Operating Expenses:	\$ (518,800)	\$ (719,969)	\$ (217,161)	\$ (683,176)
Non-Operating Expenses:				
Depreciation	\$ -	\$ -	\$ -	\$ -
Amortization	\$ -	\$ -	\$ -	\$ -
Mortgage Interest	\$ -	\$ -	\$ -	\$ -
Tax Credit Soft Debt	\$ -	\$ -	\$ -	\$ -
Total:	\$ -	\$ -	\$ -	\$ -
Total Expenses:	\$ (518,800)	\$ (719,969)	\$ (217,161)	\$ (683,176)
Net Income:	\$ (518,800)	\$ (719,969)	\$ (217,161)	\$ (683,176)

JC Kitchen

	2013 Budget	2014 Budget
Revenues:		
Tenant Rental Income	\$ 26,132	\$ -
Subsidies	\$ -	\$ -
Vacancy & Loss	\$ -	\$ -
Other Revenue	\$ 14,345	\$ 35,000
<i>Sub Total:</i>	\$ 40,477	\$ 35,000
Total Revenue:		
	\$ 40,477	\$ 35,000
Operating Expenses:		
Salary & Benefits incl. Work Order Labor	\$ -	\$ (19,200)
Indirect Salary & Benefits	\$ -	\$ -
Cap Ex	\$ -	\$ -
Maintenance Materials	\$ (10,522)	\$ (1,500)
Outside Contract Labor	\$ (12,850)	\$ (12,300)
Utilities	\$ (14,530)	\$ -
Asset Mgmt Fee	\$ -	\$ -
Property Mgmt Fee	\$ -	\$ -
Admin Expense	\$ -	\$ -
Legal & Other Fees	\$ -	\$ -
Deposit Interest	\$ -	\$ -
Insurance	\$ (2,575)	\$ (2,000)
Total Operating Expenses:	\$ (40,477)	\$ (35,000)
Non-Operating Expenses:		
Depreciation	\$ -	\$ -
Amortization	\$ -	\$ -
Mortgage Interest	\$ -	\$ -
Total:	\$ -	\$ -
Total Expenses:		
	\$ (40,477)	\$ (35,000)
Net Income:		
	\$ -	\$ -
Add Back Non-Op expense:	\$ -	\$ -
BOOK NUMBER (UNADJUSTED)		
Net Operating Income:		
	\$ -	\$ -

NORTH SUMMARY

95% occupancy rate in 2014

133 Units

	2011 Actual	2012 Actual	2013 Budget	2014 Budget
Revenues:				
Tenant Rental Income	\$ 514,944	\$ 541,448	\$ 512,848	\$ 514,211
Subsidies	\$ 661,235	\$ 665,561	\$ 643,824	\$ 653,622
Vacancy & Loss	\$ (12,618)	\$ (26,297)	\$ (3,675)	\$ -
Other Revenue	\$ 28,319	\$ 40,475	\$ 36,710	\$ 32,775
<i>Sub Total:</i>	\$ 1,191,879	\$ 1,221,187	\$ 1,189,707	\$ 1,200,608
Total Revenue:	\$ 1,191,879	\$ 1,221,187	\$ 1,189,707	\$ 1,200,608
Operating Expenses:				
Salary & Benefits incl. Work Order Labor	\$ (69,236)	\$ (310,528)	\$ (332,768)	\$ (215,566)
Indirect Salary & Benefits	\$ (107,947)	\$ (103,371)	\$ (10,190)	\$ (60,170)
Cap Ex	\$ -	\$ -	\$ -	\$ -
Maintenance Materials	\$ (44,796)	\$ (43,842)	\$ (33,700)	\$ (28,875)
Outside Contract Labor	\$ (134,830)	\$ (135,897)	\$ (102,725)	\$ (99,550)
Utilities	\$ (106,888)	\$ (111,366)	\$ (115,450)	\$ (97,689)
Asset Mgmt Fee	\$ -	\$ -	\$ -	\$ -
Property Mgmt Fee	\$ -	\$ -	\$ -	\$ -
Admin Expense	\$ (67,118)	\$ (62,241)	\$ (120,048)	\$ (116,159)
Legal & Other Fees	\$ (4,627)	\$ (3,881)	\$ (4,678)	\$ (1,717)
Insurance	\$ (69,810)	\$ (62,176)	\$ (64,077)	\$ (64,077)
Total Operating Expenses:	\$ (605,254)	\$ (833,301)	\$ (783,637)	\$ (683,804)
Non-Operating Expenses:				
Depreciation	\$ (203,578)	\$ (205,948)	\$ (204,238)	\$ (157,264)
Amortization	\$ -	\$ -	\$ -	\$ -
Mortgage Interest	\$ (370,904)	\$ (342,169)	\$ (347,131)	\$ (247,567)
Total:	\$ (574,483)	\$ (548,117)	\$ (551,369)	\$ (404,831)
Total Expenses:	\$ (1,179,736)	\$ (1,381,418)	\$ (1,335,006)	\$ (1,088,635)
Net Income:	\$ 12,143	\$ (160,232)	\$ (145,298)	\$ 111,973
<i>Add Back Non-Op expense:</i>	\$ 574,483	\$ 548,117	\$ 551,369	\$ 404,831
Net Operating Income:	\$ 586,625	\$ 387,885	\$ 406,071	\$ 516,804

South Summary

95% occupancy rate in 2014

104 Units

	2011 Actual	2012 Actual	2013 Budget	2014 Budget
Revenues:				
Tenant Rental Income	\$ 855,313	\$ 849,205	\$ 633,664	\$ 798,729
Subsidies	\$ 622,366	\$ 612,607	\$ 483,521	\$ 568,146
Vacancy & Loss	\$ (6,666)	\$ (7,347)	\$ (2,900)	\$ (9,600)
Other Revenue	\$ 32,821	\$ 48,085	\$ 23,482	\$ 22,301
<i>Sub Total:</i>	\$ 1,503,833	\$ 1,502,550	\$ 1,137,767	\$ 1,379,576
Total Revenue:	\$ 1,503,833	\$ 1,502,550	\$ 1,137,767	\$ 1,379,576
Operating Expenses:				
Salary & Benefits incl. Work Order Labor	\$ (80,951)	\$ (130,686)	\$ (289,244)	\$ (265,811)
Indirect Salary & Benefits	\$ (38,006)	\$ (44,800)	\$ (8,189)	\$ (74,195)
Cap Ex	\$ -	\$ -	\$ -	\$ -
Maintenance Materials	\$ (52,183)	\$ (42,670)	\$ (25,459)	\$ (28,000)
Outside Contract Labor	\$ (150,892)	\$ (128,781)	\$ (94,287)	\$ (114,250)
Utilities	\$ (161,153)	\$ (170,114)	\$ (115,550)	\$ (139,998)
Asset Mgmt Fee	\$ -	\$ -	\$ -	\$ -
Property Mgmt Fee	\$ (109,107)	\$ (112,071)	\$ (42,279)	\$ -
Admin Expense	\$ (138,466)	\$ (130,237)	\$ (92,230)	\$ (143,233)
Legal & Other Fees	\$ (21,562)	\$ (96,408)	\$ (11,102)	\$ (6,044)
Insurance	\$ (61,401)	\$ (78,069)	\$ (47,499)	\$ (61,270)
Total Operating Expenses:	\$ (813,722)	\$ (933,835)	\$ (725,839)	\$ (832,802)
Non-Operating Expenses:				
Depreciation	\$ (396,213)	\$ (357,648)	\$ (250,247)	\$ (380,430)
Amortization	\$ (1,596)	\$ (1,596)	\$ -	\$ -
Mortgage Interest	\$ (407,503)	\$ (293,280)	\$ (241,354)	\$ (250,654)
Total:	\$ (805,313)	\$ (652,525)	\$ (491,602)	\$ (631,084)
Total Expenses:	\$ (1,619,035)	\$ (1,586,360)	\$ (1,217,440)	\$ (1,463,886)
Net Income:	\$ (115,201)	\$ (83,810)	\$ (79,674)	\$ (84,309)
<i>Add Back Non-Op expense:</i>	\$ 805,313	\$ 652,525	\$ 491,602	\$ 631,084
Net Operating Income:	\$ 690,112	\$ 568,715	\$ 411,928	\$ 546,774

