



Family Resource Network Regional Council Meeting

January 9, 2020

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**Boulder County Family Resource Network (FRN)
Regional Council (RC) Meeting**

Thursday, January 9, 2020
5201 St. Vrain Road, Longmont, Prairie Room South
3:00-5:00 p.m.

Meeting Objectives

Review and finalize the FRN Strategic Plan Work Plan
Review the LAC Maps
Review and discuss the Family Homelessness Recommendations
Check in on any outstanding items/reminders from our meeting with the commissioners
Review of Tennyson Rewiring project and next steps

Decision Points for Today:

Approve the FRN Strategic Plan Work plan

1. Welcome and Introductions- Suzanne Crawford (3:00-3:05)
2. Membership Updates, Review of Agenda and Consent Items- Suzanne (3:05- 3:10)
3. Overview and Discussion of the FRN Strategic Plan Work Plan- Suzanne (3:10- 3:55)
4. Local Area Collaborative (LAC) group Mapping Review and Discussion- Whitney and LAC leads (3:55-4:10)
5. Family Homelessness Sub-Committee Recommendations and Next Steps - Julie (4:10-4:25)
6. Board of County Commissioners Follow up Items – Suzanne (4:25-4:35)
7. Tennyson Rewiring Project Review and Discussion – Susan C. and Melissa (4:35-5:00)
8. Adjourn-Suzanne (5:00)



Department of Housing & Human Services

2525 13th Street, Suite 204 • Boulder, Colorado 80304 • Tel: 303.441.1000 Fax: 720.564.2283
3460 Broadway • Boulder, Colorado 80304 • Tel: 303.441.1000 Fax 303.441.1523
515 Coffman Street • Longmont, Colorado 80501 • Tel: 303.441.1000

www.BoulderCountyHHS.org

BCDHHS Advisory Committee/Family Resource Network Regional Council Meeting Minutes

Thursday, November 14, 2019, 3:00-5:00pm
2525 13th Street, Boulder, CO

Members Present: Robin Bohannon, Rebecca Alderfer, Karin Stayton, Simon Smith, Christina Pacheco-Sims, Julie Van Domelen, Kristin Heyser, Danielle Butler, Frank Alexander, Lori Canova, Janette Taylor, Suzanne Crawford

By phone: Marc Cowell

Guests Present: Commissioner Deb Gardner, Commissioner Elise Jones, Commissioners Matt Jones

Staff Present: Melissa Frank-Williams, Monica Serrato, Whitney Wilcox, Susan Caskey, Angela Lanci-Macris, Mackenzie Sehlke

1. Welcome and Introductions- Suzanne Crawford opened the meeting with introductions. Guests present include the Boulder County Board of Commissioners- Commissioner Deb Gardner, Commissioner Elise Jones, and Commissioner Matt Jones.
2. Review of Agenda and Consent Items- The agenda and minutes were approved.
3. Overview of the Family Resource Network (FRN) and work to date
 - Setting the stage for the conversation- Suzanne presented an overview of the FRN, the Regional Council (RC) and its role, and the Local Area Collaboratives (LAC) and their role. She also noted the connection between the LACs and EFAA, Sister Carmen, and OUR Center, the three Family Resource Centers (FRC) in Boulder County whose program managers serve as co-facilitators of each LAC along with Whitney Wilcox from Housing and Human Services.
4. Alignment of FRN work with BOCC 2019-2023 Strategic Priorities
 - Affordable Living-Julie Van Domelen and Kristin Hyser
 - i. Julie presented an overview of why affordable housing is the number one issue across income groups in Boulder County, particularly for families with children. The loss of affordable units combined with stagnant low-income wages creates a lot of pressure. At EFAA, the average annual income is \$15,000 for a family of three and they spend 70% of income on housing costs, which impacts all other areas of life. Over 1,000 children are experiencing homelessness in Boulder County via temporary housing, couch surfing, or living in vehicles. There are three ways that the FRN engages in issues of housing security:
 1. Focus on keeping the safety net in place -There is an increasing number of rental assistance programs in place which, when combined with supports such as food or medical assistance, keep families housed. This is the first and best defense against homelessness.

2. The Family Homelessness Subcommittee-This subcommittee is co-chaired by Julie and by Sarah Buss from Boulder County Housing and Human Services. Over the last year the subcommittee contracted with Results Lab to analyze the system in place to support families experiencing homelessness and create a strategic plan. A report is being used to generate an action plan that will primarily focus on gaps where families fall through the cracks.
 3. Support for affordable housing - This includes the Regional Affordable Housing Plan and any potential ballot initiatives that the County may be considering. The non-profit members of the FRN engage in this area regularly and can help in different ways.
- ii. Kristin presented an update on the Boulder County Regional Housing Plan which was adopted by nine jurisdictions, known as the Regional Housing Partnership, whose goal is to increase affordable housing stock 12% by 2035.
1. Home Wanted Campaign-Trestle Strategy Group is helping to leverage the work by developing the grassroots voice through the “Home Wanted” campaign, where members of the Boulder County community are invited to share their affordable housing stories. The Partnership is looking for support in getting the word out- personal stories are very helpful.
 2. There will be a community-wide event in 2020 to reinvigorate the work, to affirm that this is a core value of Boulder County, and garner community engagement throughout the year. The timing and details are not currently finalized.
 3. Potential ballot measure on affordable housing- If there is a ballot measure and it is to be successful, we still need to consider what would it look like and how the resources would be shared across the county.

iii. Discussion (25 minutes)

On the Family Homelessness Subcommittee- Commissioner Gardner asked Julie for a high-level overview of the recommendations from Results Lab for the Family Homelessness Subcommittee. She also asked when the recommendations would be out and asked that they be shared with the commissioners. Julie responded that Results Lab is wrapping up the planning with key agencies and stakeholders. The things that have stood out are the entry to the system, family voice, and system metrics. Questions to consider include:

1. Is there a common screener and assessment for entry into the system and what does it look like?
2. For family voice, what is the family experience? There is currently no family shelter, but there are hotel vouchers. Are vouchers better than a shelter for the families?
3. What about families in the mountains? Mountain families don't have the same resources. They either must come down to Boulder away from their community or go into the woods.
4. For system metrics, what has an impact?

Recommendations will be rolling out soon and they will be shared with the commissioners. This issue has a significant impact on children and providing safe, stable housing can mitigate the effects the damaging effects of homelessness. Commissioner Gardner asked if stagnant wages are also a factor.

Julie said that while the subcommittee isn't focusing on that topic, it is a critical issue. Every family living at EFAA is employed, but if they don't have paid time off for when their children are sick or are simply not getting paid enough. Julie asked the commissioners if there is consideration for raising the minimum wage. Commissioner Gardner noted that the county raised its minimum wage for employees and that there are discussions happening across in cities and the consortium of cities engaged in that conversation. They will likely create a subcommittee to discuss realistically what can be done county-wide. Frank Alexander remarked that part of that discussion needs to be about mitigating the cliff effect for families when their income increases by a dollar or two and they suddenly are at risk of losing benefits. Simon Smith noted that at Clinica they have seen how the rising economy in Colorado has resulted in many of their patients losing Medicaid and becoming uninsured.

On the Regional Housing Partnership: Commissioner Elise Jones asked if there was an update on the City of Erie joining the Partnership. Kristin said that there have been some good conversations and that they are at the top of the list to meet with and get more traction. Commissioner Jones asked Kristin to let the Commissioners know if they need help with those conversations.

On the Home Wanted Campaign: Frank noted that it is important for families and individuals with stories to share them because elected officials aren't hearing enough from a diverse base. Julie pointed out that it is difficult for families who are working to be present at public meetings in order to share their stories. Christina Pacheco Sims also noted that there are individuals who are working in FRN organizations who also can't afford housing in Boulder County. The City of Longmont has a large percentage of staff that can't afford to live in Longmont. Julie asked what the venue would be to have families share their stories, and Mackenzie Sehlke said that the Housing and Human Services Communications team would be happy to come to organizations and the Family Resource Centers to film participants there. Commissioner Gardner suggested that a 5-6-minute length Home Wanted campaign video could be shown at the dinners that the Commissioners host with elected officials or local channel 8. Please mail Mackenzie at msehlke@bouldercounty.org to make arrangements or visit www.homewanted.org. Commissioner Gardner shared that they just met with CU Boulder Chancellor DiStefano and the topic of affordable housing for staff, students, and faculty came up. There is great interest in connecting on this topic. The commissioners shared the Home Wanted campaign and will send the website to Chancellor DiStefano as well. Kristin offered to be the point of contact.

On the 2020 event to re-invigorate the energy around affordable housing: Commissioner Jones noted that there has been significant turnover in elected officials since the adoption of the goal by the nine jurisdictions. She emphasized the importance of taking advantage of this time to greet the new elected officials and recreate the excitement from the last elected official summit. Commissioner Matt Jones recommended also engaging with chamber members and services clubs as well.

On the potential ballot measure for supporting affordable housing: The Partnership should be thoughtful about the timing of a potential ballot measure. Commissioner Matt Jones said that there are also conversations around transportation affordability ballot which is polling high while affordable housing

is not. Sam Weaver, likely the next mayor of Boulder, thinks transportation is a priority and that there are lots of tools and resources for housing. Commissioner Jones said that it is important to have the municipalities and key stakeholders at the table as soon as possible. Robin Bohannon asked when the Commissioner dinners with elected officials happen. Commissioner Gardener said likely in the beginning of 2020.

- Regional efforts around Early Childhood- Danielle Butler and Christina Pacheco Sims
 - i. Overview- Christina presented an overview of work being done around early childhood in Longmont. The Longmont City Council has allocated \$50,000 in their ongoing budget, \$150,000 in the 2020 General Operating Fund Budget, and \$50,000 for three years toward early childhood to support the Council's goal of providing high quality pre-k learning opportunities for children in Longmont. Some of the objectives in the work plan include:
 1. Increase the percentage of three and four-year olds in high quality preschool.
 2. Increase the time caregivers read to children, particularly among low-income families.
 3. Ensure that all school age children have access to high-quality digital internet.

The City of Longmont Division of Children, Youth, and Families has a Community Programs Coordinator, Olga Bermudez, who is the liaison to Bright Eyes. She is part of a group that is examining the creation of an "Early Childhood Development Special District" in Longmont to see where funds would create the biggest impact, and they are drafting a plan to spend the funds effective January 1.

- ii. Danielle Butler presented on the wider county-wide perspective and the Early Childhood Council of Boulder County's (ECCBC) alignment with FRN partners. ECCBC focuses on children from birth to age five and their parents. Their mission is to expand and improve services for that population. This age range can be further divided into 5-year olds who are about to go into kindergarten, three and four-year old children in preschool, and birth to age three are the infants and toddlers. There are just under 15,000 children in licensed and unlicensed child care in the birth- age five age range. Less than half are in licensed child care and over 55% are using informal care. There are 225 licensed providers in Boulder County right now which is a decline from what it used to be. These providers are members of the Colorado Shines Quality Rating and Improvement System. ECCBC is engaged by the state to promote this system and to help providers move up levels from one to five. The state uses the term "high quality" but it is more accurate to say "highly rated" as there are children in care that is high quality, but they are not licensed and therefore not rated. Of the 225 licensed providers, just over 51% are "engaged", meaning that they are seeking to improve their rating beyond the basic level one which is the rating for being licensed. Twenty four percent are considered "highly rated" meaning they have a three, four, or five rating. ECCBC works closely with Boulder County's Child Care Assistance Program (CCAP) to ensure that children receiving CCAP are in highly rated centers. Currently 63% (548) children receiving CCAP are in highly rated centers.
 - iii. Early Childhood Councils all over the state are charged with developing quality in childcare. ECCBC works closely with County partners on this issue. There are

currently a total of 225 licensed providers in Boulder County. By virtue of being licensed, they are automatically members of the Colorado Shines Quality Rating System and automatically receive a rating of one. A rating of three to five is considered high quality by the state, but really, it's highly rated. Fifty-one percent of licensed providers are engaged, moving above a one. Boulder County has invested highly in CCAP. There are 548 children with CCAP in highly rated sites. ECCBC is hoping to work with Longmont as they expand their early childhood investments.

Full day kindergarten was passed last year but isn't fully funded yet and universal pre-k is looming on the horizon in 2020. ECCBC must talk with partners about how these changes will impact the mixed services delivery system.

Another part of ECCBC's work was the creation of the Early Childhood Mental Health Taskforce which had four recommendations:

1. Provide Early Childhood Mental Health Education trainings for agency partners and childcare providers which was a 9-part series that the Colorado Association of Infant Mental Health provided.
2. Finish a 3rd version of the [Challenging Behaviors Report](#) which is now available online.
3. Create an additional full-time position of Early Childhood Mental Health Consultant who currently works in two childcare centers and with Mental Health Partners.
4. Universal Home Visitation (UHV) is pilot program under the Family Resource Network in partnership with Boulder County Public Health, Clinica where pregnant women are screened at Clinica and referred to a navigator who identifies the best programs, based on evidence of effectiveness, to meet needs.

ECCBC, along with other Early Childhood Councils, will also be key partners in the Colorado Partnership for Thriving Families and the work that is developing around the prevention of child abuse and neglect.

ECCBC will continue to work with the City of Longmont as they examine the possibility of creating an Early Childhood Development Special District which would allow for funding to address key issues that impact children from birth to age 8.

iv. Discussion (15 minutes)

Commissioner Gardner noted that Leslie Erwin, Policy Analyst with Boulder County, has been updating the commissioners on the City of Longmont's progress on this topic. She asked what will happen when this funding ends. Christina said that they will be using the next three years to gather metrics and data to determine what piece is impacting the rest of the puzzle and to justify additional funding. She noted that there is \$50,000 which is ongoing beyond the three years. This is a huge win for Longmont, as child care impacts economic development and the city sees that.

Danielle added that eventually there will have to be acceptance that a larger public funding component for child care is needed, beyond CCAP, and that is

really a national discussion. Parents need and want community sometimes they may need part-time care and broader hours. Childcare serves as family support, and meets health and education needs for families.

Commissioner Jones said that they are hearing from parents that there isn't enough child care and that it's not affordable. She said that Governor Polis is focused on the three to five-year age in early childhood, but he does seem open to understanding how investments in the zero to three group would yield success in his universal kindergarten and preschool proposals. His budget for CCAP is also headed in the right direction. Commissioner Gardner asked how not having full day pre-k and kindergarten is impacting families. Robin expressed that vulnerable families need more than two hours in the morning or two hours in the afternoon, and they may also need a program that has food. For some children the one meal they get at pre-k might be the only meal they get. One model doesn't work for all families and all kids, especially those experiencing toxic stress. Danielle noted that universal pre-k sounds great until we realize that not every child should be in a school setting that early. The zero to three age range requires nurturing for proper brain development which in home providers are well equipped to provide.

- Equity and Justice- Suzanne
 - i. Suzanne presented an overview on family voice which is a recent commitment and the FRN is trying to embed in its work on every level. All three family resource centers (FRCs) have Participant Advisory Committees (PAC) and use the Standards of Quality which is a document used by FRCs to evaluate how they are doing and requires participant involvement.
 1. Sister Carmen has had their PAC for seven to eight years, and membership has fluctuated. One of the first things they did was talk with RTD and get a bus stop in front of Sister Carmen. They put up suggestion boxes in the building and organized family fun nights. Sometimes they participate in hiring process, though it can be challenging. Participants often desire leadership skills, so Sister Carmen offers the Family Leadership Training Institute (FLTI) which is a life changing program that helps them learn those leadership skills and civic engagement. However, FLTI is always in danger of funding cuts as it is expensive. Child care and food must be provided in order to support family attendance.
 2. EFAA has had their PAC for a little over a year. They first started changing simple things. For instance, EFAA participants used to not be able to volunteer but now they can. EFAA has focused on providing leadership development and training on how to speak to issues. Also, EFAA interviewed over 80 participants in one on one interviews and are assembling a report now on those interviews. Also, EFAA shared all their funding information with participants and asked what is missing. Participants identified the need for cell phone bill assistance. Also, participants asked for a seat on the board and are actively involved in strategic planning, which is truly shifting power dynamics.
 3. Marc Cowell shared that OUR Center received funding in July for five years to implement FLTI with a 2-Generation approach. There is also an

FLTI curriculum for middle and high school students while the parents are participating in the adult curriculum. They will be launching this in the new year.

4. Community forums were held in Louisville, Longmont, and Boulder through the 2 Generation Opportunities grant that gave valuable feedback about barriers to accessing services and needs that are not being met. In addition to the great attendance and engagement from community members, the forums were coordinated by an FLTI graduate from Sister Carmen and an FLTI graduate from OUR Center. A lot of participants came from various groups already existing at the FRCs.
 5. Dream Big has organized the Latino Parent Summit for the last four years that also gets genuine engagement from the community both in planning and in participation.
- ii. Discussion- Commissioner Jones asked how FLTI is funded. Sister Carmen's program has been funded through the Colorado Health Foundation in the past, and currently is being paid through general operating funds. It was originally funded through CSU however it wasn't enough to fund the full program. Commissioner Gardner noted that in the past she has presented to FLTI at OUR Center on government and went to their graduation and found it very valuable. Christina offered to meet with Marc to collaborate on the youth portion for the 2GEN FLTI in order to leverage that funding.
- General Discussion
 - i. Commissioner Gardener noted that last time the Commissioners attended a meeting with this group, it had a different structure and was curious how it is working out. Danielle said that this community is open and trusting and willing to try things. Relationships among members are valuable and key to improving programs. Julie said that Local Area Collaboratives aren't represented today, but that is where a lot of the work is happening and is an important element to the FRN. The Regional Council recently had a strategic planning retreat and are still working out the governance function on resource flows and policy alignment. Commissioner Gardner noted the importance of talking about how to coordinate and how to do things in different and better ways to better help families. Karin Stayton said that she appreciates the vision of the FRN and the work on a coordinated system and that communication and collaboration are improving (as a result). Christina appreciates work at the LAC level to break down silos and to get people together on a work plan.
 - ii. Commissioner Jones asked how can the BOCC better serve the FRN? Suzanne said she appreciates that county officials care about human services and improving family's lives and that continued support for affordable housing was critical.
 - iii. Julie asked what the Commissioners see as changing in the community as a result of the work being done at the FRN? Commissioner Gardner observed that that the number of families experiencing homelessness are dropping and asked if there was concrete data on that. Julie said that the McKinney-Vento data shows it but it's unclear what's driving it. Frank said that the McKinney-Vento data used shows 1,950 children experiencing homelessness and now there are 1,020 children between the two school districts. He believes it is the result of the network of resources in place and trying to get to families sooner. Julie noted that the Housing Resource Panel is a place where agencies come together

to collectively figure out the best fit for the need that the participant has. Angela Lanci-Macris said that we are smarter about how to package different services together.