Rural Dev Summary

95% occupancy rate in 2014

50 Units

	2011 Actual	2012 Actual	2013 Budget	2014 Budget
Revenues:				
Tenant Rental Income	\$ 219,325	\$ 232,397	\$ 218,628	\$ 218,628
Subsidies	\$ 265,255	\$ 232,004	\$ 239,383	\$ 239,383
Vacancy & Loss	\$ (710)	\$ 2	\$ -	\$ -
Other Revenue	\$ 10,920	\$ 8,214	\$ 16,134	\$ 10,873
<i>Sub Total:</i>	\$ 494,790	\$ 472,617	\$ 474,145	\$ 468,884
Total Revenue:	\$ 494,790	\$ 472,617	\$ 474,145	\$ 468,884
Operating Expenses:				
Salary & Benefits incl. Work Order Labor	\$ (20,701)	\$ (87,110)	\$ (125,101)	\$ (81,040)
Indirect Salary & Benefits	\$ (43,471)	\$ (42,781)	\$ (3,831)	\$ (22,620)
Cap Ex	\$ -	\$ -	\$ -	\$ -
Maintenance Materials	\$ (18,182)	\$ (16,062)	\$ (13,200)	\$ (10,200)
Outside Contract Labor	\$ (54,253)	\$ (58,585)	\$ (54,375)	\$ (53,550)
Utilities	\$ (49,756)	\$ (52,872)	\$ (51,450)	\$ (47,579)
Asset Mgmt Fee	\$ -	\$ -	\$ -	\$ -
Property Mgmt Fee	\$ -	\$ (7,755)	\$ -	\$ -
Admin Expense	\$ (31,150)	\$ (23,911)	\$ (51,380)	\$ (43,669)
Legal & Other Fees	\$ (24,622)	\$ (17,085)	\$ (44,740)	\$ -
Insurance	\$ (39,815)	\$ (35,455)	\$ (37,635)	\$ (37,635)
Total Operating Expenses:	\$ (281,950)	\$ (341,618)	\$ (381,712)	\$ (296,294)
Non-Operating Expenses:				
Depreciation	\$ (103,354)	\$ (103,354)	\$ (103,354)	\$ (103,354)
Amortization	\$ -	\$ -	\$ -	\$ -
Mortgage Interest	\$ (167,531)	\$ (110,406)	\$ (91,876)	\$ (96,202)
Total:	\$ (270,885)	\$ (213,760)	\$ (195,230)	\$ (199,556)
Total Expenses:	\$ (552,835)	\$ (555,378)	\$ (576,941)	\$ (495,849)
Net Income:	\$ (58,044)	\$ (82,761)	\$ (102,797)	\$ (26,966)
<i>Add Back Non-Op expense:</i>	\$ 270,885	\$ 213,760	\$ 195,230	\$ 199,556
Net Operating Income:	\$ 212,840	\$ 130,999	\$ 92,433	\$ 172,590

Wx

	2012 Actual	2013 Budget	2014 Budget
Revenues:			
Federal Grants	\$ 1,351,489	\$ 898,581	\$ 920,752
State Grants	\$ -	\$ 380,615	\$ 1,157,412
Utility Rebates	\$ 128,762	\$ 163,891	\$ 201,664
Other Income	\$ 24,710	\$ 50,241	\$ 105,100
<i>Sub Total:</i>	\$ 1,504,960	\$ 1,493,329	\$ 2,384,928
Total Revenue:	\$ 1,504,960	\$ 1,493,329	\$ 2,384,928
Operating Expenses:			
AD - Labor	\$ (58,279)	\$ (138,363)	\$ (46,789)
AD - Other Indirect	\$ (46,709)	\$ (58,430)	\$ (127,940)
OP - Contractor	\$ (31,587)	\$ (51,830)	\$ (22,003)
OP - Labor	\$ (712,669)	\$ (843,446)	\$ (1,399,593)
OP - AD Labor	\$ -	\$ -	\$ (84,772)
OP - Materials	\$ (192,898)	\$ (251,836)	\$ 117,896
OP - Other	\$ (176,716)	\$ (152,298)	\$ (140,536)
HS - Contractor	\$ (27,310)	\$ (24,670)	\$ (19,264)
HS - Labor	\$ (147,578)	\$ (347,371)	\$ (349,350)
HS - Materials	\$ (59,247)	\$ (90,799)	\$ (86,808)
Liability	\$ (3,850)	\$ (3,517)	\$ (6,857)
Audit	\$ (21,094)	\$ (29,013)	\$ (15,630)
Contributions	\$ -	\$ -	\$ -
T & TA	\$ (50,650)	\$ (58,678)	\$ (40,655)
Total Operating Expenses:	\$ (1,528,588)	\$ (2,050,251)	\$ (2,222,302)
Non-Operating Expenses:			
Depreciation	\$ (67,167)	\$ (46,800)	\$ (66,624)
Amortization	\$ -	\$ -	\$ -
Mortgage Interest	\$ -	\$ -	\$ -
Tax Credit Soft Debt	\$ -	\$ -	\$ -
Total:	\$ (67,167)	\$ (46,800)	\$ (66,624)
Total Expenses:	\$ (1,595,755)	\$ (2,097,051)	\$ (2,288,926)
Net Income:	\$ (90,795)	\$ (603,722)	\$ 96,002
<i>Add Back Non-Op Ex:</i>	\$ 67,167	\$ 46,800	\$ 66,624
		Beginning Balance	\$ -
		Addition to Reserves	\$ 96,002
		Year End Balance	\$ 96,002
Net Operating Income:	\$ (23,628)	\$ (556,922)	\$ 162,626