- iv. Melissa noted that Dream Big is shifting over to the FRN. While that is happening, there are also meetings with Dr. Rob Anderson, the Superintendent at Boulder Valley School District on bridging the achievement gap and developing that relationship.
- v. Julie mentioned the new role of Mountain Resource Liaison (MRL) which was developed to answer the need providing services locally to mountain families. There is now one MRL who works in partnership with EFAA for the southern mountain region and one that works in partnership with OUR Center for the northern mountain region. Janette Taylor said that both are getting busier all the time and it has been quite impactful in a positive way to that community.

5. January Meeting Confirmation-Monica Serrato

Monica confirmed that the next meeting will be January 9th and in response to the request at the strategic planning meeting to change the meeting space, it will be held at the Parks and Open Space building in Longmont near the airport.

6. Adjourn-Suzanne (5:00)

Key follow up items:

- Send the Family Homelessness recommendations to the Commissioners
- Home Wanted Campaign- FRN members to garner participant support to participate in a video. BCDHHS communications team to take the lead on this.
- FRN members to attend commissioner dinner (to be scheduled) to speak to the affordable housing needs, as transportation is rising to the top of their agendas instead. Status update needed at January, 2020 FRN Regional Council meeting

Boulder County Family Resource Network Strategic Plan

2020-2023 Work Plan

Draft 12/15/19

Vision: Boulder County Families are valued, healthy and thriving.

Mission: Based on a two generational approach, Boulder County will have a fully integrated system of service delivery, organized through a county-wide governance structure comprised of citizens, schools, community-based entities, and city/county government aimed at improving self-sufficiency outcomes of families and social, emotional, and academic outcomes of children and youth.

Goals and Activities based on Recommendations from the FRN Regional Council

PRIORITY AREA 1: GOVERNANCE

GOAL: Ensure the FRN Governance Standards and Bylaws (attached) are clear, agreed upon, adopted, and implemented by the Regional Council.

Recommendation 1	Ensure cohesion, trust, and transparency						
Activities	Lead	Collaborating With	Resources Needed	Deliverable	Begin	Target completion	% complete
Implement an assessment of the Regional Council (RC) functionality to determine how best to improve cohesion, trust, and transparency to effectively implement the governance standards and this strategic plan.				Assessment	January 2020	January, 2020	

Identify subgroup to lead this developmental assessment, resources needed, and target dates to complete this task and the subsequent tasks under this goal				Subgroup identified	January 2020	January 2020	
The subgroup will identify if a facilitator is needed and secure one if needed.				Facilitator if needed	January 2020		
Review LAC survey monkey and revise to reflect 10/4 strategic planning meeting content				Survey	January 2020		
Implement survey monkey, analyze and present to RC membership				Survey Sent	February 15, 2020		
The lead will work with the facilitator (if applicable) to create a set of recommendations to improve transparency and trust which will be incorporated as guiding principles that will included in the final governance document.				Guiding principles	March 12, 2020		
Progress Notes:							
Recommendation 2	Review, revise and finalize governance standards and practices (to include guiding principles for behavior) for FRN and ensure they are reflected throughout this workplan.						
Activities	Lead	Collaborating With	Resources Needed	Deliverable	Begin	Target completion	% complete

<p>The subgroup identified under item 1 will review the current FRN Governance Charter and make revisions</p> <p>Notes from strategic planning process:</p> <p>Pay particular attention to the role of the Regional Council, LACs and roles of staff vs. membership and make amendments</p> <p>Clarify span of control of the RC across the domains of Policy, Practice, Data and Funding</p> <p>Ensure family voice is explicitly addressed in the Governance Charter</p> <p>Identify a formalized process of rapid cycle feedback, including revisiting membership to ensure we have the right people at the table, including members of the community we are serving. Also be aware of the member agency's internal timelines, strategic planning, etc.</p> <p>Clarify process for LAC and RC feedback loops</p>				<p>Draft revisions to the Governance Charter</p>	<p>January 2020</p>	<p>January 2020</p>	
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Ensure role of cities and other members in the FRN are clear							
Ensure operational practice component for key areas of Governance Charter (family voice, LAC)				Practice components	February 2020	February 2020	
Review this strategic plan to ensure alignment with the FRN Governance document					February 2020	February 2020	
Subgroup will submit the Governance document to the Regional Council for review during the RC meeting, provide a presentation and facilitate discussion. The subgroup will make revisions if needed and submit the final for approval.				Final Governance document and updates to this work plan	March 2020	March 2020	

Progress Notes:

Goal 2: Identify and agree upon strategic priorities and target population and area of focus for RC member agencies for the next 3 years to carry out the FRN mission (i.e. Boulder County families living in poverty with children up to age 18? 8? 3? in highest needs areas)

Activities	Lead	Collaborating With	Resources Needed	Deliverable	Begin	Target Completion	% complete
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<p>Identify and implement plan to “level-set” with the Regional Council on the work done to date to include the practice model (ISDMC), data and reporting, current initiatives, to date and garner input and agreement from the group regarding the target population on which to focus.</p>				<p>Presentation for the Regional Council</p>	<p>February 2020</p>	<p>March 12, 2020</p>	
<p>Identify other workgroups focusing on the target population and work with these entities to align efforts. Ensure an ongoing check-in process is in place with these entities.</p>				<p>Workgroup member’s names</p>	<p>February 2020</p>	<p>12-Mar-2020</p>	
<p>Based on the above, build out the activities for priority areas 2-5 below based on the target population and submit to the Regional Council for final approval</p> <p>-ensure the plan includes description of systems level change with the target population to be impacted.</p>				<p>Revised Work plan</p>	<p>April 2020</p>	<p>May 2020</p>	

Recommendation 2	Identify policy priorities as they relate to the specific target population and develop and implement a plan for unified policy approach across FRN membership						
Activities	Lead	Collaborating With	Resources Needed	Deliverables	Begin	Targeted Completion	% completed
<p>Create a policy agenda, to include policy positions (city, county, state and federal), for the FRN based on activities above with actions that need to be take in the upcoming year (i.e. attendance at city council or BOCC meetings, outreach activities, etc.)</p> <p>-this will include assigning a liaison from the FRN RC who will update the group on the policy work of the other entities</p> <p>(connect with Leslie and Summer in the Commissioners' office to ensure alignment)</p>				Policy agenda and liaison identified	TBD		

<p>Assign a lead to track and manage the policy agenda for the FRN <u>and</u> to check in with liaisons from other groups (i.e. ECCBC would be Danielle and the assigned FRN lead would check in with her regularly to get updates on their policy work in the identified areas)</p> <p>The FRN Policy Lead also will attend the BOCC monthly policy meeting</p>				<p>Process for tracking FRN policy progress and staying apprised of work of groups outside the FRN</p> <p>Attendance of policy lead at BOCC monthly policy meetings</p>			
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Progress Notes:

PRIORITY AREA 3: DATA AND OUTCOMES

GOAL: Monitor common process, program and system wide 2 Gen outcomes related to the target population.

Recommendation 1	Establish FRN outcomes framework and logic model.						
Activities	Lead	Collaborating With	Resources Needed	Deliverable	Begin	Target Completion	% completed
Review, discuss, and approve FRN Outcomes Framework				FRN Outcomes Framework	January 2020	TBD	
Develop a logic model using the draft FRN Outcomes Framework (attached).				Logic Model	February 2020	TBD	

Progress Notes:

Recommendation 2		Create data dashboards to inform FRN decision-making regarding funding, practice, and policy.					
Activities	Lead	Collaborating With	Resources Needed	Deliverable	Begin	Target Completion	% completed
A subgroup of FRN RC members will draft FRN high level metrics dashboard to track overall community progress to be reviewed and discussed by FRN RC. Frequency to be determined by workgroup.				Dashboard	TBD based on HHS BOSS team availability	TBD	
A subgroup will draft more detailed metrics and dashboards for each priority area. Frequency to be determined by workgroup.				Detailed dashboard	TBD	TBD	
-The subgroup will then create detailed guidelines for data collection for FRN members.				See “practice” section			
Progress Notes:							

Recommendation 3		Further develop and expand an integrated data system across the FRN membership.					
Activities	Lead	Collaborating With	Resources Needed	Deliverable	Begin	Target Completion	% completed

Ensure RC membership understands HHSC (data system) on a high-level onboarding schedule for service providers, and is clear about how shared data will be used for measuring outcomes and outputs			Presentation to FRN RC by HHS BOSS team	March 2020	March 2020		
Onboarding and orientation to other FRN member data systems and how they will interface with one another (including HHSC).			Orientation by BOSS team	TBD based on BOSS work load	TBD based on BOSS work load		
FRN staff will schedule and coordinate with Stefanie K (BOSS Division Director) to visit FRN RC meetings 2x a year to provide an overview and updates on HHSC to the broader FRN.			Schedule of meetings that Stefanie will attend and content to be presented	January 2020	March 2020		
For the next 6-10 months, FRC directors to meet monthly with Stefanie K and her team to plan the roll out of HHSC and identify any other higher-level issues to be addressed. The details of			Schedule of BOSS/FRC director meetings for the next 6-10 months		January 2020		

<p>these meetings will be identified by the FRC directors and Stefanie. Synopses of these meetings will be provided after each meeting.</p>			<p>Synopses from each meeting</p>	<p>December 2019</p>			
<p>A pre-determined subcommittee will work with Stefanie K and team to identify data points needed based on the outcomes framework (once finalized).</p> <p>A dashboard and reports will be created that will be used at every RC and LAC meeting to report progress and recommendations for improvements.</p> <p>MFW and WW will identify the specific process used to review the dashboards for the RC and LAC.</p>			<p>Dashboard for FRN Regional Council</p>	<p>TBD</p>	<p>TBD</p>		

Progress Notes:

PRIORITY AREA 4: FUNDING

GOAL: Establish funding strategy based on the target population and strategic priorities and leverage the FRN in procuring and recommending funding.

Recommendation 1	Influence local funding policies across county and city government to align with and fund FRN priorities (i.e. BC Funders' Collaborative)						
Activities	Lead	Collaborating With	Resources Needed	Deliverable	Begin	Target Completion	% completed
Identify and implement plan to approach the BC Funder's Collaborative and statewide entities (TBD) to align funding priorities around the target population.	Kristin H?			Proposal for the BC Funder's collaborative	TBD	TBD	
Clarify role and function of the FRN RC in Boulder County's funding decisions (i.e. Human Services Safety Net and General Fund dollars) and contract scopes.				Process of FRN RC documented in the Governance document and shared with relevant HHS staff	TBD	TBD	
Progress Notes:							

Recommendation 2	Identify and implement a process for applying for additional funding opportunities to support efforts around the target population						
Activities	Lead	Collaborating With	Resources Needed	Deliverable	Begin	By When	% completed

Identify funding opportunities that align with the work that are “low hanging fruit” (i.e. Tennyson, Gary Community Investments) and identify the role of FRN and path forward.				Role of FRN with upcoming funding opportunities	December 2019	February 2020	
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Progress Notes:

PRIORITY AREA 5: PRACTICE

GOAL: Implement a common practice model (ISDMC) across FRN partners whereby service coordination for the target population is grounded in similar assessments than span the Social Determinants of Health and services between FRN partners are well coordinated and effective.

Recommendation 1	The FRN RC and LAC informs and supports the BC Integrated Services Delivery Model of Care, including advising on areas for improvement, with focus on the target population						
Activities	Lead	Collaborating With	Resources Needed	Deliverable	Begin	Target Completion	% completed
For the primary agencies serving the target population, document (map) what’s currently happening with the screener/assessment and service coordination	RC subgroup Lead with Whitney				March 12 or May 14	TBD	

- Document the work currently being done (LACs) to ensure smooth transition from assessed need to the service (service linkage) and build upon/revise that plan					March 12 or May 14		
Develop and implement a process to ensure consistent alignment between the LACs and the FRN and the ISDMC mid- level and navigation workgroups regarding service coordination				Updated/clarified process between FRN and LACs	March 2020	July 9, 2020	
Clarify the role of referring entities and the roles of the entities receiving the referrals (starting with FRN members) – who does what? Ask Stefanie K for work documented to date on this				Roles in referral linkage are clear and all FRN entities are versed	March 2020	TBD	
Define referral system (database), ensure successful referral follow-up (warm handoff), end results of referral (successful or unsuccessful)				Referral protocol defined and first cohort trained	March 2020	TBD	
Develop and implement a process to ask participants what they think about the assessment and referral linkage process- Bring them in earlier in the process				Process for engaging family voice is documented and implemented	March 2020	TBD	

<p>Immediately after to co-create the changes</p> <p>Possible assessment currently used by FRCs (Standards of Quality Participant Survey)</p>							
Progress Notes:							

Recommendation 2	FRN RC to review FRN initiatives to stay apprised of workgroup progress and to identify additional initiatives under the FRN purview (i.e. achievement gap work).						
Activities	Lead	Collaborating With	Resources Needed	Deliverable	Begin	Target Completion	% completed
SEH workgroup to launch first phase implementation (per the SEH work plan) and report progress to regional council in the March and July meetings.	Betsey (transitioning to EFAA)	Julie, EFAA Lori and Garrett, IHAD Karin, BHP					

<p>Family Homelessness workgroup to review and finalize planning process to include identification of priority areas for implementation and report progress to the Regional Council at the March and September meetings.</p>							
<p>Achievement gap workgroup to be identified to include membership from BVSD, Public Health, HHS, and members of the Dream Big steering committee (SVVSD?) to formulate work plan to include communications strategy, metrics and schedule for meetings for 2020.</p>							
<p>FRN staff to work with FRN chair and vice chair (and other members who self-identify) to compile recommendations for FRN RC on additional initiatives for consideration under the FRN.</p>							
<p>Progress Notes:</p>							

2017



BOULDER COUNTY FAMILY RESOURCE NETWORK

Governance Charter

April, 2017

A governing document of the Boulder County Housing and Human Services Advisory Committee (HHSAC)

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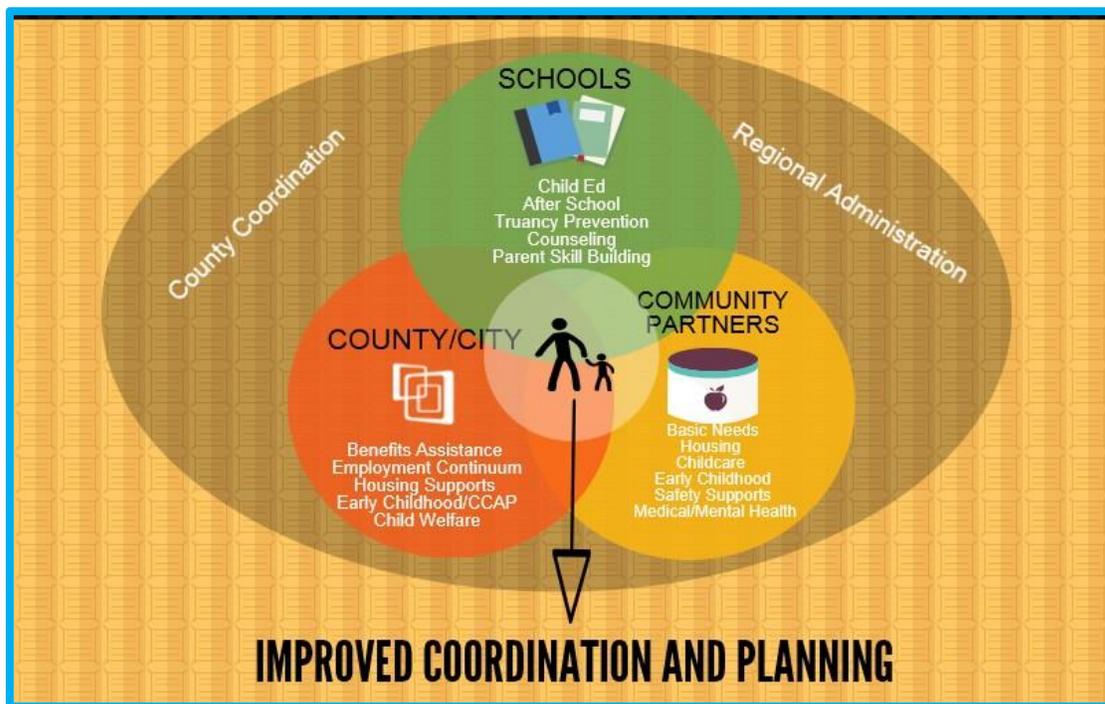
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1. Overview

A. Boulder County Family Resource Network (FRN)

Vision: Boulder County families are valued, healthy and thriving.

Mission: Based on a two generational approach, Boulder County will have a fully integrated system of service delivery, organized through a county-wide governance structure comprised of citizens, schools, community-based entities, and city/county government aimed at improving self-sufficiency outcomes of families and social, emotional, and academic outcomes of children and youth.



*A fully integrated system is a **holistic approach** to serving each consumer, using an **interoperable data exchange** to link the people, services, and information across systems and programs for **robust care coordination, integrated case planning, timely service delivery, and cross-system relationship management.**

B. The FRN Regional Council (RC)

The Regional Council is responsible for achieving a visionary, yet complex, large system-change process, aligning strategic direction and implementation consistent with the integration vision outlined above designed to produce the positive, long-term, sustainable outcomes for children, families, and individuals served throughout the community.

The Boulder County Housing and Human Services Advisory Committee (HHSAC) will serve as the Family Resource Network Regional Council (RC). This Governance Charter serves as a component to the HHSAC by-laws.