REHAB

	2011 Actual	2012 Actual	2013 Budget	2014 Budget
Revenues:				
Grant Income - non-admin	\$ 100,931	\$ 85,938	\$ 104,938	\$ 579,646
Grant Income - admin	\$ 21,095	\$ 19,315	\$ 29,934	\$ 61,250
Interest & Fee Income	\$ 6,132	\$ 14,717	\$ 16,355	\$ 24,072
Other Income	\$ (18,626)	\$ -	\$ -	\$ -
<i>Sub Total:</i>	\$ 109,533	\$ 119,970	\$ 151,226	\$ 664,968
Total Revenue:				
	\$ 109,533	\$ 119,970	\$ 151,226	\$ 664,968
Operating Expenses:				
Salary & Benefits	\$ (42,792)	\$ (34,661)	\$ (65,796)	\$ (71,242)
Indirect Salary & Benefits	\$ -	\$ -	\$ -	\$ -
Staff Training	\$ -	\$ (354)	\$ (245)	\$ (470)
Travel / Mileage	\$ (22)	\$ -	\$ -	\$ -
Supplies / Office Supplies	\$ -	\$ (25)	\$ (30)	\$ (70)
Equipment	\$ (2,180)	\$ -	\$ -	\$ (100)
Phone & Internet	\$ -	\$ -	\$ -	\$ -
Postage	\$ (23)	\$ -	\$ -	\$ (30)
Printing	\$ -	\$ -	\$ -	\$ -
Administrative Contract Fees	\$ (2,650)	\$ (1,662)	\$ (2,059)	\$ (1,000)
Outside Contract Labor	\$ (144,448)	\$ (93,032)	\$ (80,000)	\$ (579,646)
Professional Fees	\$ (232)	\$ (105)	\$ -	\$ -
Indirect General Administrative	\$ (5,930)	\$ (3,776)	\$ -	\$ (12,410)
Total Administrative Expenses:	\$ (198,278)	\$ (133,616)	\$ (148,130)	\$ (664,968)
Client Services				
Client Expense - Utilities	\$ -	\$ -	\$ -	\$ -
Client Expense - Rents	\$ -	\$ -	\$ -	\$ -
Client Expense - Scholarships	\$ -	\$ -	\$ -	\$ -
Total:	\$ -	\$ -	\$ -	\$ -
Total Expenses:				
	\$ (198,278)	\$ (133,616)	\$ (148,130)	\$ (664,968)
Net Income:				
	\$ (88,744.86)	\$ (13,646)	\$ 3,096	\$ 0

Housing Choice Voucher (Sec 8)

	2011 Actual	2012 Actual	2013 Budget	2014 Budget
Revenues:				
HAP Payment Revenue	\$ 6,286,667	\$ 6,252,015	\$ 6,215,224	\$ 6,080,000
Admin Fee Income	\$ 520,809	\$ 507,567	\$ 480,000	\$ 456,336
Other Income	\$ 650	\$ 5,347	\$ 54,251	\$ 115,000
Total Revenue:	\$ 6,808,126	\$ 6,764,929	\$ 6,749,475	\$ 6,651,336
Operating Expenses:				
Salary & Benefits	\$ (389,454)	\$ (476,796)	\$ (354,879)	\$ (337,734)
Indirect Salary & Benefits	\$ (500)	\$ -	\$ (150,315)	\$ (133,790)
Indirect Admin	\$ (44,441)	\$ (30,897)	\$ (123,461)	\$ (135,470)
Direct Admin	\$ (12,664)	\$ (13,012)	\$ (16,497)	\$ (8,400)
Operational Expenses	\$ (11,990)	\$ (10,104)	\$ (18,725)	\$ (19,600)
HAP Rent Assistance Expense	\$ (6,046,965)	\$ (6,157,052)	\$ (6,582,481)	\$ (6,402,068)
HAP Utility Assistance Expense	\$ (55,599)	\$ (52,906)	\$ (60,914)	\$ (55,000)
Total Operating Expenses:	\$ (6,561,613)	\$ (6,740,768)	\$ (7,307,272)	\$ (7,092,062)
Non-Operating Expenses:				
Depreciation	\$ -	\$ -	\$ -	\$ -
Other Fees	\$ -	\$ -	\$ -	\$ -
Total:	\$ -	\$ -	\$ -	\$ -
Total Expenses:	\$ (6,561,613)	\$ (6,740,768)	\$ (7,307,272)	\$ (7,092,062)
Net Income:	\$ 246,513	\$ 24,161.40	\$ (557,797)	\$ (440,726)
Add Back Non-op Expense:			\$ -	\$ -
Beginning Balance			\$ 892,684	\$ 452,201
Year End HAP Payment Reserves Est.(NRA)			\$ 293,860	\$ -
Year End HAP Admin Reserves Est.(UNA)			\$ 158,341	\$ -
Year End Balance			\$ 452,201	\$ -
Net Operating Income:	\$ 246,513	\$ 24,161	\$ (557,797)	\$ (440,726)

TBRA Home Funds

	2011 Actual	2012 Actual	2013 Budget	2014 Budget
Revenues:				
Home Grant - CFDA# 14.239	\$ -	\$ 27,921	\$ 392,211	\$ 500,000
<i>Sub Total:</i>	\$ -	\$ 27,921	\$ 392,211	\$ 500,000
Total Revenue:	\$ -	\$ 27,921	\$ 392,211	\$ 500,000
Operating Expenses:				
Salary & Benefits	\$ -	\$ (10,655)	\$ (15,515)	\$ (12,612)
Indirect Salary & Benefits	\$ -	\$ -	\$ -	\$ (8,710)
Indirect Admin	\$ -	\$ -	\$ -	\$ (8,550)
Direct Admin	\$ -	\$ (243)	\$ -	\$ -
Operational Expenses	\$ -	\$ -	\$ -	\$ -
Other Operational Expenses	\$ -	\$ -	\$ -	\$ -
Client Rent Expense	\$ -	\$ (27,921)	\$ (574,000)	\$ (500,000)
	\$ -	\$ -	\$ -	\$ -
Total Operating Expenses:	\$ -	\$ (38,819)	\$ (589,515)	\$ (529,872)
Non-Operating Expenses:				
Depreciation	\$ -	\$ -	\$ -	\$ -
Other Fees	\$ -	\$ -	\$ -	\$ -
Total:	\$ -	\$ -	\$ -	\$ -
Total Expenses:	\$ -	\$ (38,819)	\$ (589,515)	\$ (529,872)
Net Income	\$ -	\$ (10,898)	\$ (197,304)	\$ (29,872)
<i>Add Back Non-op Expense:</i>	\$ -	\$ -	\$ -	\$ -
Beginning Balance	\$ 350,000	\$ 339,102	\$ 326,464	\$ 326,464
Spend down	\$ (10,898)	\$ (12,638)	\$ (29,872)	\$ (29,872)
Year End Balance	\$ 339,102	\$ 326,464	\$ 296,592	\$ 296,592
Net Operating Income:	\$ -	\$ (10,898)	\$ (197,304)	\$ (29,872)

Housing & Community Education Summary

	2011 Actual	2012 Actual	2013 Budget	2014 Budget
Revenues:				
Federal Grants Income	\$ 324,818	\$ 451,051	\$ 475,850	\$ 192,500
State & Local Grants Income				
Donations Income	\$ -	\$ -	\$ -	\$ -
Other Income	\$ -	\$ -	\$ -	\$ -
<i>Sub Total:</i>	\$ 324,818	\$ 451,051	\$ 475,850	\$ 192,500
<hr/>				
Total Revenue:	\$ 324,818	\$ 451,051	\$ 475,850	\$ 192,500
<hr/>				
Operating Expenses:				
Salary & Benefits	\$ (224,250)	\$ (346,004)	\$ (398,906)	\$ (159,319)
Indirect Salary & Benefits	\$ (1,736)	\$ (5,842)	\$ (4,317)	\$ (3,920)
Staff Training	\$ (2,364)	\$ (5,061)	\$ (2,000)	\$ (4,500)
Travel / Mileage	\$ (2,480)	\$ (6,033)	\$ (7,902)	\$ (1,500)
Supplies / Office Supplies	\$ (6,600)	\$ (36,811)	\$ (12,318)	\$ (11,700)
Phone & Internet	\$ 1,063	\$ -	\$ -	\$ -
Postage	\$ -	\$ (30)	\$ (213)	\$ -
Printing	\$ (2,934)	\$ (5,745)	\$ (7,996)	\$ (3,000)
Administrative Contract Fees	\$ (2,378)	\$ (3,480)	\$ (14,726)	\$ (1,000)
Insurance	\$ (813)	\$ -	\$ (300)	\$ -
Professional Fees	\$ (1,063)	\$ -	\$ -	\$ -
Financial Incentives	\$ (14,150)	\$ (39,494)	\$ (26,907)	\$ -
General Administrative Overhead	\$ (33,616)	\$ (21,364)	\$ (3,546)	\$ (5,549)
Total Administrative Expenses:	\$ (291,321)	\$ (469,863)	\$ (479,130)	\$ (190,488)
<hr/>				
Client Services				
Client Expense - Utilities	\$ -	\$ -	\$ -	\$ -
Client Expense - Rents	\$ -	\$ -	\$ -	\$ -
Client Expense - Scholarships	\$ -	\$ -	\$ -	\$ -
Total:	\$ -	\$ -	\$ -	\$ -
<hr/>				
Total Expenses:	\$ (291,321)	\$ (469,863)	\$ (479,130)	\$ (190,488)
<hr/>				
Net Income:	\$ 33,497	\$ (18,812)	\$ (3,280)	\$ 2,012

Housing Stabilization Summary

	2011 Actual	2012 Actual	2013 Budget	2014 Budget
Revenues:				
Federal Grants Income	\$ -	\$ -	\$ 120,419	\$ 154,581
State / County Grants Income	\$ 197,760	\$ 340,670	\$ 840,000	\$ 200,000
Donations Income	\$ -	\$ -	\$ -	\$ -
Other Income	\$ -	\$ -	\$ -	\$ -
Sub Total:	\$ 197,760	\$ 340,670	\$ 960,419	\$ 354,581
Total Revenue:	\$ 197,760	\$ 340,670	\$ 960,419	\$ 354,581
Operating Expenses:				
Salary & Benefits	\$ (38,552)	\$ (105,477)	\$ (124,037)	\$ (155,992)
Indirect Salary & Benefits	\$ -	\$ -	\$ (15,297)	\$ (10,860)
Staff Training	\$ -	\$ (946)	\$ (2,000)	\$ (500)
Travel / Mileage	\$ -	\$ (435)	\$ (1,200)	\$ (1,500)
Supplies / Office Supplies	\$ -	\$ (1,273)	\$ (1,000)	\$ (1,200)
Equipment	\$ -	\$ -	\$ -	\$ -
Phone & Internet	\$ -	\$ (162)	\$ -	\$ (1,000)
Postage	\$ -	\$ (24)	\$ (200)	\$ (1,200)
Printing	\$ -	\$ -	\$ -	\$ -
Administrative Contract Fees	\$ -	\$ (4,887)	\$ (3,000)	\$ (800)
Insurance	\$ -	\$ (611)	\$ -	\$ (1,000)
Professional Fees	\$ -	\$ (983)	\$ -	\$ -
Client Expense - Utilities	\$ (4,201)	\$ (19,994)	\$ (26,680)	\$ (31,600)
Client Expense - Rents	\$ (162,126)	\$ (1,004,999)	\$ (1,017,621)	\$ (1,762,260)
General Administrative Overhead	\$ -	\$ -	\$ (15,297)	\$ (13,314)
Total Administrative Expenses:	\$ (204,879)	\$ (1,139,792)	\$ (1,206,332)	\$ (1,981,226)
Client Services				
Depreciation	\$ -	\$ -	\$ -	\$ -
Other Fees	\$ -	\$ -	\$ -	\$ -
Total:	\$ -	\$ -	\$ -	\$ -
Total Expenses:	\$ (204,879)	\$ (1,139,792)	\$ (1,206,332)	\$ (1,981,226)
Beginning Balance	\$ -	\$ 1,380,000	\$ 1,070,555	\$ 1,745,972
1A Contingency Grant Advance	\$ 1,380,000	\$ 500,000	\$ 1,440,000	
Spend down	\$ -	\$ (809,445)	\$ (764,583)	\$ (1,630,020)
End of Year Balance	\$ 1,380,000	\$ 1,070,555	\$ 1,745,972	\$ 115,952
Net Income:	\$ (7,119)	\$ (799,122)	\$ (245,913)	\$ (1,626,645)

FSS HUD

Revenues:

2013 Budget 2014 Budget

Federal Grants Income	\$ 193,740	\$ 193,740
State / County Grants Income	\$ -	\$ -
Donations Income	\$ -	\$ -
Other Income	\$ -	\$ -
<i>Sub Total:</i>	<u>\$ 193,740</u>	<u>\$ 193,740</u>

Total Revenue:

\$ 193,740 \$ 193,740

Operating Expenses:

Salary & Benefits	\$ (193,740)	\$ (240,826)
Indirect Salary & Benefits	\$ -	\$ -
Office Rent	\$ -	\$ -
Travel / Mileage	\$ -	\$ -
Supplies / Office Supplies	\$ -	\$ -
Equipment	\$ -	\$ -
Phone & Internet	\$ -	\$ -
Postage	\$ -	\$ -
Admin Expense	\$ -	\$ -
Administrative Contract Fees	\$ -	\$ -
Special Events	\$ -	\$ -
Depreciation Expense	\$ -	\$ -
Insurance Expense	\$ -	\$ -
Robotics	\$ -	\$ -

Total Administrative Expenses:

\$ (193,740) \$ (240,826)

Client Services

Client Expense - Utilities	\$ -	\$ -
Client Expense - Rents	\$ -	\$ -
Client Expense - Scholarships	\$ -	\$ -
Client Expense - Other	\$ -	\$ -

Total:

\$ - \$ -

Total Expenses:

\$ (193,740) \$ (240,826)

2014 Master: Fund 1 spend down (#2452) \$ 47,086
\$ 47,086

Net Income:

\$ - \$ (47,086)