The Regional Council provides the overarching governance to the Family Resource Network and oversees achievement of collective service outcomes to improve overall well-being of Boulder County families. In this model, the Regional Council consists of high-level leaders with a stake in the outcome of the effort, people in a position to make significant policy decisions, break down barriers, and provide vision and strategic direction. It consists of leaders representing the major areas of Boulder County (see graphic on next page) across three key sectors (schools, county/city, community-based organizations) and is primarily responsible for the following:

- Communicating a clear shared vision;
- Defining strategy and expected community-wide outcomes;
- Ensuring that the input by those being served by the FRN is guiding its direction;
- Monitoring performance on key metrics;
- Advocating and informing on relevant local, state and federal policy;
- Supporting and advising on program improvement;
- Supporting coordinated and consistent processes, policies, and management of the FRN;
- Facilitating and approving formal agreements for operation of the Network;
- Facilitating resource procurement and allocation;
- Informing and supporting the Boulder County Integrated Services Delivery Model of Care (ISDMC);
- Reviewing and approving recommendations from Local Area Collaborative groups (LACs);
- Increasing efficiency and collaboration among partners;
- Reducing duplication of services/efforts and identify gaps; and
- Making decisions required to assure success of the FRN.

The FRN Regional Council will be responsible for ensuring focus on the vision and strategic direction and must monitor progress toward implementation in order to create a seamless system that benefit both consumers and the community.

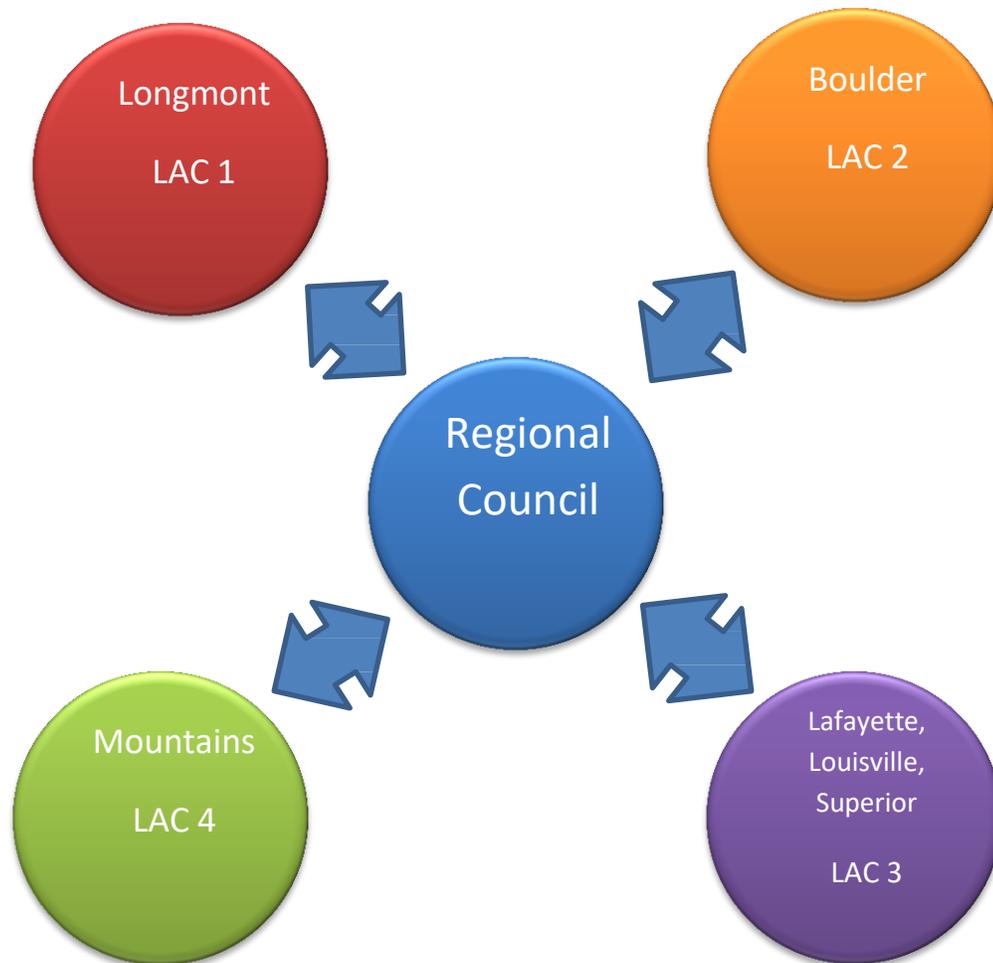
Note: The FRN does not take the place of any individual agency's Board of Directors.

C. Local Area Collaborative Groups

Given that a core principle of the Family Resource Network is that each community hub address the specific needs of the local area, Local Area Collaborative (LAC) groups will be created consisting of representatives in four regions (see page 4). Using data-informed practices, LACs are responsible for forming and overseeing the local "hubs" (networks of support) to include:

- Reviewing access and referral processes;
- Identifying challenges and opportunities, helping the Regional Council leadership understand the barriers, working through them, and delivering on the vision;

- Ensuring that the input by those being served by the FRN is guiding its direction;
- Reviewing and analyzing local data and reports on family resource programming;
- Implementing referral, access and data quality improvement plan;
- Tracking progress on implementation of collective service outcomes;
- Establishing and ensuring participant programs adhere to standards outlined by the FRN and Quality Service Standards by the Family Resource Center Association;
- Coordinating training and “communities of practice” within areas and collaboration between areas; and
- Informing and implementing the Boulder County Integrated Service Delivery Model of Care.



D. Boulder County Staff Roles

Three designated Boulder County staff will provide guidance, technical assistance and support to the Regional Council and the Local Area Collaborative groups to achieve desired process and service outcomes.

Regional Council Liaison- IMPACT Strategic Initiatives Manager

Duties include:

- Leads monthly Regional Council (RC) meetings;
- Organizes meeting agendas, produces pertinent materials, identifies primary decision needed to advance the FRN, and responds to requests/needs of members;
- Provides recommendation to the RC necessary for making key decisions;
- Facilitates linkages between RC members and other key stakeholders to the FRN including other HHS staff and related initiatives, local/state/federal human services divisions and policy makers, funding entities, etc.;
- Provides summary of activities, needs, recommendations and requests from LACs;
- Ensures high-level data and reporting and analysis on process and system-wide service outcomes;
- Facilitates development and distribution of communications on FRN for RC and stakeholders;
- Provides stewardship of pertinent agreements between entities including Memorandums of Understanding, Intergovernmental Agreements, contracts, etc.;
- Facilitates data-driven decision making;
- Updates committee on HHS Integrated Services Delivery Model of Care work as a fundamental basis for service delivery by FRN partners;
- Provides any pertinent fiscal reports (i.e. funding reports); and
- Facilitates feedback on strategic investments.

Local Area Collaborative Liaison - The IMPACT Strategic Initiatives Coordinator

Duties include:

- Facilitates development and implementation of the four Local Area Collaborative groups.
- Provides assistance with analysis of Local Area Collaborative data and outcomes and reports to the Regional Council;
- Facilitates support for programs on FRC guidelines and principles including coordination of technical assistance to member sites;
- Stays apprised of local need and, in partnership with Strategic Initiatives Manager, develops recommendations for programs and model improvements at local and regional levels;
- Supports development of Family Resource Centers in each local area;
- Provides technical assistance as needed to LACs and/or specific member agencies;
- Serves as Regional Council Liaison in the absence of the Strategic Initiatives Manager; and
- Oversees Boulder County Department of Human Services contract scopes and agreements with Family Resource Centers.

Administrative Support – IMPACT Strategic Initiatives Specialist

Duties Include:

- Compiles all materials for RC and LAC meetings and sends in advance;

- Schedules all meetings and addresses all logistical needs;
- Takes minutes, tracks action items, and follows up with identified members to ensure completion;
- Compiles and sends all relevant correspondence;
- Gathers data reports for LACs and RC; and
- Provides summaries on pertinent related initiatives and investments (i.e. Truancy Improvement Project, childcare contracts, etc.) for LACs and RC.

2. Membership

A. Regional Council

At minimum, the Regional Council will be comprised of the following primary representatives (or their designee serving in a senior leadership role).

SCHOOL

St. Vrain School District Assistant Superintendent or designee
 Boulder Valley School District Assistant Superintendent or designee

COUNTY/CITY GOVERNMENT

Boulder County Housing and Human Services Director
 Boulder County Community Services Director
 Boulder County Department of Public Health Director
 City of Longmont Human Services Director
 City of Louisville - Housing Representative
 City of Boulder Human Services Director

COMMUNITY-BASED AGENCY

OUR Center Director (LAC 1)
 Sister Carmen Community Center Director (LAC 2)
 EFAA Director (LAC 3)
 The Early Childhood Council of Boulder County Director (ECCBC)
 Clinica Director
 Boulder Housing Partners Director
 Peak to Peak Representative
 I Have a Dream Foundation Director

Current or Previous Participant in FRC Services

MEMBERS AT-LARGE

Per the HHSAC by-laws-

- A chair and vice-chair will be identified.
- At their own discretion, the Council may expand membership beyond the above representatives based on a majority vote.
- A quorum must be in place for final decisions to be valid.

B. Local Area Collaborative Groups

At minimum, membership consists of directors and/or program staff (or their designee) from each local area to include the local Family Resource Center; city program staff; local school administrators; Family Resource Schools (FRS) program staff; parent/participant advisory members; mental health providers, and a the County Liaison. At least one Local Area Collaborative member will sit on the Regional Council.

SCHOOL

- St. Vrain School District – TBD (LAC 1)
- Boulder Valley School District – TBD (LAC 2, 3 and 4)

COUNTY/CITY GOVERNMENT

- Boulder County Housing and Human Services – FRN Liaison (LAC 1, 2, 3, and 4)
- City of Longmont- Children and Youth Center staff member (LAC 1)
- City of Boulder – Family Resource Schools Administrator (LAC 2 and 3)

The following representatives will attend meetings as needed. An agenda for each monthly meeting will be sent in advance to the representative in order for the designated representative and the staff liaison (see D above) to determine if attendance is needed.

- BCDHHS Early Intervention Team Program Manager (LAC 1, 2, 3, and 4)
- Boulder County Community Services – Workforce Boulder County staff member (LAC 1, 2, 3, and 4)
- Boulder County Department of Public Health representative (LAC 1, 2, 3, and 4)

COMMUNITY-BASED AGENCY

- OUR Center FRC program staff and FRC parent advisory member (LAC 1)
- Sister Carmen Community Center FRC program staff and parent advisory member (LAC 2)
- EFAA – FRC program staff and parent advisory member (LAC 3)

The following representatives will attend meetings as needed. An agenda for each monthly meeting will be sent in advance in order for the designated representative and the staff liaison to determine if attendance is needed.

- ECCBC Associate Director (LAC 1, 2, 3, and 4)
- I Have a Dream Foundation staff (LAC 1, 2, 3, and 4)
- Clinica program staff (LAC 1, 2, 3, and 4)
- Boulder Housing Partners program staff (LAC 3)
- Peak to Peak Representative (LAC 4)

Current or Previous Participant in FRC Services

3. Scope and Roles

A. Regional Council

The Family Resource Network Regional Council guides overarching governance of the Family Resource Network with support of the staff liaison. The RC will use key principles in the Standards of Quality and

ISDMC practices to guide implementation.

- **Communicate a clear shared vision** - RC members will be responsible for formalizing and communicating the FRN vision and key objectives within their agencies and in the community.
- **Define strategy and expected community-wide outcomes**- The RC will be responsible for formalizing both process and collective program outcomes for the FRN (see page 9), finalizing an agreed upon logic model with tangible measures, and monitoring progress in achieving these outcomes.
- **Ensure that the input by those being served by the FRN is guiding its direction**- Either through representation on the RC or LACs or through feedback provided by FRC Participant Advisory groups or related forums, ensure that guiding principles, policy, and service delivery are reflective of participant needs, input and guidance.
- **Monitor performance on key metrics** – Using Transformational Collaborative Outcomes Management (TCOM), regularly monitor and report progress on outcomes across the FRN.
- **Advocate and inform on relevant local, state and federal policy** - RC members will inform the Council, LAC and staff of pertinent policy changes that will impact local Family Resource Centers and/or affiliated services. Members will also advocate for local needs to these entities.
- **Support and advise on program improvement** – RC members will review the LAC process and program-related recommendations grounded in data and outcome reports from the local areas. With support from the county liaison, the LAC will provide the RC with quarterly reports to include successes and challenges with recommendations to support any program or system improvements. The RC will advise and, when appropriate, vote on specific recommendations. This will inform any investment and strategic direction of the Family Resource Network.
- **Support coordinated and consistent processes, policies and management of the FRN** - Based on coordination protocols recommended by the LAC, the RC will be responsible for approving and promoting the protocols within and between their agencies.
- **Facilitate and approve formal agreements for operation of the FRN** – This includes memorandums of understanding regarding service coordination, data sharing, etc.
- **Facilitate resource procurement and allocation** – The RC will be responsible for advising on investments and for identifying and supporting procurement of private and public resources (i.e. federal grants) to support the operations. The county liaison will coordinate administrative supports when necessary.
- **Inform and support the Boulder County Integrated Services Delivery Model of Care** – The RC will inform and stay apprised of ISDMC work and ensure adherence to the practice model.
- **Review and approve recommendations from Local Area Collaborative entities.**
- **Increase efficiency and collaboration among partners** – Identify and implement opportunities

to streamline interagency effectiveness to include sharing of resources, optimizing data systems and best practices.

- **Reduce duplication of services/efforts and identify gaps.**
- **Make decisions required to assure success of the FRN.**

B. Local Area Collaborative Groups

LAC activities will focus on defining, measuring and achieving the Collective Service Outcomes. The RC will use key principles in the Standards of Quality and ISDMC practices to guide implementation.

- **Review access and referral processes-** The LAC will identify primary service providers in the local area, map out access and referral processes currently in place, identify gaps and or areas of service duplication and formalize a set of primary service providers and a referral process to support the family resource services in their area. Referrals will be linked to assessment and supported through a common data system (HHSC/BC Connect).
- **Review and analyze local data and reports** on family resource programming.
- **Implement referral, access and data quality improvement plan** – Information obtained from data reports, client feedback, participant advisory boards, focus groups, local surveys, etc., will be used to make appropriate adjustments in services, inform recommendations for funding and other resources, and guide relevant policies.
- **Track progress on implementation of collective service outcomes** (see section 4 below).
- **Establish and ensure participant programs adhere to standards outlined by the FRN**, to include Quality Service Standards by the Family Resource Center Association.
- **Coordinate training and “communities of practice”** within areas and collaborate between areas.
- **Inform and support the Boulder County Integrated Service Delivery Model of Care** (see attachment B).

4. OUTCOMES

The FRN Regional Council and Local Area Collaborative Groups will be responsible for defining and tracking process measures and collective service outcomes.

A. Process Measures (Outputs) – The How

The process measures are the specific steps taken by the FRN to reach the desired collective service outcomes. Process measures will be defined by the FRN Regional Council and implemented and tracked by the LACs.

FRN process measures are related to the collective program outcomes which measure impact of services provided by FRN members at an “enterprise” or systems level. For example, a LAC will be responsible for defining the service network and role of each partner in that network. Once defined and a protocol is in place, a process measure would be to determine if programs within the LAC were following the

steps outlined by the LAC. The improvement in service coordination is linked to improved outcomes in core areas of self-sufficiency.

B. Collective Service Outcomes

Collective Services Outcomes will be defined and agreed upon by the Regional Council. Implementation will be managed by the LACs.

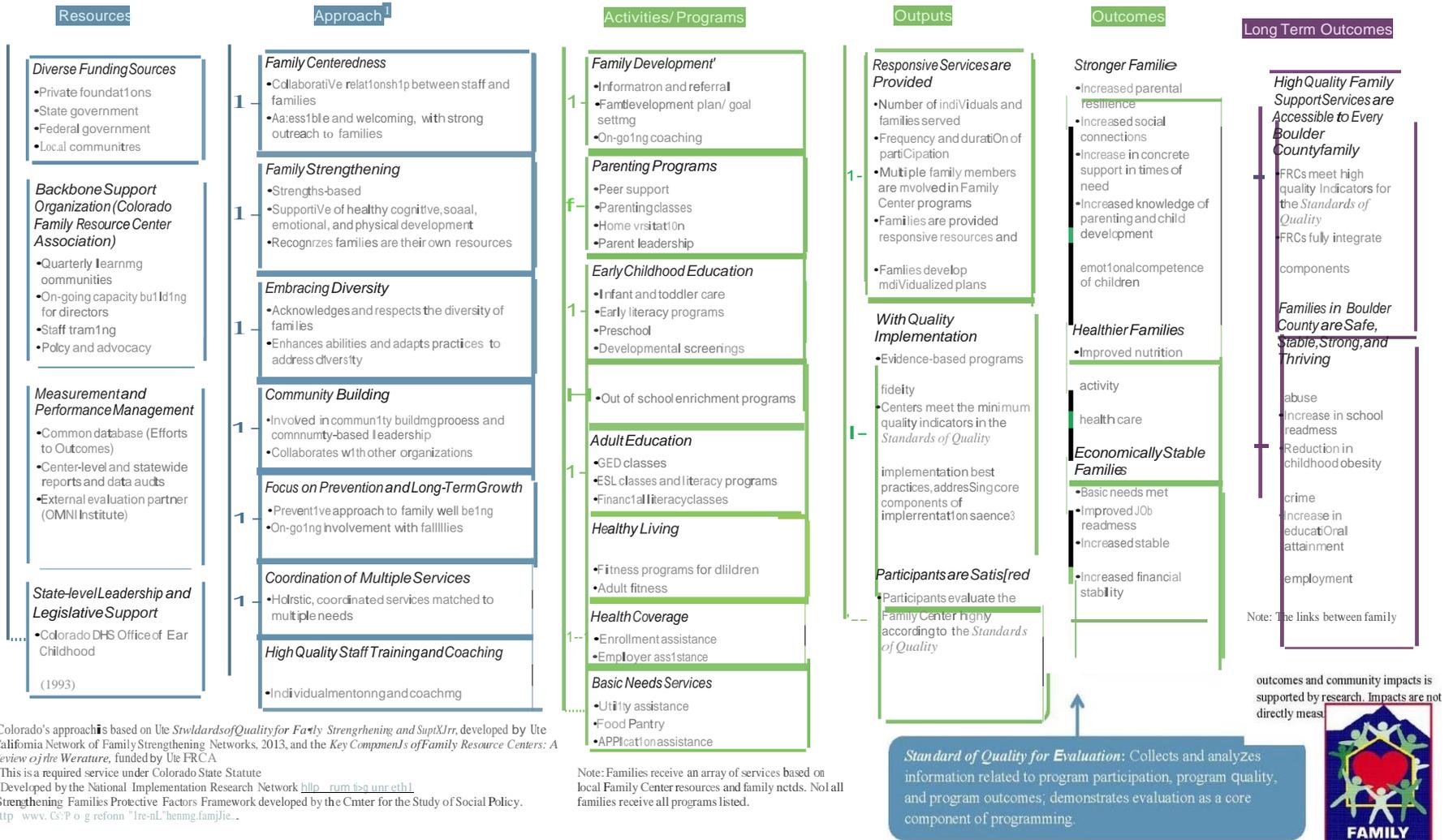
Using the Colorado Family Resource Center Association (FRCA) logic model as a guide, the collective service outcomes will outline the changes anticipated as a result of the combined efforts of FRN partners in implementing the Network (see attachment A for the FRCA logic model; note that the outcomes on page 11 are additions by Boulder County and are still under development). The FRCA logic model will assist in development of the Boulder County FRN logic model to be completed per the FRN implementation work plan.

The majority of the collective service outcomes will be represented at the program level for FRCs and other primary partners. The collective change achieved regionally (by the LAC) and by Boulder County as a whole will provide the Regional Council with viable data regarding areas of successes and challenges in order to make adjustments to service coordination.

Date ratified _____

Revision _____

Colorado Family Resource Center Logic Model



¹Colorado's approach is based on the Standards of Quality for Family Strengthening and Support, developed by the California Network of Family Strengthening Networks, 2013, and the Key Components of Family Resource Centers: A Review of the Literature, funded by the FRC.
²This is a required service under Colorado State Statute
³Developed by the National Implementation Research Network <http://rum.lsa.umich.edu>.
⁴Strengthening Families Protective Factors Framework developed by the Center for the Study of Social Policy.
<http://www.ccsf.org/research/renl/henmg/famjite>.

Note: Families receive an array of services based on local Family Center resources and family needs. Not all families receive all programs listed.



Boulder County additions are indicated in the orange box below.

Short to Moderate Term Outcomes

Stronger Families

- Increased parental resilience
- Increased social connections
- Increase in concrete support in times of need
- Increased knowledge of parenting and child development
- Increased social and emotional competence of children

Healthier Families

- Improved nutrition
- Increased physical activity
- Increased access to health care

Economically Stable Families

- Basic needs met
- Improved job readiness
- Increased stable housing
- Increased financial stability

Success in Early Childhood through Early Adulthood

- Improve academic success of children and youth
- Improve behavioral outcomes for children and youth
- Improve quality, accessibility and affordability of early childhood programs and services.

Long Term Outcomes

High Quality Family Support Services are Accessible to Every Boulder County Family

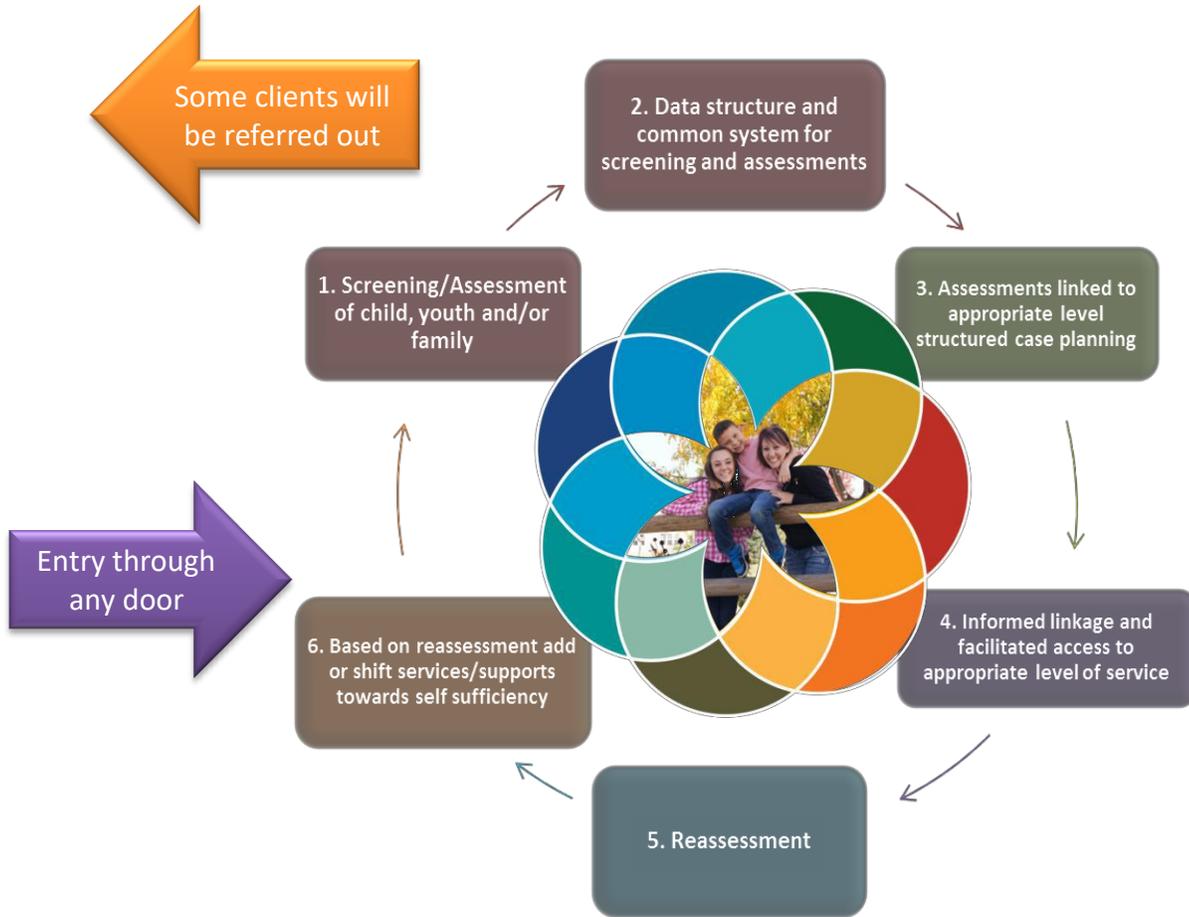
- FRCs meet high quality indicators for the *Standards of Quality*
- FRCs fully integrate core implementation components

Families in Boulder County are Safe, Stable, Strong, and Thriving

- Reduction in child abuse
- Increase in school readiness
- Reduction in childhood obesity
- Reduction in juvenile crime
- Increase in educational attainment
- Increase in employment

Attachment B

Integrated Services Delivery Model of Care Practice Model



Boulder County Family Resource Network Outcomes Framework

Starter Draft 5/2019 - WORKING COPY

<p>Long term outcome: Using a 2Gen framework, improve academic, behavioral, and social-emotional outcome of children/youth and social determinant of health outcomes of families served by FRN partners in Boulder County reducing the need for high acuity systems involvement of families (i.e. child welfare, juvenile and criminal justice systems).</p>					
<p>Target Population: Vulnerable pregnant or parenting families in Boulder County.</p> <p>The FRN will test outcomes incrementally, through multiple entry point in the system starting with Boulder County mid-level programs, public housing sites, federally qualified health centers, and our Family Resource Centers. Additional entry points will be added as capacity of personnel and data systems allows.</p>					
Life Stage	Outcome	Strategies (by worker at entry point – FRCs, Housing Sites, HHS case mgrs, clinics, etc.)	Indicators	Data Source	
Prenatal to 3	Improve maternal, infant and child health	Connect families to the Healthy Communities/Healthy Kids Team members to enroll in a medical home.	Increase in # of children and caregivers with medical coverage , primary dr, and regular dental	HHSC/BCC	
		Connecting families to home visitation programs with effectiveness in targeted areas of need (via UHV navigator)	Decrease in low birth weight	Electronic Health Record (EHR) data	
			Reduction in maternal depression as measured by identified assessment plus tx code matching.	Home Visitation program data systems (NFP, CIP)	
			Improvements from baseline EPSDT data on each program participant’s child(ren)	Statewide system (PH)	

Prenatal to 3		Connecting families to FRCs	Increase % of families demonstrating improved parenting skills	Parenting programs data	
		Connecting families to Home Visitation programs with effectiveness in improving parenting skills		BCC- CFSA part B Home Visitation Program data on parenting skills	
		Linkage to prosocial activities	Increase in engagement in prosocial activities of parent and child	BCC – CFSA part B	
Age 3-5	Improve child development and school readiness	Quality early childhood screening at housing site and/or at FRCs, and FQHCs	Increase score on ASQ (need to determine which assessment tools are in use currently) Others?	Ages and Stages Questionnaire Others?	
		Enrollment in quality Pre-k/childcare AND/OR	Enrollment in early childhood program or/and hv program Increase in score on GOLD (or other relevant assessment) to meet K readiness criteria	GOLD assessment scores from Childcare provider	
		Enrollment in Home Visitation programming with effectiveness in pre-k readiness Provide/Link to pro-social activities	Increase cores on ___ used by HV program Increase in scores on Part B on the CFSA	Home visitation data system CFSA part B in BCC	

Ages 6-18	Improvements in academic success of children	<p>Linkage to quality after school and tutoring supports for families in reading and math</p> <p>Advocacy and linkage with school district programming</p> <p>Linkage to prosocial activities</p>	<p>Reading at grade level at 3rd grade</p> <p>Math at grade level at the end of 3rd grade</p> <p>Attendance rates at school standard</p>	<p>iReady scores via infinite campus on individual students pulled quarterly</p> <p>Attendance records from infinite campus</p>	
	Improved behavioral health in school age children	Linkage to school and community based mental health supports	Improvements in CANS scores	ETO- CANS for PIP	
	Outcome	Strategies	Indicators	Data Source	
Parent/Caregiver	Increase in family stability	<p>Navigators/Case Managers are connecting families to relevant community supports in SDOH- income, transportation, adult ed, food, housing, employment, and financial management.</p> <p>Linkage to social capital opportunities on site and in the community</p>	<p>PARTICIPANT OUTCOMES</p> <p>Nav/Mid ISDMC (per ISDMC logic model)</p> <ul style="list-style-type: none"> Increase in referral and engagement in services of primary FRN partners <p>Mid-level ISDMC only</p> <ul style="list-style-type: none"> Improvements in domains that are below the prevention line (or population norm) on the CFSA Increase in two or more protective factors by program exit 	<p>BCC/HHSC – CFSA, Basic Needs screener</p> <p>EHR data - PRAPARE</p> <p>School data system - ?</p>	
	Improve family and leadership in programming and services	FRC or housing site provides opportunities to build social capital among participants	<p>AGENCY OUTCOME</p> <p>Agency is meeting “high quality” threshold for the following Service Quality Standards in the family leadership domains</p>	ETO – CANS data for PIP	

		Participants are engaged in decision making and run aspects of on-site programming			
SYSTEM LEVEL IMPROVEMENTS IN HOUSING, EMPLOYMENT and HEALTH & WELLBEING					
System Outcome	System Strategy	Indicators (PROCESS oriented)		Data Source	
Improve housing stability for vulnerable pregnant and/or parenting families	<p>Increase availability of and access to housing resources to vulnerable populations</p> <p>Combine housing resources into one coordinated entry point (“housing exits” group and CHRP) to which a family will be referred by CHRP member</p>	<p>CHRP is inclusive of BCHA, BHP and LHA resources and is inclusive of application process, waitlist management and service linkage. CHRP includes family transitional and shelter resources (EFAA)</p> <p>Families make one application and a coordinated entry process is in place via a revised version of CHRP</p>		BCC	
Improve income of vulnerable pregnant and/or parenting families	<p>Improve availability of and access to viable employment pathways</p> <p>Improve access to quality subsidized childcare</p>	tbd		BCC	
Improve health and wellbeing of vulnerable pregnant and/or parenting families	Increase access to quality healthcare and home visitation supports through partnership with PH, HV programs, FQHCs, MHP and FRCs	See UHV/2GO plan		BCC Electronic health record	

Boulder County Homelessness System Assessment

EXECUTIVE SUMMARY

Boulder County's Family Homelessness Sub-Committee identified a need to assess the current assets and gaps in family homelessness services in Boulder County and develop recommendations for an initial design of a more integrated system. ResultsLab, an external strategy and evaluation firm was hired to review the data and best practices and engage families and supporting agencies to gain a comprehensive picture of the homelessness system in Boulder County. Collectively, the Sub-Committee reflected on this to inform strategic priorities moving forward.

(Please note: the data included on pp 12-21 are being reviewed to ensure accuracy. A final version of this report will be available after October 21, 2019)

Key take-aways from the data

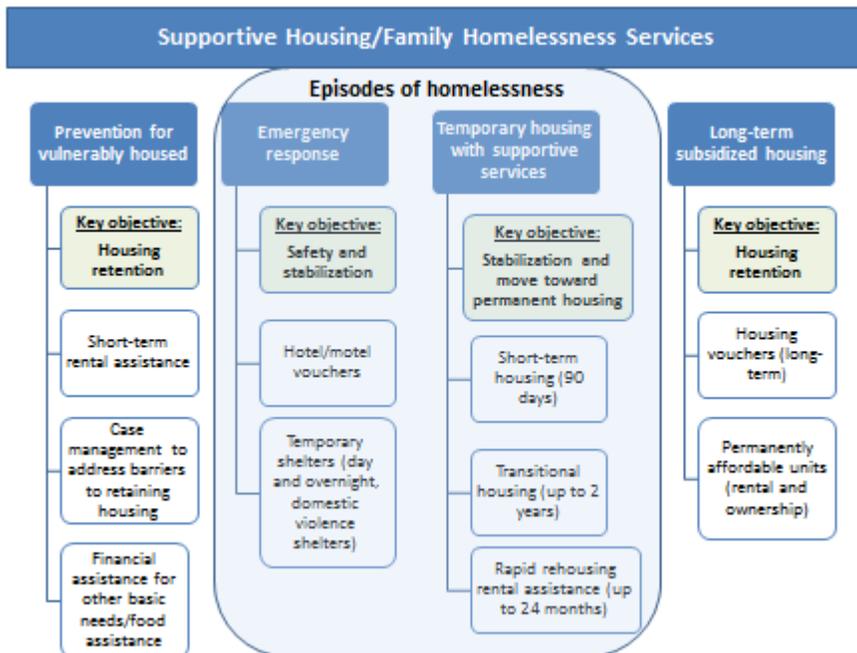
- Families experiencing homelessness in Boulder County expressed that housing, income, employment, and mental health are their greatest areas of need according to the data.
- Boulder County provides a wide array of services to families experiencing homeless, including a strong focus on prevention.
- The data indicate that emergency sheltering and rapid rehousing are the biggest areas of need for families. There are few resources or services that families can access when they need housing for a short period of time. With a limited number of hotel/motel vouchers, agencies are unable to provide a quick solution for families who are in immediate need of housing.
- Lack of affordable housing was mentioned as the biggest need in Boulder County. Even when family is successful in meeting their goals during a program, there are few places they can lease up or rent that will be sustainable.
- Agencies report overall satisfaction with the way that their organizations help navigate clients through the homelessness system and with their focus on prevention
- Communication was overwhelmingly mentioned as the most positive aspect of working in Boulder County. The Community Housing Resource Panel and various meetings/working groups were named as integral spaces where people can connect, build relationships, and learn about each other's work.

High level strategic areas of focus for the Sub-Committee to move forward

1. Enhance intra-agency networking and collaboration
2. Strengthen integration of supports
3. Build a shared learning and research agenda
4. Advance training and best practices
5. Increase family engagement and voice

BACKGROUND¹

Family homelessness is a critical issue in Boulder County. An estimated half of the homeless individuals in Boulder County belong to families with children. Though less visible than the adult individual homelessness issue, the long-term impacts on families and their children from episodes of homelessness are significant. In response, efforts have been underway to bring service providers together and begin to design a more integrated system of services, focusing on the following continuum of services:



To help guide this work, in March 2018 the Boulder County Family Resource Network, a consortium of public and non-profit human service providers engaged in family-oriented human services, formally established a Family Homelessness Sub-Committee.² The charge of the Family Homelessness Sub-Committee is to create a forum for collaboration and to better integrate the system of services for families at risk of and going through episodes of homelessness, including creating a coordinated entry system, with a goal to:

- Ensure that no family is living unsheltered,
- Shorten episodes of family homelessness by providing resources that enable families to safely reenter permanent housing as quickly as possible,
- Link families to the benefits, supports, and community-based services they need to achieve and maintain housing stability, and
- Identify and implement effective prevention methods to help families avoid homelessness.³

¹ Adapted from the Boulder County Family Homelessness System Assessment Scope of Work, February 2019

² Members of the Family Homelessness Sub-Committee are Boulder County Health and Human Services (co-chair), Emergency Family Assistance Association (co-chair), OUR Center, Sister Carmen Community Center, Safe House Progressive Alliance for Non-Violence (SPAN), Safe Shelter of St Vrain Valley

³ Based on the priorities for family homelessness systems set forth by the US Interagency Council on Homelessness

As part of its work program, the Family Homelessness Sub-Committee identified a need to contract technical assistance to assess the current assets and gaps in family homelessness services in Boulder County and develop recommendations for an initial design of a more integrated system. The Family Homelessness Sub-Committee co-chairs selected ResultsLab to be the technical assistance provider.

Objective of the Assessment:

The purpose of the assessment was to analyze the array of supports available to families experiencing and at risk of homelessness. Specifically, the objectives of the assessment were to:

- Build an understanding of the current network of resources available for families experiencing and at risk of homelessness, including how families are identified and referred to those resources;
- Identify the strengths of the current service system and opportunities to improve, through improved alignment with evidence-based and best practices and by identifying gaps in services;
- Identify opportunities to improve data infrastructure to better understand household needs and inform future system planning; and
- Develop a road map for creating a better integrated family homeless service system and outline recommendations for achieving that vision.

KEY LEARNING QUESTIONS

While there were many learning questions outlined by the Family Homelessness Sub-Committee, the following overarching questions guided our assessment:

1. What are the characteristics of families experiencing homelessness in Boulder County?
2. What services are available to families? What gaps exist?
3. What processes are providers currently following?
4. What are the best practices in the field?
5. Where do we go from here?