MFPH

95% occupancy rate in 2014

20 Units

	2011 Actual	2012 Actual	2013 Budget	2014 Budget
Revenues:				
Tenant Rental Income	106,871	120,541	111,664	113,261
Subsidies	137,933	124,776	132,759	132,755
Vacancy & Loss	(2,313)	(1,006)	-	-
Other Revenue	3,175	1,308	23	-
Sub Total:	245,666	245,619	244,446	246,016
Total Revenue:	\$ 245,666	\$ 245,619	\$ 244,446	\$ 246,016
Operating Expenses:				
Salary & Benefits incl. Work Order Labor	(17,316)	(11,034)	-	(11,679)
Indirect Salary & Benefits	-	-	-	-
Cap Ex	-	-	-	-
Maintenance Materials	(8,129)	(4,167)	(6,800)	(3,900)
Outside Contract Labor	(53,826)	(34,147)	(24,610)	(31,400)
Utilities	(26,599)	(29,058)	(26,120)	(24,478)
Asset Mgmt Fee	-	-	-	-
Property Mgmt Fee	(35,146)	(36,240)	(35,693)	(61,365)
Admin Expense	-	-	-	-
Legal & Other Fees	(18,822)	(13,162)	(12,681)	(6,427)
Insurance	(8,963)	(14,629)	(10,037)	(20,530)
Total Operating Expenses:	\$ (168,801)	\$ (142,438)	\$ (115,940)	\$ (159,780)
Non-Operating Expenses:				
Transfer Out to Primary				(40,303.36)
Depreciation	(35,344)	(35,344)	(35,344)	(35,344.19)
Amortization	-	-	-	-
Mortgage Interest	-	-	-	(45,933)
Total:	\$ (35,344)	\$ (35,344)	\$ (35,344)	\$ (121,580)
Total Expenses:	\$ (204,145)	\$ (177,781)	\$ (151,284)	\$ (281,360)
Net Income:	\$ 41,520	\$ 67,838	\$ 93,161	\$ (35,344)
Add Back Non-Op Ex:	35,344	35,344	35,344	121,580
BOOK NUMBER (UNADJUSTED)				
Net Operating Income:	76,864.45	103,181.43	128,505.27	86,236

JOSEPHINE COMMONS

Occupancy rate 74 units: 95% occupancy rate in 2014

74 Units

	2013 Budget	2014 Budget	Coments
Revenues:			
Tenant Rental Income	\$ 641,075	\$ 549,560	
Subsidies	\$ -	\$ 90,000	
Grants	\$ -	\$ -	
Other Revenue	\$ 2,485	\$ 12,250	solar rebates
Vacancy Loss	\$ -	\$ -	
Grants	\$ -	\$ -	
Total Revenue:	\$ 643,560	\$ 651,810	
Operating Expenses:			
Salary & Benefits incl. Work Order Labor	\$ (63,419)	\$ (99,821)	
Maintenance Materials	\$ (7,000)	\$ (8,500)	
Outside Contract Labor	\$ (46,790)	\$ (39,000)	
Utilities	\$ (125,522)	\$ (89,000)	
Management Fee	\$ (37,177)	\$ (39,950)	Partnership Admin Fee is included
Direct Admin Expense	\$ (15,000)	\$ (8,200)	
Legal & Other Fees	\$ (23,632)	\$ (25,550)	
Insurance	\$ (29,105)	\$ (33,000)	
Equipment Replacement Reserve Payment	\$ -	\$ (22,200)	
Total Operating Expenses:	\$ (347,645)	\$ (365,221)	
Non-Operating Expenses:			
Depreciation	\$ (783,642)	\$ (484,634)	
Mortgage Interest	\$ (157,146)	\$ (230,548)	
Deferred Developer Fee	\$ -	\$ (64,712)	Paid similar to Soft Debt
Soft Debt	\$ -	\$ (57,000)	Soft Debt 1st payment in 2022
Total:	\$ (940,788)	\$ (836,894)	
Total Expenses:	\$ (1,288,433)	\$ (1,202,115)	
Net Income:	\$ (644,873)	\$ (550,305)	
Add Back Non-Op Ex:	\$ 940,788	\$ 836,894	
Net Operating Income:	\$ 295,915	\$ 286,589	
Debt Service Ratio		1.24	

ASPINWALL LLC**Occupancy to match Tax Credit proforma**

167 Units

Revenues:	2014 Budget	Comments
Tenant Rental Income	835,741	Based on the close Proforma + add'l \$15 rent incr. starting in Apr for REHAB
Subsidies	512,971	
Vacancy & Loss	-	
Other Revenue	15,228	
<i>Sub Total:</i>	<u>1,363,940</u>	
Total Revenue:	\$ 1,363,940	
Operating Expenses:		
Salary & Benefits	(249,603)	
Indirect Salary & Benefits	-	
Maintenance Materials	(35,884)	
Outside Contract Labor	(104,710)	
Utilities	(204,580)	
Property Mgmt Fee	(79,595)	
Direct Admin Expense	(30,256)	
Legal & Bank Fees	(1,261)	
Insurance	(83,628)	
Equipment Replacement Reserve Payment	(40,363)	
Total Operating Expenses:	\$ (829,880)	
Non-Operating Expenses:		
Depreciation	(810,668)	
Mortgage Interest	-	
Tax Credit Soft Debt	-	
Total:	\$ (810,668)	
Total Expenses:	\$ (1,640,548)	
Net Income:	\$ (276,608)	
<i>Add Back Non-Op Ex:</i>	\$ 810,668	
Net Operating Income:	\$ 534,060	

ASPINWALL		
72 Units		100% Occupancy Rate as Units become Available
Revenues:	2014 Budget	Comments
Tenant Rental Income	431,671	Based on the close Proforma
Subsidies	86,875	
Vacancy & Loss	-	
Other Revenue	3,185	
<i>Sub Total:</i>	521,732	
Total Revenue:	\$ 521,732	
Operating Expenses:		
Salary & Benefits	(18,244)	
Indirect Salary & Benefits	-	
Maintenance Materials	(3,782)	
Outside Contract Labor	(59,210)	
Utilities	(112,742)	
Property Mgmt Fee	(30,735)	
Direct Admin Expense	(30,256)	
Legal & Bank Fees	(1,261)	
Insurance	(44,948)	
Equipment Replacement Reserve Payment	(11,011)	
Total Operating Expenses:	\$ (312,188)	
Non-Operating Expenses:		
Depreciation	(677,760)	
Mortgage Interest	-	
Tax Credit Soft Debt		
Total:	\$ (677,760)	
Total Expenses:	\$ (989,948)	
Net Income:	\$ (468,217)	
<i>Add Back Non-Op Ex:</i>	<i>\$ 677,760</i>	
Net Operating Income:	\$ 209,543	

AW LAF REHAB**Occupancy to match Tax Credit proforma**

95 Units

	2011 Actual	2012 Actual	2013 Budget	2014 Budget
Revenues:				
Tenant Rental Income	386,215	432,182	386,570	404,070
Subsidies	539,264	470,265	233,530	426,096
Vacancy & Loss	(2,296)	(4,405)	-	-
Other Revenue	12,339	10,560	2,429	12,042
<i>Sub Total:</i>	935,521	908,602	622,529	842,208
Total Revenue:	\$ 935,521	\$ 908,602	\$ 622,529	\$ 842,208
Operating Expenses:				
Salary & Benefits	(99,209)	(146,654)	(250,311)	(231,360)
Indirect Salary & Benefits	-	-	-	-
Maintenance Materials	(36,786)	(32,424)	(10,900)	(32,102)
Outside Contract Labor	(95,232)	(73,465)	(39,875)	(45,500)
Utilities	(97,074)	(103,283)	(47,576)	(91,838)
Property Mgmt Fee	(77,712)	(79,680)	(39,234)	(48,860)
Admin Expense	(30,746)	(26,527)	(82,667)	-
Legal & Other Fees	(25,644)	(15,151)	(5,393)	-
Insurance	(34,312)	(39,251)	(22,089)	(38,680)
Equipment Replacement Reserve Payment	-	-	-	(29,352)
Total Operating Expenses:	\$ (496,714)	\$ (516,435)	\$ (498,044)	\$ (517,692)
Non-Operating Expenses:				
Depreciation	(167,586)	(158,635)	(86,392)	(132,908)
Amortization	-	-	-	-
Mortgage Interest	(252,997)	(219,380)	(76,369)	-
Tax Credit Soft Debt	10,506	140,040	-	-
Total:	\$ (410,076)	\$ (237,975)	\$ (162,761)	\$ (132,908)
Total Expenses:	\$ (906,791)	\$ (754,410)	\$ (660,805)	\$ (650,600)
Net Income:	\$ 28,731	\$ 154,191	\$ (38,275)	\$ 191,609
<i>Add Back Non-op Expense:</i>	<i>\$ 410,076</i>	<i>\$ 237,975</i>	<i>\$ 162,761</i>	<i>\$ 132,908</i>
Net Operating Income:	438,807.04	392,166.67	124,485.25	\$ 324,517