In order to address the questions, ResultsLab created a series of quantitative and qualitative data collection tools which would allow the Family Homelessness Sub-Committee to gain a comprehensive picture of the homelessness system in Boulder County. The following deliverables were outlined in the project plan:

Learning Question	Deliverable	Description/Methodology
What are the characteristics of families experiencing homelessness in Boulder County?	VI-SPDAT and CFSA data analysis	Data analysis to examine characteristics of families who were assessed with the VI-SPDAT and the CFSA tools from May 2018 to April 2019.
What services are available to families? What gaps exist?	Survey	Leadership staff (Executive Directors or similar) were asked to complete a Word document survey which detailed specific information about each program offered by the agency in order to create a profile of the services available to families

	Data synthesis: combine survey data with Family Homelessness Summit Master Inventory document	The Family Homelessness Summit Master Inventory Document outlines quantities of services available to families
	Comprehensive map of services available	A detailed description of the programs and services offered by each agency
What processes are providers currently following?	Interviews with frontline, client-facing staff	Interviews conducted with client-facing staff which focused on assessing their processes for matching clients with services and supports
	Community Housing Resource Panel observation	Observation of one Community Housing Resource Panel meeting—a bi-weekly gathering of government and nonprofit entities working within the homelessness system to review client cases and assign resources and supports to best serve client needs
	Participant interviews	Interviews with families who have or are experiencing homelessness in Boulder County to gain a better understanding of the strengths and challenges of the system
	Data collection tool review (data review)	A review of agencies’ intake and screening forms to gain an understanding of what type of data are collected from clients
What are the best practices in the field?	Literature review	A literature review of best practices in the field to identify potential gaps and/or validate current practice in the Boulder County system
Where do we go from here?	Family Homelessness Sub-Committee Data Action Session	A facilitated session in July 2019 with the Family Homelessness Sub-Committee to review the data findings from the system assessment and begin the initial formation of an action plan to implement changes and improvements

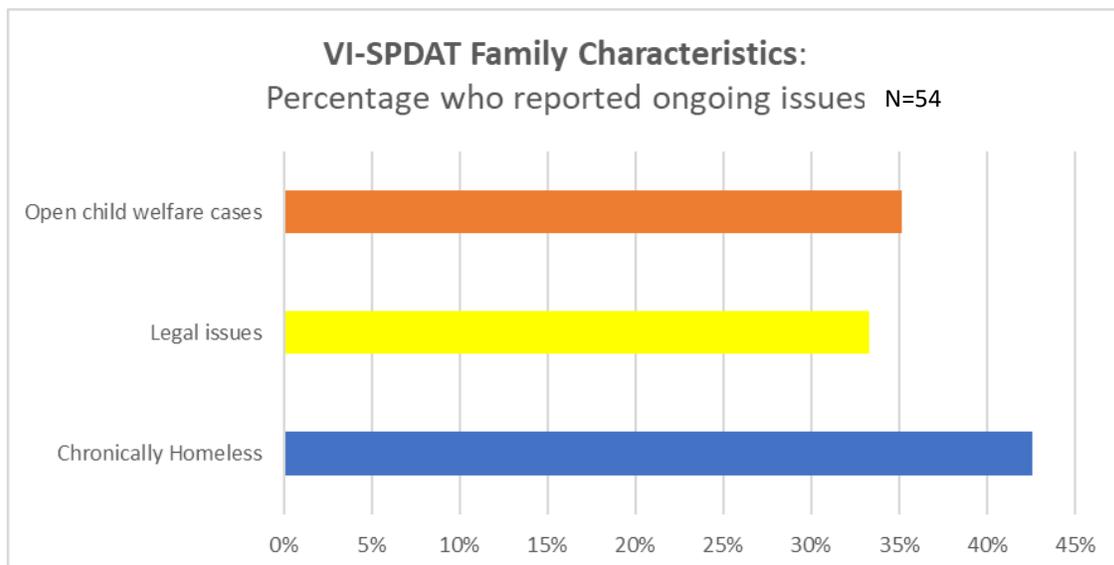
LEARNING QUESTION #1: WHAT ARE THE CHARACTERISTICS OF FAMILIES EXPERIENCING HOMELESSNESS IN BOULDER COUNTY?

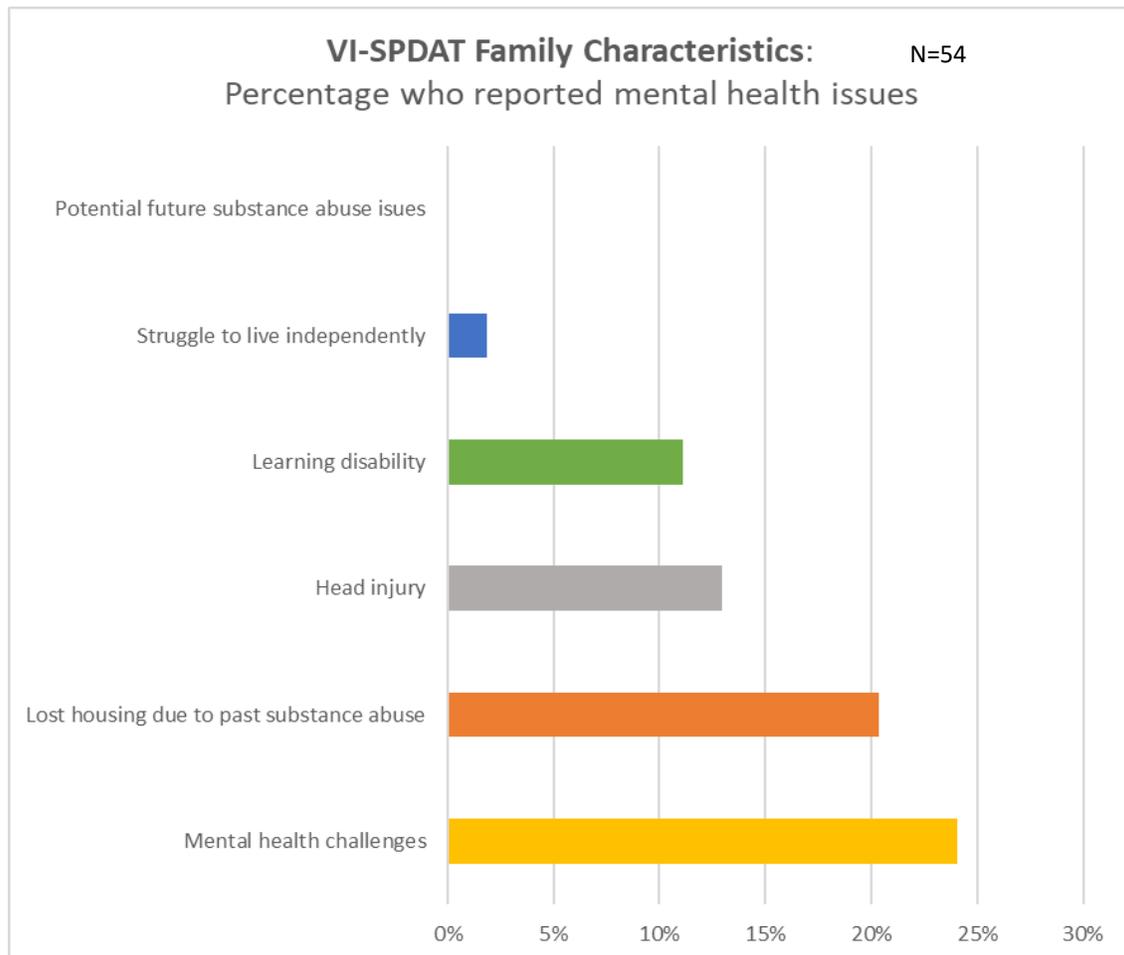
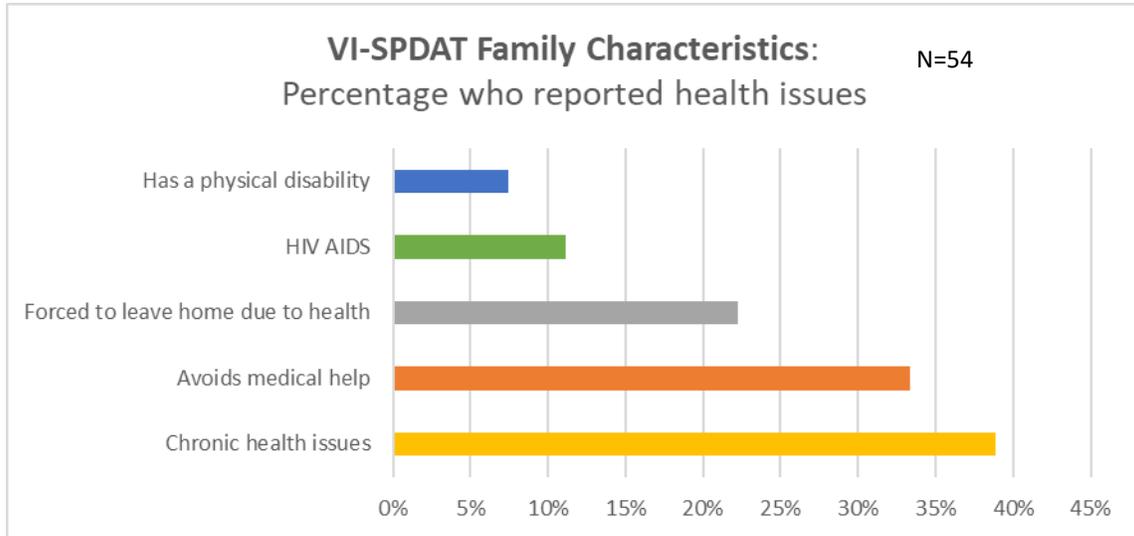
What we learned from the data: This data set indicates that families experiencing homelessness in Boulder County tend to have concerns related to mental health and have a history of past substance abuse; however, they do not see substance abuse as a future issue. Those families in transitional housing seemed to experience the most frequent instances of homelessness in the past three years; however, it is important to note that families are considered to be homeless during their time in transitional housing. Additionally, families expressed that housing, income, and employment are their greatest areas of need according to the data.

VI-SPDAT

From May 2018 through April 2019, the Boulder County system assessed 54 families using the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT). The VI-SPDAT is a pre-screening tool to rapidly assess families facing or experiencing homelessness and allows communities to prioritize services according to need. The VI-SPDAT covers five domains of need and culminates in a score out of 22. Higher scores indicate increased vulnerability and therefore more immediate need for intervention.

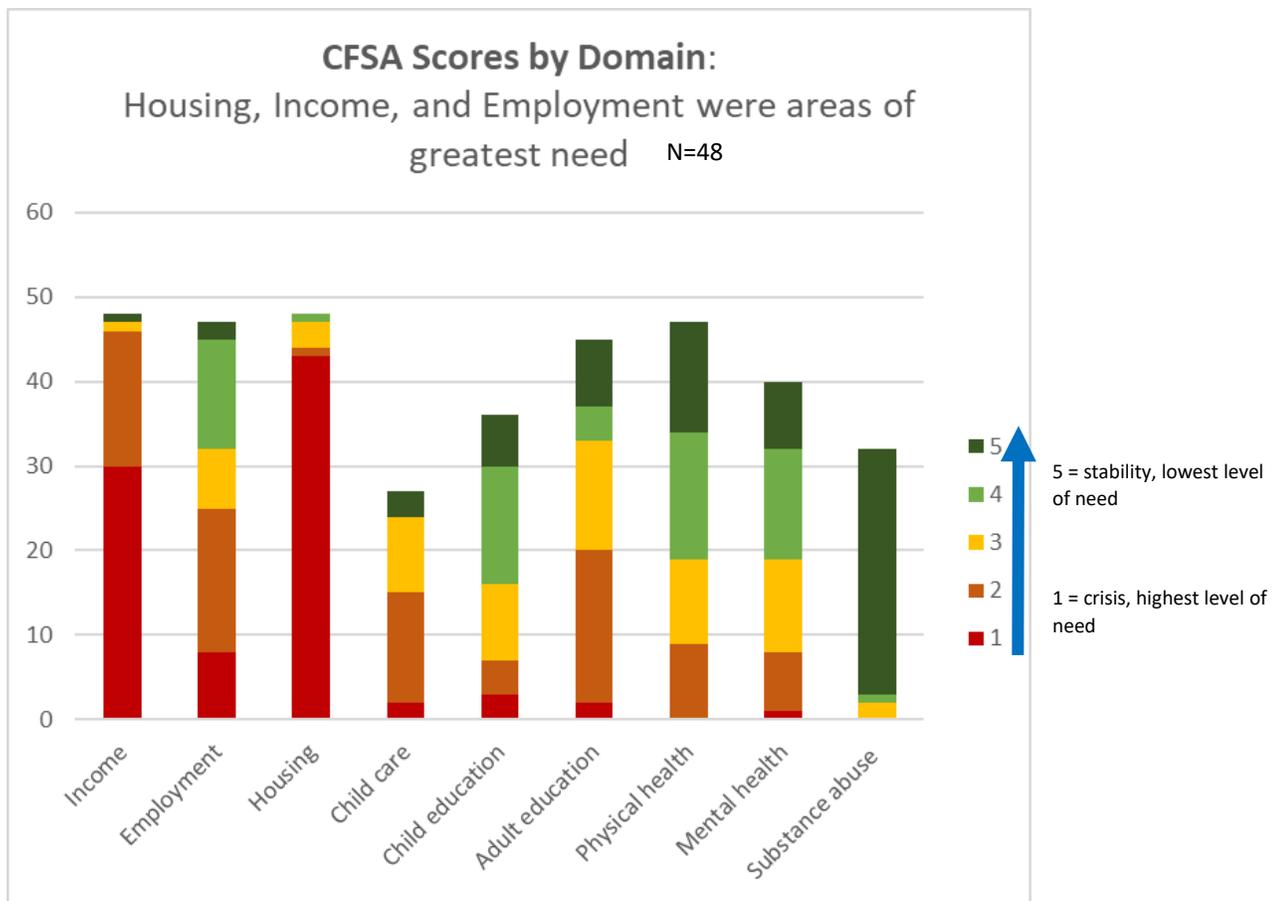
In this analysis, we considered 17 select questions across the 5 domains of the VI-SPDAT, which were determined most relevant by the Boulder County partners driving this project. The selected questions are outlined in the sections that follow, and it is notable that 15 of the questions assess areas of need or risk, whereas only 2 of the questions assess areas of strength, or protective factors. We have grouped family characteristics below as they align with these factors. Total VI-SPDAT scores were considered, but domain-level scores were not provided by the data owner, Metro Denver Housing Initiative (MDHI). As a reminder, the total number of families in the VI-SPDAT sample is 54.





Colorado Family Support Assessment 2.0

From May 2018 through April 2019, the Emergency Family Assistance Association (EFAA) assessed the needs of 48 families using the Colorado Family Support Assessment (CFSA) 2.0. Because we wanted to examine data from families that are known to be homeless, we chose this data set from EFAA’s 90-day family shelter. The CFSA is a tool to assess a family’s current needs on a spectrum from intervention to prevention, across a variety of domains. Families receive a score in each domain, ranging from 1 to 5, where 1 indicates crisis or the highest level of need and 5 indicates stability or the lowest level of need. For this analysis, we considered 9 domains: income, employment, housing, childcare, child education, adult education, physical health, mental health, and substance abuse. Due to the nature of the data we received, we were able to examine the proportion of families who fell within each score, but we were not able to analyze individual families across multiple domains. It is unclear if there is overlap between the CFSA data and VI-SPDAT data; it is possible that some families appear in both datasets.



Experience with Homelessness at Intake

CFSA	VI-SPDAT
<p>90% were not in stable housing <i>(homeless or facing imminent homelessness due to eviction)</i></p> <p>2% were in tenuous housing situations 8% fell above the prevention line</p>	<p>100% were not in stable housing</p> <p>22% were in high risk situations 15% lived outdoors 7% reported "other"*</p> <p>79% were sheltered but not permanently 12% resided in safe haven or transitional housing 67% resided in shelters</p> <p><i>*Definitions for "other" were not included in the dataset, but the VI-SPDAT scoring system considers "other" as a situation of vulnerability.</i></p>

Across both tools, a vast majority of families assessed were not in permanent, stable housing situations at the moment of assessment. For families assessed by the VI-SPDAT, over three-fourths of families were sheltered in some way, while 15 percent of families were completely unsheltered and lived outdoors, as depicted in Figure 1 below.

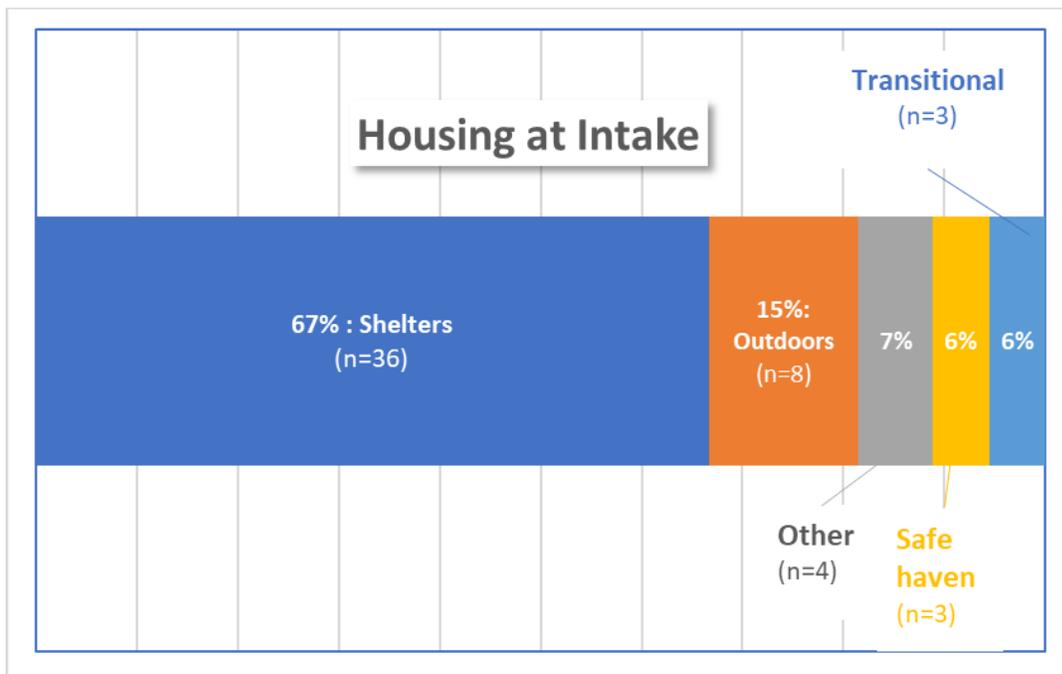
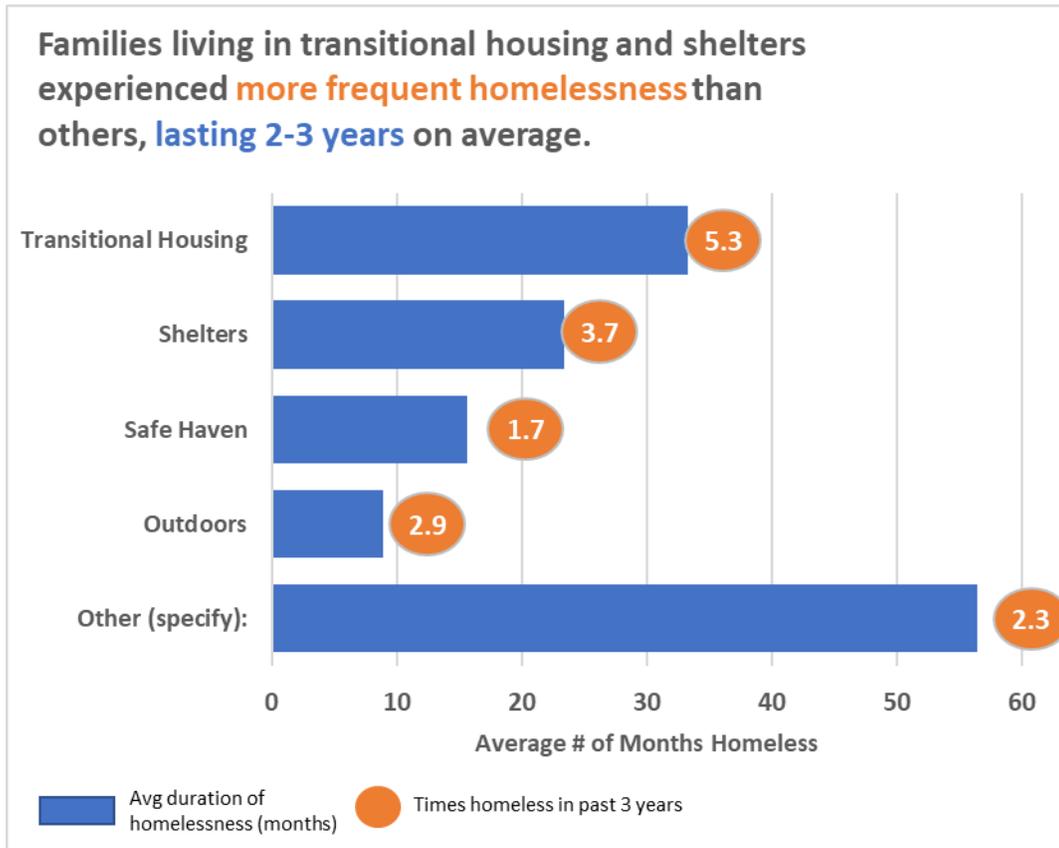


Figure 1: Housing status at assessment

VI-SPDAT results revealed that housing insecurity was not a new phenomenon to many of the families assessed. However, families living outdoors tended to be the least experienced with homelessness, with less than 9 months, on average, since stable housing.

<h2>12 months</h2> <p>housing insecure</p> <p><i>Median number of months since stable housing</i></p>	<h2>2 times</h2> <p>without a home</p> <p><i>Median number of times homeless in past 3 years</i></p>	<h2>43%</h2> <p>chronically homeless</p> <p><i>1+ consecutive years of homelessness and/or 4+ episodes of homelessness</i></p>
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Key Takeaways

Areas of Need: Wellness was top concern for families assessed with VI-SPDAT, while economic issues were primary needs for CFSA families.

Wellness

ABUSE OR TRAUMA

Across all of the 54 families assessed by the VI-SPDAT, we identified only one predominant area of need: abuse or trauma preceding homelessness. Ninety-one percent reported that their current experience of homelessness originated from “an experience of emotional, physical, psychological, sexual, or other type of abuse, or by other trauma” by someone in the family. In all other areas of potential need, there was little consistency across the group assessed. Less than 40 percent of families indicating a need in all areas other than abuse or trauma.

The CFSA does not assess abuse or trauma.

PHYSICAL HEALTH

Health issues were the second most frequently reported area of need by families assessed by the VI-SPDAT, although only half indicated that a health-related issue contributed to their homelessness. Indicators of chronic homelessness were positively correlated with higher risk in health-related issues, such as chronic disease, HIV AIDS, or a physical disability. That is, families who reported multiple physical health issues, were more likely to report being displaced due to health of someone in the family. In addition, families with multiple physical health issues were also more likely to expect difficulty living independently due to mental health or brain issues experienced by someone in the family. About 33 percent of families avoided getting medical help when someone was sick or not feeling well.

In contrast, about 19 percent of families assessed by the CFSA fell below the prevention line for physical health concerns. The CFSA defines this domain as the “degree to which *any* family member’s physical health concerns interfere with life activities.”

MENTAL HEALTH

Only about one-third of families reported at least one mental health-related challenge, but mental health was strongly correlated with other areas assessed by the VI-SPDAT. Overall, mental health was the one area of the VI-SPDAT that was strongly correlated with total score: higher levels of mental health issues generally resulted in higher total scores. No other area of the assessment had such an effect on total scores. Unsurprisingly, protective factors tended to reduce mental health issues reported by families. Specifically, self-care—defined as all family members able to meet their basic needs—was inversely correlated with mental health issues.

Even fewer families assessed by the CFSA reported a mental health concern: 20 percent fell below the prevention line. The CFSA defines mental health concerns as the “degree to which *any* family member’s mental health issues interfere with life activities.”

Economic Issues

INCOME

Beyond housing, income was area of greatest need for families assessed by CFSA: 96 percent fell below the prevention line, defined as below 200 percent of the federal poverty level (FPL) for family size. Of that large group, 63 percent reported incomes below 100 percent of the FPL.

We did not receive income data from VI-SPDAT assessments.

CHILDCARE

Childcare was also an area of need for families assessed by the CFSA. Around 54 percent of families fell below the prevention line by reporting that either they did not have access to any childcare, or the childcare was unreliable, unaffordable, or low quality. Another 33 percent of families fell just above the prevention line, which captures childcare that is reliable and quality but is only affordable with subsidies.

The VI-SPDAT does not assess access to or affordability of childcare.

EMPLOYMENT

Families assessed with the CFSA also indicated needs for better employment. About 53 percent of families reported that no adults in the household held full-time employment. Further, another 15 percent reported that although at least one adult in the family is employed full-time, that employment was not stable.

We did not receive employment data from VI-SPDAT assessments.

Areas of Strength: Sobriety was widely reported by families using both tools, and self-care was a particularly strong area for VI-SPDAT families.

SOBRIETY

Substance abuse appeared to be a minimal concern for families assessed by either the VI-SPDAT or the CFSA. The VI-SPDAT data showed that only 20 percent of families reported losing housing due to substance abuse, and none believed that drinking or drug would make it difficult to stay housed or afford housing going forward. CFSA-assessed families all fell above the prevention line, with 9 percent reporting recent sobriety of 3 to 12 months.

Due to service eligibility restrictions related to substance abuse, these results may be biased. Some Boulder County housing services cannot serve families or individuals that struggle with substance use or have a history of use.

SELF-CARE

As we might expect, overall VI-SPDAT score appeared to be inversely correlated with reports of self-care: total score tends to be lower for families who report that all are able to take care of basic needs. What’s more, when combined as a group, mental health indicators were also inversely correlated with self-care, as noted above. This suggests that struggles to meet basic needs may be rooted in myriad mental health issues. However, the correlation between self-care and individual mental health indicators was only moderate at best. For example, families who reported self-care appeared slightly less likely to experience trouble maintaining housing due to past head injury or learning/developmental disability, but the connection between these indicators was tenuous. It is also worth noting here that housing is not denied to families based on alcohol use.

The CFSA does not assess self-care.



What we learned from the Data Action Session: The data analyzed in the VI-SPDAT and CFSA set is a small subset of the population of families experiencing homelessness in Boulder County and should be interpreted accordingly. The data reflect the reality for the types of families who receive the assessments and do not represent all families who come through the system. For example, families may optimistically report that they do not see substance abuse as a future concern because sobriety is a requirement of many housing programs; thus, they wish to remain compliant with the rules and regulations of the partner agencies.

CHILD EDUCATION

For families assessed by the CFSA, child education emerged as a particularly strong area. About 81 percent of families fell above the prevention line for child education, which assesses “school-aged children’s access to and engagement in educational institutions.”

We did not receive VI-SPDAT data on child needs or child education.

LEARNING QUESTION #2: WHAT SERVICES ARE AVAILABLE TO FAMILIES? WHAT GAPS EXIST?

What we learned from the data: Based on the survey data collected from agencies, it is evident that Boulder County provides a wide array of services to families experiencing homeless.

Gaps identified: The data indicate that emergency sheltering and rapid rehousing are the biggest areas of need for families. There are few resources or services that families can access when they need housing for a short period of time. With a limited number of hotel/motel vouchers, agencies are unable to provide a quick solution for families who are in immediate need of housing. This idea was reinforced during the interviews with agency staff (see learning question #3).

Data Limitations: There are significant limitations to the data collected from agencies (see section below) which should be considered while interpreting the data in this section. Please note that the data provided here continues to be updated by members of the Family Homelessness Sub-Committee.

Survey

Eleven organizations were surveyed across Boulder County about the family homelessness services they offer. These services included both what housing programs they offer, and the supportive services their agencies offer. A copy of the survey is found in the appendix.

Data Limitations

ResultsLab staff experienced some challenges in collecting the survey data from agencies. The primary challenge seemed to result from a lack of shared definitions for programs and services. Utilization of terms, such as emergency sheltering, was inconsistent among agencies and resulted in inconsistent data collection. Additionally, agencies were inconsistent with the way they classified the programs that they offered: for example, some agencies only reported on programs that they offer in-house and other agencies reported on programs that they offer in partnership with other organizations. Administration of funds also caused confusion. When asked to state a dollar amount for the resources they provide to clients, some agencies included funds that they administer on behalf of other partners while other agencies did not.

For the purposes of this report, certain data points were modified according to the knowledge and expertise of representatives of the Family Homelessness Sub-Committee. Revisions continue to be made and will be updated accordingly.

Housing Stabilization Program

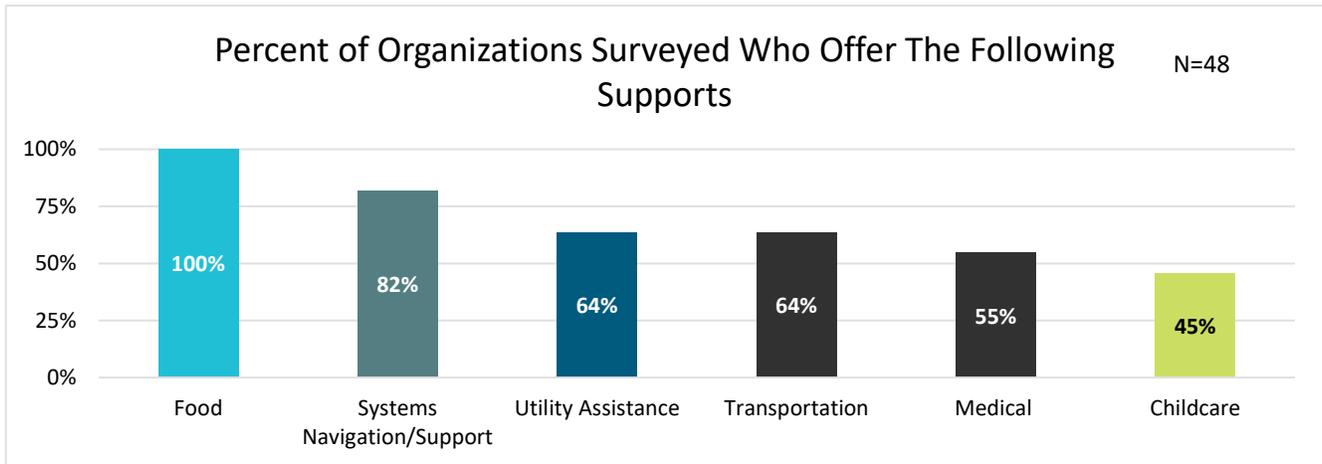
Housing Stabilization Program (HSP) is an “umbrella” program with different funding sources within it (CoC, ESG and HSSN). These funds are administered by Boulder County Department of Housing and Human Services and partnered with organizations across the county. This program is categorized as prevention and rapid re-housing rental assistance. Clients in need can access this program for anywhere between 1-24 months. The program provides families with rental assistance and with case management.

Many agencies across Boulder County refer to HSP and conduct client case management for the program. Those agencies are the following: DHHS, EFAA, OUR Center, Sister Carmen, SPAN, and Safe Shelter of St. Vrain Valley. McKinney-Vento liaisons at both St. Vrain Valley School District and Boulder County School district refer clients to HSP, however they do not administer case management. Instead, they refer to other agencies to conduct case management for the clients they refer.

Supportive Services

The figure below shows the percentage of organizations who are offering supportive services other than housing services to their clients. Two organizations—Boulder Valley School District and St. Vrain Valley School District—only offer families supportive services and don’t offer any housing services.

Five of the 11 organizations surveyed use the Colorado Family Support Assessment (CFSA) to assess client needs for at least one of their programs.



The breakdown of services offered by organization are detailed below in the table below:

Organization	Utility Assistance	Food	Medical	Transportation	System Navigation/Supports	Childcare	Other
Boulder Valley School District		✓		✓			✓
Boulder County Department of Housing and Human Services	✓		✓	✓	✓	✓	✓
EFAA	✓	✓	✓	✓	✓	✓	
HOPE-Homeless Outreach Providing Encouragement		✓					
Outreach United Resource Center	✓	✓	✓	✓	✓	✓	✓
Safe Shelter of St. Vrain Valley	✓	✓		✓	✓		✓
Sister Carmen Community Center	✓	✓	✓	✓	✓	✓	✓
St. Vrain Valley School District		✓		✓	✓	✓	✓
The Inn Between of Longmont, INC.		✓			✓		✓
Safehouse Progressive Alliance for Nonviolence (SPAN)	✓	✓	✓	✓	✓		✓

Other services include one or multiple of the following: school fees waived, after school programming, access to mainstream benefits, budget counseling, family law, dental health, mental health, job training, financial skills, adult education, parenting support and skills, nutrition classes, life skills, clothing, personal care products, household goods, PK-12 education, school supplies, academic fees waved, community referrals and advocacy, adult/youth counseling, economic empowerment program.

Total Number of Families Accessing Services by Organization

NOTE: THIS CHART INDICATES RESPONSES GIVEN BY ORGANIZATIONS OF THE NUMBER OF FAMILIES THEY SERVE. IT MAY INDICATE FAMILIES HOUSED (OR REFERRED TO HOUSING SUPPORTS) AND/OR OTHERWISE SERVED BY EACH ORGANIZATION.

Organization Name	Families Served Per Year (low estimate)*
Boulder County Department of Housing and Human Services	299
Boulder Valley School District**	200
EFAA	557
HOPE	3
OUR Center	565
Safe Shelter of St. Vrain Valley	251
Sister Carmen***	277
SPAN	275
St. Vrain Valley School District (individual students)	200-250
The Inn Between Longmont	140
Total	2,195

*Additional detail regarding the number of families served by program can be accessed in the section below. If an organization offered a numeric range of families served per year, the lowest number of the range was used in the table in order to avoid overestimation.

**BVSD response, “200 to 300 families (500 individual students)”

***277 families at Sister Carmen work with an advocate, 2,100 families total access some kind of resource at Sister Carmen (not necessarily housing, may only be accessing the food bank)

Total Amount of Housing Assistance by Organization

Organization Name	Total Amount of Rental Assistance Offered in the Last Year*
Boulder County Department of Housing and Human Services	\$3,941,000
Boulder Valley School District	--
EFAA	\$589,711
HOPE	--
OUR Center	\$215,432
Safe Shelter of St. Vrain Valley	\$150,000
Sister Carmen**	\$153,266
SPAN	\$50,000
St. Vrain Valley School District	--
The Inn Between of Longmont	--

*Some organizations did not list the amount of rental assistance for some/all of the programs they listed in the survey. The above chart contains what information is available.

**Number in chart for Sister Carmen only represents funds given for housing assistance (excluding HSP). The total amount of assistance distributed by Sister Carmen annually is \$326,761.

Housing Supports

Eight of the 11 organizations surveyed offer housing support to families. Specific programs for organizations that offer housing supports are detailed below. These data were collected in April 2019 and respondents were asked to document the following information for the previous calendar year (April 2018 – April 2019).

As noted in the *Data Limitations* section, ResultsLab experienced significant challenges in collecting accurate data from the following organizations. With that in mind, ResultsLab suggests interpreting these data with caution.

EFAA

EFAA reported having the following programs:

Program Name	Type of Program	# of Families Served	\$ Given to Families
Keep Families Housed	Homelessness Prevention Rental Assistance	350+	\$355,711 in CY18
Motel Vouchers	Hotel/Motel Emergency Vouchers	40-45	
Referring and case management agency for Housing Stabilization Program	Homelessness Prevention Rental Assistance and Rapid Rehousing	SEE HHS Below	SEE HHS Below
Bringing School Home	Permanent Housing Subsidy	22	
Transitional Housing	Transitional Housing	45	
Short Term Housing	Short Term Housing	About 70-75	

Assessing client needs/outcomes: Other than the Keep Families Housed and the Motel/Hotel Vouchers program, all programs use the CFSA 2.0 as well as goal setting and budget preparation to assess client needs and report on their outcomes. The Keep Families Housed program uses the CFSA Part A at entry and to assess outcomes as well as a client budget and motivational interviewing (only at entry). The motel/hotel vouchers program assesses client needs through motivational interviewing, stated need, and budget prep. No tools are used for the hotel/motel vouchers program to assess client outcomes.