Boulder County Housing Authority

Current Development Projects

Aspinwall at Josephine Commons Development



Regal Court (rehab)



Alkonis Development



Flood Recovery Development



Josephine Commons/Aspinwall Lafayette



Phase I:
Senior
Apartments



New Construction ↑

↓ Rehabilitation

Phase II:
Aspinwall
(Family Housing)



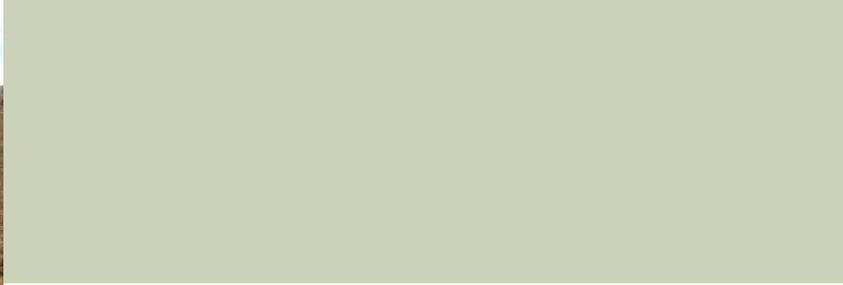


↑ **72 new construction units**

95 rehabilitation units ↓



Alkonis Development Louisville



Alkonis Development Site Design Options

The “Hecla Hook”



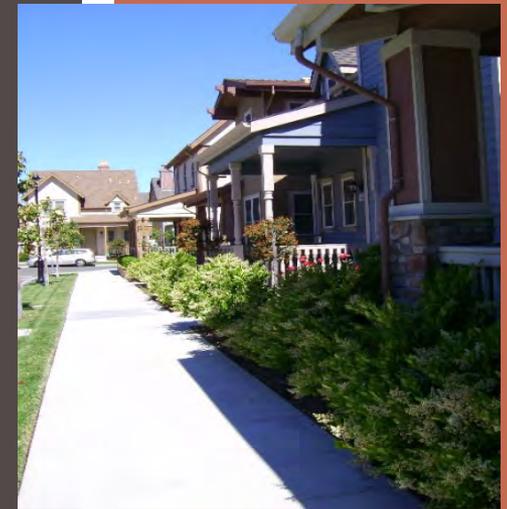
75 Diverse Income Housing
72 Senior Apartments
24 Family Units
4 Live-Work Units
25,000 SF Mixed Use

“Kaylix”



65 Senior Apartments
60 Multi Family Units
6 Townhomes
80 Family Units
5,400 Day Care
2,500 SF Leasing Amenity

Alkonis Development Louisville



Regal Court Rehabilitation Louisville



Regal Court Rehabilitation

Scope of Work

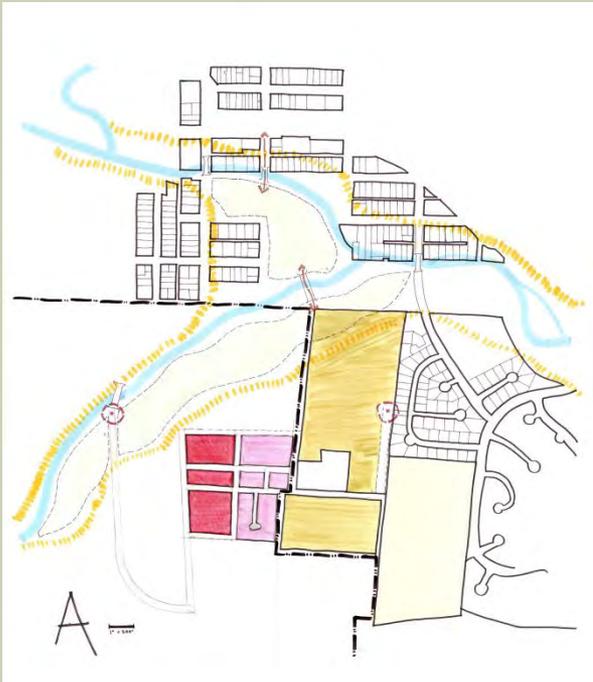


- Install new roofing
- Add handrails to walkway
- Paint all exterior wood trim around windows, doors, roof and on building siding
- Replace all existing entry doors and light fixtures
- Replace mailboxes with one unit
- Add foundation sealant
- Replace patio/balcony guardrails
- Infil, restore, and replace sod
- Remove all juniper bushes around the building and plant new plants
- Test and review irrigation system

Flood Recovery



Flood Recovery Site Design Options - Lyons



DHHS Flood Recovery Work Plan



Family & Children
Services



Housing



Food
Assistance



Financial
Assistance



Elder
Services



Health
Coverage



Education &
Skill Building



BOULDER COUNTY
**HOUSING
& HUMAN
SERVICES**



www.bouldercounty.org/hhs

303.441.1000

DHHS Flood Recovery Phase High-Level Project Structure

Benefits / Emergency Assistance

LEAD: Lorraine Archuleta
DHHS Community Support
Food
Cash Cards
Medical Care Access

Call Center Support

LEAD: Chris Saunders
DHHS Business Operations & Systems Support
Portal to all DHHS Programs/Services

Foreclosure Prevention

LEAD: Tonja Ahijevych
Counseling services

Flood Recovery Resource Navigation

LEAD: Angela Lanci-Macris, Sarah Buss, Joycelyn Fankhouser
DHHS Case Management / Community Outreach
FEMA Coordination & Operations Liaising
Case Management w/Housing location services
Rental Assistance
Mountain Community Coordination

Housing Rehabilitation Needs

Flood Rehabilitation
LEAD: Chris Wiegand & Aaron Martinez (DHHS Housing)

Emergency Winterization/CIP Ops

LEAD: Aaron Martinez (DHHS Housing)

Long-Term Housing Planning & Development

LEAD: Frank Alexander, Jeremy Durham, Norrie Boyd (DHHS Housing)
Land Acquisition
Accelerated Development Projects
Funding Planning
New Project Construction