Case management: Case management is provided and required for every program other than the hotel/motel voucher program.

SPAN

SPAN reported having the following programs:

Program Name	Type of Program	# of Families Served	\$ Given to Families
SPAN shelter	Emergency Sheltering	225 families per year	In 2019, SPAN will spend \$100,000 on rental assistance, this includes Office for Violence Against Women (OVW) grant & VOCA housing grant funds
SPAN Housing Program	Homelessness Prevention, Short-Term Housing, Rapid Rehousing	50-60	
Referring and case management agency for Housing Stabilization Program	Homelessness Prevention Rental Assistance and Rapid Rehousing	SEE HHS Below	
SPAN Louisville Units	Homelessness Prevention, Short-Term Housing, Rapid Rehousing	4 households	
Office for Violence Against Women	Homelessness Prevention, Short-Term Housing, Rapid Rehousing	4-8 households	

Assessing client needs/outcomes:

At intake, client need is assessed with a housing needs assessment that has specifically been designed for survivors of domestic violence as well as the Family VI-SPDAT (for all programs except the SPAN shelter). For the SPAN shelter, a needs assessment that includes a risk and safety assessment is completed at intake. To assess client outcomes SPAN uses client surveys, focus groups, and they have used the Boulder County Self Sufficiency Matrix in the past (for all programs except the SPAN shelter). To assess outcomes of the SPAN shelter, clients complete a confidential survey at exit.

Case management: All case management for SPAN programs is voluntary, except for clients in the HSP in which case management is mandatory. Clients get to choose the frequency and duration of their case management.

Outreach United Resource (OUR) Center

OUR Center reported having the following programs:

Program Name	Type of Program	# of Families Served	\$ Given to Families
Referring and case management agency for Housing Stabilization Program	Homelessness Prevention Rental Assistance and Rapid Rehousing	SEE HHS Below	
Hotel/Motel Vouchers	Hotel/Motel Emergency Vouchers	11	\$965
Transitional Housing	Transitional Housing	1	\$0.00

Assessing client needs/outcomes: OUR Center uses the CFSA to assess client needs for all three programs, and they use Boulder County Connect to assess client outcomes.

Case management: OUR Center requires case management for clients accessing any of their three housing programs. The case management happens once weekly, and can last for up to two years.

Safe Shelter of St. Vrain Valley

Safe Shelter of St. Vrain Valley reported having the following programs:

Program Name	Type of Program	# of Families Served	\$ Given to Families
Referring and case management agency for Housing Stabilization Program	Homelessness Prevention Rental Assistance and Rapid Rehousing	SEE HHS Below	
Community Housing Navigation	Homelessness Prevention Rental Assistance	39	\$150,000
	DOLA Homelessness Prevention Activities Program funds to prevent imminent eviction (paid directly to landlord/vendor)	24	
Emergency Shelter	Emergency Sheltering, Hotel/Motel Emergency Vouchers, Short-Term Housing	200	
Extended Shelter Stay	Emergency Sheltering, Hotel/Motel Emergency Vouchers, Short-Term Housing	12+	

Assessing client needs/outcomes: Client needs for all three of these programs are assessed using the Self-Sufficiency Matrix. In addition to the Self-Sufficiency Matrix, the Community Housing Navigation program uses the VI-SPDAT to assess needs, the Emergency Shelter uses the Family Violence Prevention and Services Act Needs Assessment and the Safe Shelter resident Screening Form to assess needs, the Extended Shelter Stay uses ‘Jacqueline Campbell’s Danger Assessment’. All three programs also use the Self Sufficiency Matrix to assess progress. Both the Emergency Shelter and the Extended Shelter Stay programs use the Resident Satisfaction survey to assess outcomes.

Case Management: Case management is required for all three programs. In both the Emergency Shelter and Extended Shelter Stay programs case management is administered weekly, for the Community Housing Navigation it is administered bi-monthly. In addition to case management clients also participate in the Homelessness Prevention Activities Program. Safe Shelter provides clients with a modified assessment based on the “Transitional Housing Intake Guide.” This guide directs case management and supportive funds for up to six months.

Sister Carmen Community Center

Sister Carmen Community Center reported having the following programs:

Program Name	Type of Program	# of Families Served	\$ Given to Families
Referring and case management agency for Housing Stabilization Program	Homelessness Prevention Rental Assistance and Rapid Rehousing	SEE HHS Below	Do not have access to this number

Hotel Voucher	Hotel/Motel Emergency Vouchers	10-12	
Rent Assistance	Homelessness Prevention Rental Assistance	227	\$130,000 This includes households without children. We do not have the ability to divide individuals vs families.

Assessing client needs/outcomes: For all three programs, families are screened with the FRCA Screening Questions and meet with an advocate. Advocates use the screening questions and motivational interviewing to discuss/assess other areas of need and support. If the family agrees to family development services, Sister Carmen uses the CFSA 2.0 to assess client needs, set goals and report on their outcomes. Sister Carmen partners with local law enforcement to issue motel/hotel vouchers. In these cases, families do not always end up connecting with Sister Carmen, so we are unable to screen and/or assess other areas of need.

Case management: All three programs come with case management. Case management is required for the HSP and Rent assistance programs.

The Inn Between

The Inn Between Reported having the following programs:

Program Name	Type of Program	# of Families Served	\$ Given to Families
Transitional Housing	Transitional Housing	123	
Student Incentive Program	Transitional Housing	6	
Permanent Supportive Housing	Permanent Supportive Housing	11	

Assessing client needs/outcomes: The Inn Between uses the Self-Sufficiency Matrix to assess client need at intake as well as client outcomes for all three of these programs.

Case management: All three of these programs require case management for the duration of residency in these programs. The client can meet with their case manager as needed.

Boulder County Department of Housing and Human Services

Boulder County Department of Housing and Human Services reported having the following programs:

Program Name	Type of Program	# of Families Served	\$ Given to Families
Housing Stabilization Program (Various Federal and Local Funding Sources)	Homelessness Prevention Rental Assistance and Rapid Rehousing	250	\$1,500,000
BCHA Housing Choice Voucher Set Asides for Homeless Families	Permanent Housing Subsidy for homeless families participating in HSP or STH	Up to 50, currently 12	\$93,600
Short Term Housing	Short Term Housing for homeless families who are child welfare involved	12	\$147,600
Family Unification Program (FUP)	Rental assistance for homeless or vulnerably housed families who are child welfare involved	37	\$577,200
Family Self Sufficiency Program (FSS)	Rental assistance for families with children coupled with self-sufficiency, education and career-based case management	104 (additional 35 subsidized by Boulder Housing Partners)	\$1,622,400

Assessing client needs/outcomes: DHHS uses a panel to match clients with programs to serve their needs for the following programs: HSP, Short Term Housing, and FUP. Panel packets for each referred client are completed by the approved referral agency and teams within HHS, including Child Welfare Services. Once participants are enrolled in the appropriate program, they complete the CFSA or a similar assessment tool that focuses on the social determinants of health to drive their case plans. Post exit survey happens for HSP. CFSA or similar assessment happens for all four programs at program exit. In addition, most families who are homeless in Boulder County also receive the VI-SPDAT assessment in order to be considered for regional and some local federally funded housing resources.

Case management: For all four programs case management is coupled with rental assistance. It happens once per month but can happen more frequently.

HOPE – Homelessness Outreach Providing Encouragement

HOPE reported having the following programs:

Program Name	Type of Program
Emergency Shelter	Emergency Sheltering

It should be noted that HOPE provides emergency sheltering for families on rare occasions, but it is not currently their main mission or focus. Assessing client needs/outcomes: HOPE does not use any specific tools to assess client needs at intake, nor do they use a tool to assess client outcomes.

Case management: HOPE does not provide case management.

Comprehensive Map of Services Available

The following table gives a comprehensive picture of what services and supports are available to families experiencing homelessness in Boulder County:

Programs Offered by Organization (or Organization is a referring agency to a resource)

Organizations	Number of Housing Related Programs	Homelessness Prevention Rental Assistance	Emergency Sheltering	Hotel/Motel Vouchers	Rapid Rehousing	Short Term Housing	Transitional Housing	Permanent Housing subsidy	Other
EFAA	6	✓ (2 programs)		✓		✓	✓	✓	
Boulder County Department of Housing and Human Services – CMCO/SHP	4	✓		✓	✓	✓		✓	
Safehouse Progressive Alliance for Nonviolence (SPAN)	5	✓	✓	✓	✓	✓ (3 programs)			1 program - funds can be used to support housing
Outreach United Resource Center	3	✓		✓	✓		✓		
Safe Shelter of St. Vrain Valley	3	✓	✓	✓	✓	✓			
Sister Carmen Community Center	3	✓ (2 programs)		✓	✓				
The Inn Between of Longmont, INC.	3						✓ (2 programs)	✓	
Boulder Valley School District	1	✓			✓				
HOPE-Homeless Outreach Providing Encouragement	0								
St. Vrain Valley School District	0	✓			✓				

Key Reflections and Recommendations

ResultsLab would like to note that agencies were largely responsive to completing the survey, which allowed for a more efficient data collection process. Additionally, supportive services are offered by almost all organizations giving clients access to wraparound support.

Given the data limitations mentioned above, ResultsLab recommends the Family Homelessness Sub-Committee continue to revisit and update this information on a regular basis. Using the data from the survey

to guide individual conversations with agency staff would help to validate data and minimize errors/misunderstandings due to differences in housing services definitions.

What we learned from the Data Action Session: Members of the Family Homelessness Sub-Committee are generally satisfied with the way that their organizations help navigate clients through the homelessness system and with their focus on prevention. Members noted the large number of clients that are served by EFAA and OUR Center, and they used this point to discuss centralization of services, although more conversation is needed. The number of services provided by each partner raised questions around consistency and the type of people being served (i.e. undocumented individuals).

LEARNING QUESTION #3: WHAT PROCESSES ARE PROVIDERS CURRENTLY FOLLOWING?

What we learned from the data: Agency staff are tasked with the challenge of helping families navigate a complex system of services and supports while in a crisis situation. Given the individualized nature of their work, consistency can be difficult and adhering to specific processes can be challenging. Agencies generally take a client-centered approach to their work and tailor their approach according to the needs of their target population.

Interviews with Frontline, Client-Facing Staff

In May 2019, interviews were conducted with client-facing staff from the following agencies: Boulder County Department of Housing and Human Services (BCDHHS), Inn Between, OUR Center, St. Vrain Valley School District (McKinney-Vento Liaison), Boulder Valley School District (McKinney-Vento Liaison), Safehouse Progressive Alliance for Nonviolence (SPAN), Emergency Family Assistance Association (EFAA), Sister Carmen Community Center, and the Safe Shelter of St. Vrain Valley. Interview group size varied from one to seven with most agencies represented by two-three staff members.

Staff were asked a series of questions about their processes for matching clients to services and supports using the following categories to represent the client service continuum:



Additionally, staff were asked to describe their overall reflections of the successes, challenges, and suggestions for improvement of the Boulder County family homelessness system.

Overall Reflections

Generally, the categories listed above tended to blend together for most agencies. The processes were often combined, and most staff did not see their work as fitting into specific categories. Thus, the analysis of the data is also blended to reflect the staff responses.

Entry and Screening

Referrals from other agencies or community partners (such as schools for McKinney-Vento liaisons) were commonly mentioned as an entry point for clients. Another common entry point for families is a crisis/services telephone line for the agencies who offer that service. These entry points also allow for a natural screening process to take place. Many agency staff mentioned that when they receive clients the screening has already taken place by another agency or community partner.

As part of the initial entry process, many families receive an in-person interview with a staff member who asks questions of the family and listens to their needs in order to gain an understanding of their unique situation.

When asked what type of criteria clients need to meet in order to receive services, answers varied depending on the goal of the organization.

- **Domestic violence shelters** mentioned that the only criteria for access to services is self-reported interpersonal violence or imminent danger
- **McKinney-Vento liaisons** stated that to receive services, families must be living in a residence that is not fixed, regular, and adequate
- **Family Resource Centers** mentioned additional criteria such as income requirements, employment status, proof of residency status (within the County for 30-90 days), and/or a photo ID to receive services

Staff were asked to reflect on what characteristics generally make families difficult to match to a particular service or support. The following characteristics were most frequently named:

- Families requiring immediate shelter
- Documentation status (illegal residence in the United States)
- Large number of family members
- Illegal drug use (especially meth)
- Past utilization of the same or similar program
- Criminal history

It is worth noting that many staff members mentioned a strong desire to offer families some type of resource or service and avoided sending a family away without receiving any type of support.

Referral and Coordination

The agency staff use their knowledge of available programs, services, and supports (both within and outside of their organization) to refer clients based on their self-reported needs—this approach can be more difficult for new staff who rely on on-the-job training and co-workers to assist with matching clients to services.

Coordination with various agencies relies heavily on email between staff, and personal relationships (when they exist) play a large role in how effective the “warm hand off” can be with clients from one program to another. For those agencies that have a Navigator position—staff rely heavily on this individual to assist with coordination and referral because the person is dedicated to knowing what services are available and building relationships with other agencies. Taking a triage approach to coordination and referral was also commonly mentioned; organizations mentioned specific meetings dedicated to finding the best services for families.

Staff mentioned the benefit of meeting personnel from other agencies during trainings or other cross-agency meetings where they can network and establish personal connections with individuals across the system. Given the generally strong sense of communication between agencies, staff try to pre-fill paperwork for families, obtain required information, and prepare families as best as possible for success when coordinating with various agencies.

Location of families and family networks is also taken into consideration when coordinating with other agencies—staff attempt to keep families from having to transport themselves from one area to another when possible; however, staff often refer to agencies across the system. EFAA, for example, was frequently mentioned for their short-term housing program.

Challenges with referral can often exist when working within the eligibility criteria of different agencies. Again, staff rely on their personal experience and knowledge of each agency to know how to address these challenges.

BCDHHS staff mentioned their own unique challenges of working within the Boulder County system. They stated the difficulty of knowing what is available within Boulder County Housing Authority—this system is difficult to navigate for staff and clients. BCDHHS face challenges in referral and coordination because of the time required to process paperwork, obtain checks, and navigate the various levels of bureaucracy. Numerous staff members reflected on the time spent traveling across the city and county to submit paperwork on behalf of clients.

“It can be difficult to refer to other agencies that have more strict eligibility criteria than [our organization].”
-Agency staff

Services

Goal setting or some type of client-defined plan was often mentioned as a service that agencies provide in order to help families define and drive their own success. Review of the plan depends on the intensity/frequency of case management/support (from once/week to several times throughout the duration of the program).

Agency staff take the following characteristics into consideration when they decide which services to offer to a family:

- Potential for self-sufficiency: agency staff mentioned the desire to not provide a “band-aid” approach to offering services; for example, they make an effort to not offer a short-term solution, like a hotel voucher, to a family that is experiencing significant housing challenges
- Eligibility requirements to receive certain services (prior drug use, family size, income qualifications, residency requirements, documentation status, etc.)
- The self-reported needs of the family

“You don’t want [clients] to be back where they started [after they leave the program].”
-Agency staff

When asked about which services staff wished they could offer more often, they mentioned:

- More permanent supportive housing: they recognize that some families have significant needs and could benefit from a long-term housing program (5-10 years)
- Longer time in a shelter: six weeks is too short for most clients who have experienced domestic violence
- More local services that will keep families in the area and not displace them
- More resources to support addiction and mental health especially bilingual and bicultural mental health professionals
- More assistance with transportation (not just bus passes): funds to help with car repairs, payments, etc.

It is worth noting that tools such as the CFSA and the VI-SPDAT were not consistently mentioned as a method for determining which services to offer. It is possible that agency staff were focused on the initial entry and screening process when answering the interview questions and did not mention the process they typically follow when working with a clients once they enter programs (and begin case management).

Success and Exit

Answering the question, “what does success look like for clients?” was difficult for many agency staff. One staff member responded, “Most families we work with are not ready to exit.” Overwhelmingly, staff mentioned that having stable housing or a plan for stable housing is considered to be a successful exit for families that will allow them to avoid re-entering the homelessness support system.

*“RV [Recreational Vehicle] can be an exit plan because they cannot afford a home.”
-Agency staff*

Staff expressed the simple desire to have families in a better place (as defined by the family) than when they began the program. For some families, this might mean transitioning into another program (to a housing voucher, for example), saving money, or finding stable employment.

For McKinney-Vento liaisons, their clients have a natural exit point at the end of the school year; however, they have the opportunity to renew their status once the next academic year begins.

Strengths in the System

Opinions varied about the strengths of the system, but communication was overwhelmingly mentioned as the most positive aspect of working in Boulder County. The Community Housing Resource Panel and various meetings/working groups were named as integral spaces where people can connect, build relationships, and learn about each other’s work.

Some stated that the availability of resources is a strength in Boulder County (as compared to other counties), but this was not widely agreed upon. Connectivity of many agencies seen as strength (through Boulder County Connect) although one participant described it as “big brother” (everyone can see if families are “double dipping” and going to more than one food bank, for example). Additionally, not every agency can access Boulder County Connects.

Challenges in the System

In addition to those mentioned in the above sections, lack of affordable housing was mentioned as the biggest need in Boulder County. Even when family is successful in meeting their goals during a program, there are few places they can lease up or rent that will be sustainable.

Staff turnover was an additional challenge. Collaborating partners as well as property managers and apartment complex staff also experience high turnover which results in challenges to rebuild relationships. Relationship

building can be difficult especially with the stigma that is often associated with families experiencing homelessness.