DHHS Flood Recovery Work Plan



Recovery Objectives & Assignments	1. Incident Name	2. Date Prepared	3. Time Prepared
	9/11/2013 Boulder Flood	10/14/2013	8:00
4. Operational Period (Date and Time)			
14-Oct-13 until needs are met			
5. General Control Objectives for the Flood Recovery			
1	Maintain an ongoing common operating picture from which all partners can operate. This includes the latest data associated with FEMA and other damage assessments, coordinated with DAC data, land use and other County entities	Lead Staff Chris Campbell/Jim Williams/Jason McRoy	
2	Continue to provide on-going emergency and stabilization services to residents impacted by the flood, including rental assistance, hotel vouchers, food, medical care, mental health services, etc.	Lead Staff Angela Lanci-Macris/Lorraine Archuleta	
3	Maintain Lead Housing Team to coordinate the transition to long-term and short-term housing development and rehabilitation	Lead Staff Frank Alexander/Jeremy Durham/Norrie Boyd	
4	Develop a standardized case management, referral and resource linkage plan that incorporates all partners conducting case management through community collaboratives	Lead Staff Sarah Buss/Angela Lanci-Macris	
5	Establish a coordinated financial funding plan to meet assessed needs of individuals and the community as damage assessments become more detailed and community plans coalesce.	Lead Staff Frank Alexander	
6	Establish and Participate in a Long-Term Recovery Group Committee that unites efforts from the private, nonprofit, and governmental sectors within Boulder County	Lead Staff Frank Alexander/Angela Lanci-Macris	
6. Work Assignments			
1	<i>Maintain an ongoing common operating picture from which all partners can operate.</i>	Completed (Yes, No, In-Progress)	Staff
Tasks	Develop, update, and work from a consolidated damage assessment and needs assessment and recovery data	In-Progress	Frank Alexander
	Determine a common operating framework that includes damage assessments, needs assessments, financial assistance and DAC and community support.	In-Progress	Marcelo Ferreira (OEM) and Jason McRoy

DHHS Flood Recovery Work Plan



	Communicate and work with all relevant agencies and departments	In-Progress	All-staff
	Continue to train DHHS Call Center staff on resource referral options	In-Progress	Chris Saunders/Jason Mcroy, Sarah B, Joycelyn F.
2	<i>Continue to provide on-going emergency services to residents impacted by the flood.</i>	Completed (Yes, No, In-Progress)	Staff
Tasks	Continue to provide emergency food assistance, cash cards for donation, medical care access.	In progress	Lorraine Archuleta, Angela Lanci Macris
	Maintain awareness of current FEMA TSA program status and status of proposed programs (i.e. Mobile Housing Units) and coordinate any additional needed rental assistance or hotel vouchers.	In progress	Angela Lanci Macris, Sarah Buss
	Determine current and future needs and allocations for charity, financial and food assistance, and provisions, such as tools and cleaning supplies	In progress	LTRG representatives
	Continued support for emergency mitigation		
3	<i>Establish a Lead Housing Team to coordinate the transition to long-term housing needs</i>	Completed (Yes, No, In-Progress)	Staff
Tasks	Develop objectives and tasks		
	Create short-term and long-term plans for addressing housing needs: Projects--land acquisition, acceleration of current development project pipeline, funding planning, new projects for construction	In progress	Frank Alexander, Jeremy Durham, Norrie Boyd
	1. Current projects underway to add to housing stock: Aspinwall--95 units of rehab, 72 new construction (absorption beginning May 2013)	In progress	Norrie Boyd, Erin Ganser, Jim Wilson
	2. Current DHHS Pipeline: new development to meet post-flood housing need: Alkonis in Louisville 3. Flood-affected mountain areas replacement housing Lyons Jamestown Nederland	In progress: Alkonis and Lyons To Be Determined: Jamestown and Nederland	Lead on Alkonis: Norrie and Erin Leads on Lyons: Frank and Jeremy

DHHS Flood Recovery Work Plan



4	CIP, Emergency Winterization, and Expansion of Housing Rehab program. 1. Define scope of program expansion (Aaron/Chris). 2. Define eligibility parameters (Aaron/Chris) 3. Determine funding (Frank/Aaron)	In progress	Aaron Martinez, Chris Wiegand, Frank Alexander
		Completed (Yes, No, In-Progress)	Staff
Tasks	Assess, prioritize and develop a plan for implementing case management, while incorporating partners (i.e. Red Cross & FEMA & Community Partners)	In progress	Angela Lanci Macris, Sarah Buss
	Identify case management gaps and solidify existing resources.	In progress	
	Establish liaisons to impacted communities	In progress	
	Hire, train, and deploy DHHS Resource Coordinator and Navigator(s)	In progress	
5	Identify mutually shared funds and establish a coordinated financial plan to meet assessed needs of the community once a comprehensive assessment becomes available.	Completed (Yes, No, In-Progress)	Staff
Tasks	Communicate and work with all relevant agencies and departments	In-Progress	All-staff
6	Establish and Participate in a Long-Term Recovery Group Committee that unites efforts from the private, nonprofit, and governmental sectors within Boulder County	Completed (Yes, No, In-Progress)	Staff
Tasks	Determine DHHS membership on committee	In-Progress (Frank and Angela)	Frank Alexander, Chris Campbell, Sarah Buss, Angela Lanci Macris, Marcelo Ferreira (OEM)
	Determine common vision, goals, and objectives for DHHS to participate in the LTRG	In-Progress (Frank and Angela)	

DHHS Flood Recovery Work Plan



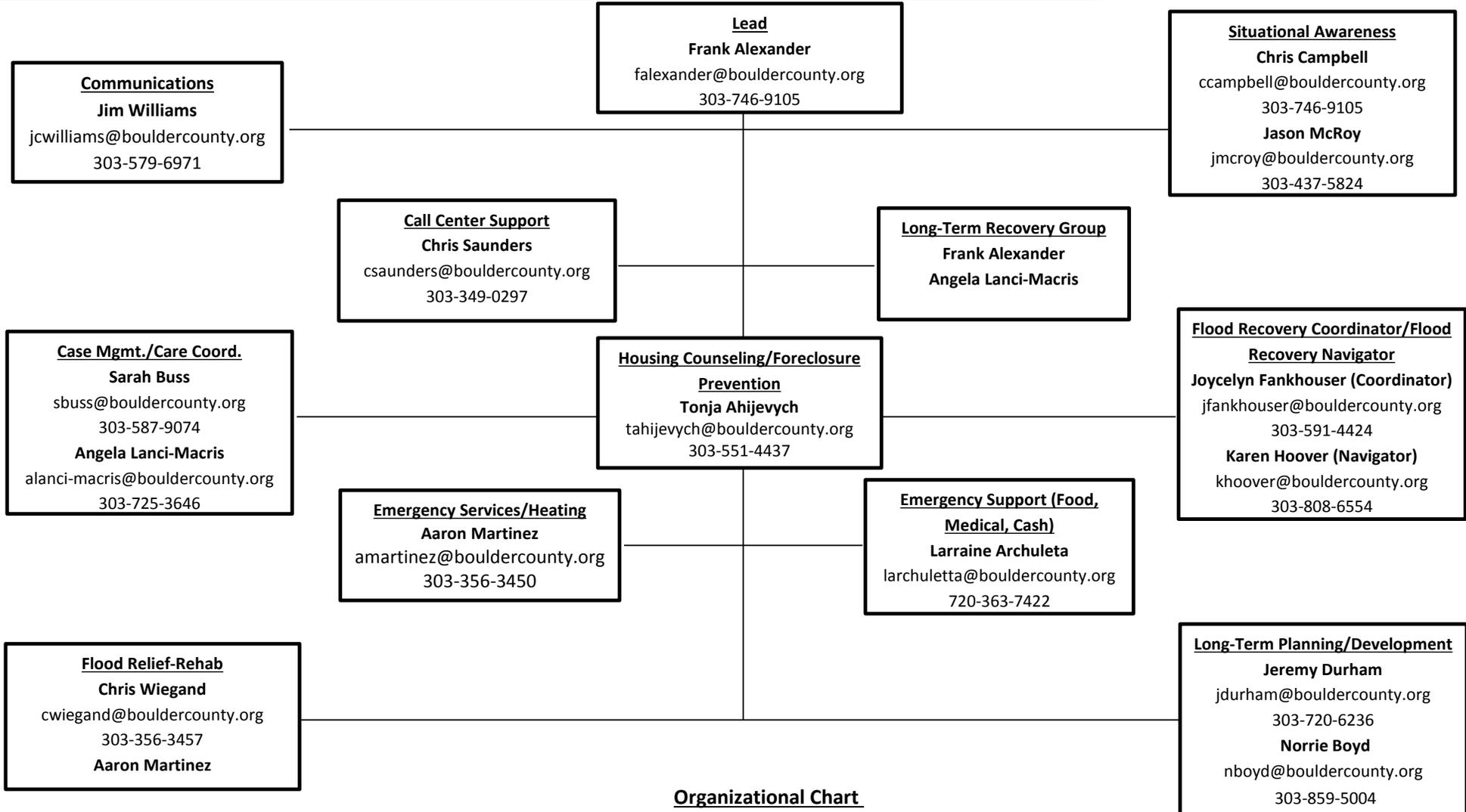
	Establish an information sharing system amongst OEM and within DHHS	In-Progress	Jason McRoy (SharePoint site), Marcelo Ferreira (OEM, LTRG), Angela, Sarah (DHHS)
	Determine, coordinate and execute mechanism for communicating with residents	In-Progress	Jim Williams
	Communicate and work with all relevant agencies and departments	In-Progress	All-staff
7. General Situation Summary			
<i>Description</i>	<i>Link</i>		
FEMA Update	http://www.fema.gov/disaster/4145		
FEMA Evac Hotel List	http://www.femaevachotels.com/		
FEMA Housing Portal	http://asd.fema.gov/inter/hportal/home.htm		
Volunteer & Donations	http://www.helpcoloradonow.com/		
8. Resource Links			
<i>Description</i>	<i>Link</i>		
Boulder County Flood Information	http://www.bouldercounty.org/flood/pages/default.aspx		
How Do I Help After A Disaster	http://www.fema.gov/help-after-disaster		
FEMA - Housing Needs FAQ	http://www.fema.gov/do-i-qualify-housing-needs-assistance		
FEMA - TSA Fact Sheet"	http://www.fema.gov/public-assistance-local-state-tribal-and-non-profit/recovery-directorate/transitional-shelter		
SBA - Assistance Fact Sheet	http://www.sba.gov/sites/default/files/CO%2013768%20Fact%20Sheet%20w%20amendment%203%20%28Presidential%29.pdf		
SBA - Loan Navigation	http://www.sba.gov/category/navigation-structure/loans-grants/small-business-loans/disaster-loans		
CDBG Toolkit	https://www.onecpd.info/resource/2853/cdbg-dr-toolkits/		
9. Attachments (check if attached)			
x	Communications List		
x	Situation Status		
x	Organizational Chart		

DHHS Flood Recovery Work Plan



Hope for the future, help when you need it.

Organization Chart	1. Incident Name	2. Date Prepared	3. Time Prepared
	9/11/2013 Boulder Flood	10/14/2013	8:00
4. Operational Period (Date and Time)			
14-Oct-13 until needs are met			



Organizational Chart
Leads in Key Areas

DHHS Flood Recovery Work Plan



Initial Damage Assessment

Over \$10 k in damage	Estimate	Total Cost	Cost Per House
Boulder	216	\$4.6 million	\$21,297
Jamestown	21	\$1.068 million	\$50,857
Longmont	162	\$2.97 million	\$17,784
Lyons	94	\$3.503 million	\$37,265
	493		
	524 (assessors #, accelera database)		

DHHS Flood Recovery Work Plan



Communications List				1. Incident Name	2. Date Prepared	3. Time Prepared
				9/11/2013 Boulder Flood	10/14/2013	8:00
4. Operational Period (Date and Time)						
14-Oct-13 until needs are met						
Name	Agency	Cell Phone	Email			
Frank Alexander	DHHS	303-519-8365	faalexander@bouldercounty.org			
Lorraine Archuleta	DHHS	720-363-7422	larchuleta@bouldercounty.org			
Norrie Boyd	DHHS	303-859-5004	nboyd@bouldercounty.org			
Sarah Buss	DHHS	303-587-9074	sbuss@bouldercounty.org			
Chris Campbell	DHHS	303-746-9105	ccampbell@bouldercounty.org			
Jeremy Durham	DHHS	303-720-6236	jdurham@bouldercounty.org			
Marcelo Ferreira	OEM	302-373-3190	mferreira@bouldercounty.org			
Angela Lanci-Macris	DHHS	303-725-3646	alanci-macris@bouldercounty.org			
Aaron Martinez	DHHS	303-356-3450	aamartinez@bouldercounty.org			
Chris Saunders	DHHS	303-349-0297	csaunders@bouldercounty.org			
Chris Wiegand	DHHS	303-356-3457	cwiegand@bouldercounty.org			
Joycelyn Fankhouser	DHHS	303-591-4424	jfankhouser@bouldercounty.org			
Jim Williams	DHHS	303-579-6971	jcwilliams@bouldercounty.org			
Jason McRoy	DHHS	303-437-5824	jmcroy@bouldercounty.org			
Karen Hoover	DHHS	303-808-6554	khoover@bouldercounty.org			
Tonja Ahijevych	DHHS	303-551-4437	tahijevych@bouldercounty.org			



Department of Housing & Human Services

Boulder County Housing and Human Services is dedicated to supporting and sustaining healthy communities that strengthen individuals and families while promoting human dignity and hope for the future



DRAFT 2014 HOUSING & HUMAN SERVICES ADVISORY COMMITTEE PLANNING CALENDAR

November 21, 2013

- Flood response and recovery
- Healthcare exchange and Medicaid expansion
- Introduction of 2014 planning calendar

TBD December 2013

- Overview of DHHS Budget
 - 2014 BCHA and DHHS Budgets
 - New DHHS Finance Division Director Introduction: Will Kugel
- Health Care Focus Groups
 - Extended December Meeting for focus group (Dahlia Dorta, Elvira Ramos, Jim Williams)

January 28, 2014

- Introduction of the Generative Model Framework
 - Implications of the framework for the committee's work
- Fiscal Leveraging/Mega Contract update: Melissa Frank Williams, DHHS Program Manager, Integrated Services

- Vision Document Draft for review and discussion

February 25, 2014

- Extending meeting for focus group work: TOPIC: DHHS Vision Document
- Targeted recruitment of new committee members:
 - Senior executives
 - Other CBOs
 - Hospitals and School Districts

March 25, 2014

- Joint meeting with the Latino Task Force Board, DHHS Advisory Committee, DHHS Staff
 - Discussion of how we can serve the needs of the Latino community better, discussion of
- Final DHHS Vision Document

April 29, 2014

May 27, 2014

June 24, 2014

- Extended meeting for focus group work: topic TBD

July 29, 2014

- Year-to-date financial update

August 26, 2014

September 30, 2014

October 28, 2014

- Extended meeting for focus group work: topic TBD

December 9, 2014

DRAFT