Changes or Suggestions for Improvement

Agency staff also expressed diverse opinions when asked what changes or improvements to the system they would suggest. They mentioned:

- More training for staff to better understand what is available to families
- Topic-specific training such as Trauma Informed Care and Social Security (SSI)
- More affordable housing
- More short-term, transitional, and permanent housing
- An emergency shelter option for families
- More funding for resources and services for undocumented individuals (perhaps private funding)
- Better distribution of resources throughout the entire county

“I think what’s missing is a family shelter.”
-Agency staff

BCDHHS had specific recommendations based on their unique placement in the system:

- More programs that operate within BCDHHS that would allow for a streamlined internal referral process for staff and clients (ex: a workforce program within the department that would allow staff to refer clients internally instead of externally)
- Allowing direct supervisors to have immediate access to a pool of funds to process fees (application fees, birth certificates) for clients in a timely manner
- Extended time for short-term housing—four months was thought to be too short for most people especially those who lack critical documentation (such as birth certificates) that is required for additional programs and benefits

Key Takeaways and Recommendations

ResultsLab noted one key difference between the research best practices (see literature review) and the current process in Boulder County: the reliance on personal/professional judgement when allocating resources for clients. Research in best practices revealed that a point system or another similar, systematic way of assigning a score to a client’s individual case reduces the professional judgement required to match a client with resources. Agency staff in Boulder County overwhelmingly mentioned that use their own judgement, or rely on their team’s experience, to determine what types of supports to offer to clients. ResultsLab recommends that the Family Homeless Sub-Committee discuss the option of using a points-system to assess client need to reduce the reliance on agency staff professional judgement.

Agency staff validated the need for additional long-term housing resources (such as permanent supportive housing) that also surfaced in the best practices research. Long-term housing support is seen to have the most positive outcomes for clients experiencing significant housing challenges, and agency staff recognized this fact from their experience in working with clients. ResultsLab recommends that the Family Homelessness Sub-Committee explore the option of expanding this service in Boulder County through a needs and/or feasibility assessment.

ResultsLab recommends that Boulder County continue to offer training opportunities to agency staff as a way to continue their professional development (as they requested), but also a means to network with one another. Creating intentional time for networking and connecting with other staff allows people to get to know one another and establish connections. Given the reliance on email and personal relationships for coordination and referral, the more opportunities that staff have to connect with each other the more streamlined the housing process will become for families.

Interviews with Participants

Overall Reflections and Data Limitations

In order to gain participant perspective regarding the family homelessness system, ResultsLab attempted to conduct a focus group at EFAA in May of 2019. While about nine families registered for the focus group, only one was able to attend. Given the challenges faced by families experiencing homelessness, ResultsLab shifted its approach to conduct phone interviews with participants, and we offered an online survey in order to better accommodate schedules and increase participation. Six total families were represented in interviews or survey format.

Five of the interviews/surveys were conducted with families who are currently experiencing homelessness. These five offered brief feedback regarding their experiences and had very little constructive criticism or suggestions to offer. ResultsLab staff postulate that this was probably because it is difficult for families to be reflective about their situation when they are living in the high stress of homelessness. The participant who was able to provide more thoughtful and detailed feedback was no longer in a crisis situation.

Question Themes/Categories

Participants were generally asked to reflect on the following questions:



Positive Experiences in the System

Participants expressed extreme gratitude for the support they were receiving in Boulder County. Overall, they commented:



- Agency staff are very friendly and helpful
- Agency staff treated clients with care and concern for their situation
- Agency staff guided clients through the system



Agency staff attention to detail makes clients feel “at home” and “like family”
Clients are able to connect with staff



Clients generally received housing services quickly which prevented immediate homelessness;
however, the housing services received did not provide a long-term solution

Challenges in the System

Clients remarked that facing homelessness is an incredibly stressful and difficult situation to face. While seeking services and supports in Boulder County, they felt that the most challenging aspects were the following:

- The pressure of limited time in housing programs is stressful; having to move from one program to another is difficult
- The shock of a recent homelessness situation is challenging; people should be given more time to process before having to look for new services and supports
- Waiting for approval process of certain services (such as Section 8 housing) should not be a reason to have to exit a program

Changes to the System or The Experience

When asked to provide suggestions for improvement to the family homeless system, clients were somewhat hesitant to answer; however, the following is a list of their respective answers:

- Give clients a welcome box to limit the need to ask for absolutely everything
- Fewer referrals from one organization to another—allow people to stay in one place for longer
- Dedicate more time for community building to destress and share lived experiences—too many therapy appointments are overwhelming to attend
- Create a referral guide to make it easier for people to find and access additional services—too many phone numbers are overwhelming
- More flexibility in rules (for example, allow families with small children to have food, such as milk, in their rooms)
- Create a better vetting process—some people are taking advantage of services that they do not need
- More accessible motel/hotel vouchers

Helpful and Unhelpful Services and/or Supports

Not all the participants that ResultsLab spoke to were accessing additional services or supports from their respective agencies. Those who were accessing additional services, however, mentioned that they were all helpful—all the services provided some value to clients. Childcare, financial services, and legal services were especially mentioned as being helpful resources.

Additional Information

When asked if they would like to share any additional information or feedback, participants reiterated the strong relationships they built with case workers and how helpful staff have been in connecting them to

resources. They also expressed a strong desire to stay within the community and not to be displaced to another location, such as Denver, in order to continue to receive the housing assistance they needed.

Recommendations

Based on this brief sample of data, ResultsLab suggests that the Family Homelessness Sub-Committee continue to ask for feedback from participants who are no longer in crisis and have found more a stable housing situation. Offering clients multiple options for providing feedback such as various options for focus group times and locations, a survey link, and the opportunity for a one-on-one phone/in person interview would increase chances of gaining a greater number of perspectives.

Community Housing Resource Panel Observation and Reflections

Overall Reflections

The Community Housing Resource Panel demonstrates the strong level of commitment that service providers have to the families experiencing homelessness in Boulder County. There is a great level of time commitment required from all agencies in order for the Panel process to be efficient and effective—from filling out referral documents to preparing and reviewing the documentation for the cases that come to Panel. From an observer’s perspective, the panelists demonstrate a superior level of dedication to the people they serve. The process is fluid, straightforward, and consistent, and panelists know what to expect and how to contribute to the process.

Panelists also place great emphasis in providing case management along with services. The focus on case management reinforced the individualized nature of working with families experiencing homelessness. The panelists recognize the need to provide one-on-one support to clients in order to help them meet their goals and find stable housing. In many cases, case management responsibilities were given to BCDHHS, but other agencies were asked to provide case management as well depending on the client’s needs.

Criteria for Allocating Resources

Each application (of those pre-identified for Panel) is reviewed individually and assessed on a case-by-case basis. The discussion is individualized to each unique case, and panelists bring their own organizational knowledge of the case to the review process. Clients’ personal circumstances are discussed with dignity and respect with an overall concern for the well-being of the individuals.

The observer noted that the following criteria were frequently mentioned when panelists were determining whether or not to provide support and the level of support to each client:



Additional detail on each of the points is mentioned below:

Potential for self-sufficiency: Panelists express a strong desire to want to provide support to those who will benefit most from short-term assistance. Panelists were hesitant to grant assistance to clients who seemed to

have more significant housing challenges that would require longer-term support. The desire to avoid a cycle of repetitive assistance from the Panel was expressed as a reason to deny (or significantly reduce) requested support.

Past utilization of services: A history of repeating programs (for example, requesting Panel support on numerous occasions) generated additional discussion from panelists. Panelists stated which programs were utilized from their respective agencies, when they were utilized, and the client's level of success with each program (if that information was available). These details gave panelists an idea of the client's path toward self-sufficiency and whether or not additional support should be granted.

Financial situation: Current and past employment, income sources, and debt history were deeply discussed during the Panel as a way to describe a comprehensive picture of a client's individual situation. Having unpaid child support, undisclosed income, or unstable job history, for example, gave panelists an idea of what level of support to provide. When a client's financial situation seemed highly unstable, panelists would often remark that the client needed more intensive support than the Panel could provide. At this point, panelists would discuss amongst themselves which agency may be able to provide the best support to the client to assist with his/her long-term financial goals.

Level of motivation: Clients are asked to self-report their level of motivation to improve their situation on the Panel application and referring case managers are also asked to assess the client's level of motivation. In the referral application, case managers are given the opportunity to state why they believe Panel assistance would benefit the client and how successful the client has been with other programs or services. Additionally, panelists discuss the client's ability to follow through with program requirements (attending classes, making and keeping appointments, returning phone calls, etc.) as an indication of his/her level of motivation. If panelists find numerous indications that the client does not seem motivated to improve his/her situation, then requested support is denied or significantly reduced.

Family Unification Program (FUP) eligibility: The cases that generated the least discussion were those who were determined to meet FUP eligibility. If a client was able to receive a FUP voucher, then panelists immediately recommended that a FUP Addendum be submitted to get the process started for the client to receive a voucher.

Other housing resources provided at the Panel:

Although the following were not mentioned on the day of observation, it is worth noting that the Panel does administer additional resources:

- **CoC Rapid Rehousing:** This is determined once a month, and because it is a Housing First program, motivation, past assistance, financial situation, and potential for self-sufficiency are not considered. Instead, the panel selects participants from a prioritized by-name list provided by Metro Denver Homeless Initiative's OneHome Coordinated Entry program.
- **Short Term Housing (STH):** Considerations are similar to the FUP eligibility; however, no families fit this criteria and/or no STH units were available at the time of this observation.

Recommendations

On the particular day of observation, one case was brought to the Panel that generated some disagreement between panelists. The client was requesting assistance due to an unexpected transition in her housing situation. The application stated that the client had become the target of harassment in the current apartment complex and was wishing to move to another location. Panelists decided to grant support; however, there was

discussion around consistency in their process. One panelist raised the concern that other cases in similar situations had been previously denied—noting that they should attempt to remain consistent or adapt their approval criteria.

Although the entire Panel process is consistently documented, ResultsLab recommends additional documentation around contentious cases such as the one mentioned above. Generating a list of issues that often generate concerns about consistency and documenting the number of times that cases with these concerns are approved or denied could shed light on how often panelists are consistent in their process. Reviewing this information on a quarterly basis during the Panel can help panelists decide whether or not they should make amendments to the current process.

Data Collection Tool Review

Screening and/or intake forms were submitted from ten organizations: EFAA, SPAN, Sister Carmen, Safe Shelter of St. Vrain Valley, OUR Center, HOPE Center, Boulder Valley School District (McKinney-Vento), BCDHHS, St. Vrain Valley School District (McKinney-Vento), and Inn Between. Forms were reviewed to gain an understanding as to what type of data agencies are collecting from clients.

Similarities

Agencies are collecting similar data from clients during the intake and screening process. The vast majority of agencies collect basic demographic data, sources of income, employment status and history, education level, financial history, language preference, special needs, and children’s demographic data. Agencies also ask about previous utilization of their programs or services as well as any current case management. Most agencies intake and screening forms are multiple pages in length in order to collect such detailed information about clients’ current needs.

Differences

Some agencies have expanded gender identity categories for clients who wish to identify as a category other than “other.” It is also notable that some agencies use the screening/intake process to collect additional data about a client’s goals and aspirations. This strengths-based approach asks clients to reflect on the positive aspects of their lives as well as what they hope to accomplish by the end of the program.

Agencies also have customized categories of their screening/intake forms that are directly applicable to the work they do. For example, domestic violence shelters ask detailed questions about the physical characteristics of the abusive partner. BCDHHS collects additional information on factors related to the social determinants of health: the built environment, access to transportation, and social capital, for example. This gives a more holistic view of what barriers or challenges a client may face when accessing housing resources.

One final point to note is that two agencies, Sister Carmen and OUR Center, submitted the Colorado Family Support Assessment (CFSA) as a form they use for intake/screening.

Key Reflections

Given that the majority of agencies collect similar demographic and household information data, ResultsLab recommends exploring a method of sharing data across agencies in order to streamline the screening/intake process for clients. Agency staff did mention during the interview process that they make an effort to pre-fill paperwork for clients when referring them to other housing partners, which does assist clients in the coordination process; however, it creates additional work for agency staff.

Additionally, sharing a consistent method for collecting basic demographic and household information would allow for a simpler process of sharing data (for example, using the same gender identification categories). It is worth noting that Boulder County Connects (BCC) was mentioned by several agencies as a mechanism for sharing data across organizations.

What we learned from the Data Action Session: Participant voice is an integral component of work of the Family Homelessness Sub-Committee. Given the small sample of clients represented in the report, the Sub-Committee will continue to find ways to capture additional client feedback. Also, the need for continued education around the dangers of meth and the availability of hotel/motel vouchers may assist agency staff in their roles.

LEARNING QUESTION #4: WHAT ARE THE BEST PRACTICES IN THE FIELD?

Please see the Literature Review in the appendix for the slides that outline the key findings from the best practices research.

Key Takeaways and Reflections

Research demonstrates that emergency sheltering is a critical aspect of the homelessness services spectrum. The United States Interagency Council on Homelessness states that emergency sheltering “can and must play an essential role within an effective, housing-focused crisis response system” (Key Considerations for Implementing Emergency Shelter Within an Effective Crisis Response System, August 2017). The need for an emergency shelter for families was also stated by agency staff during the interview process. Staff mentioned that families often resort to camping in the woods when they cannot find a place to stay. Given that this is a gap in Boulder County, ResultsLab recommends undergoing a more intensive feasibility and needs assessment to determine whether or not an emergency shelter for families is a resource worth pursuing.

As stated in the agency interview section above, agency staff overwhelmingly stated that they use their professional judgement and knowledge to match clients with services. Given the contrast with the literature, which recommends using a points system instead of professional judgement, this is an additional area of exploration for the Family Homelessness Sub-Committee. ResultsLab was unable to obtain a clear picture of which agencies utilize tools such as the CFSA through the interviews and the survey, so this could be another area of additional exploration.

It is worth noting that the VI-SPDAT is recognized as a tool that is supported by research and designed for use by families, which validates the practice in Boulder County.

What we learned from the Data Action Session: Research about the role of emergency sheltering in the housing continuum is based in areas where these shelters exist; thus, it is difficult to assess whether or not an emergency shelter is truly a service gap in Boulder County. Additionally, given the significant role of domestic violence shelters in the housing continuum, the Family Homelessness Sub-Committee expressed the need for these shelters to be more long-term, housing-focused for clients. Members also noted the limitations of the VI-SPDAT tool and discussed the reality that agencies may not longer use the tool in the future.

LEARNING QUESTION #5: WHERE DO WE GO FROM HERE?

The review of the homelessness system showed strength in the way organizations are helping navigate clients through the homelessness system and with highlighted strengths in the focus on prevention. While communication was identified as a strength, the Homelessness Sub-Committee identified opportunities to continue to build collaboration across agencies to strive for an even more seamless experience for agencies and families moving through the system.

To elevate promising practices and tighten connections across agencies, ResultsLab recommends focusing on specific, actionable items over the course of the next 2 years within each of the strategic categories. Actions are provide in natural sequence from quick wins/initial priorities to longer-term priorities.



The strategic areas of focus listed here are not mutually exclusive, and the work of the Sub-Committee will have an overlapping nature; thus, ResultsLab recommends that the Sub-Committee take an iterative approach to sequencing and prioritizing the action items suggested. We also recommend a thorough review of these key actions and indicators with the Sub-Committee to deepen recommendations and ownership.



Strategic Priority Area #1: Enhance Intra-Agency Networking and Collaboration

Indicator of success: ___% of agency staff report greater sense of alignment with other agencies

Conduct consistent Sub-Committee meetings to collaboratively:

- 1.1 Set strategic goals, guiding principles, and measures of success to direct the work and approach of the Family Homelessness Sub-Committee
- 1.2 Develop a 24-month action plan, including quick wins and deeper points of integration for the long-term
- 1.3 Build and distribute a contact list, providing multiple contacts across agencies in order to minimize the implications of direct service provider turnover
- 1.4 Conduct an annual review of key services provided by each organization, updating and validating summary tables include throughout this report
- 1.5 Set consistent definitions for key services and supports, including: emergency sheltering, and develop a communication plan to ensure these definitions cascade beyond the Sub-Committee to all agency staff.
- 1.6 Conduct an annual partnership satisfaction survey (and/or consider semi-annual reflections as a collaborative) to measure and maintain the effectiveness of intra-agency collaboration effort

- 1.7 Assess participation and consider including organizations/communities of faith into trainings and/or inter-agency meetings to expand Sub-Committee network to best meet needs of families



Strategic Priority Area #2: Strengthen system components for family homelessness work

Indicator of success: ____% families report ease of movement throughout system

- 2.1 Adopt a points-based system or similar technique to reduce the dependence on professional judgement for matching clients with services
- 2.2 Collaborate across agencies to create a consistent or similar intake/screening form that collects demographic and household data in a systematic manner
- 2.3 Identify opportunities to reduce the volume of referrals to allow families to stay in one place for longer
- 2.4 Create a referral guide to make it easier for families to find and access additional services



Strategic Priority Area #3: Build a Shared Learning and Research Agenda

Indicator of success: *Development and activation of a shared research and learning agenda*

- 3.1 Develop a shared and learning/research agenda, including key learning questions, data to help inform these questions, and reflective practices to engage around this data.
- 3.2 Recognizing comprehensive data sharing is a longer and more challenging road, begin with early wins with data that is already available (i.e. who is/is not getting served looking at demographic data related to the CFSA/VI-SPDAT)
- 3.3 Determine if the VI-SPDAT is a tool that is an appropriate fit for Boulder County based on utility and agency feedback

After 1-2 years:

- 3.4 Explore opportunities for informal and formal data sharing to provide more comprehensive tracking of families as they move throughout the system
- 3.5 Build out research study to home in on where/why people are falling through the gaps. Note: this is a great opportunity to activate your family advisory committee into this process.



Strategic Priority Area #4: Advance Training and Best Practices

Indicator of success: ____# collaborative professional development opportunities offered to agency staff per year

- 4.1 Set an annual training and best practice sharing agenda. Emerging themes include: trauma informed care and understanding resources available for families in Boulder County
- 4.2 Focus trainings on frontline staff, and provide opportunity for rotating agency visits/showcases in alignment with each of these trainings

4.3 Continue support of the Community Housing Resource Panel and promote its value/function to new agency staff for increased understanding of the resources available in Boulder County



Strategic Priority Area #5: Increase Family Engagement and Voice

Indicator of success: ___% of key decisions reviewed or informed by families who are/have experienced homelessness

5.1 Develop a family advisory committee to inform ongoing decisions and data related to the systems of support (including many of the above recommendations). Leverage and build upon emerging models that exist across current participant advisory committees (i.e EFAA) to establish a process, focus, and approach that is optimal for families.

Key areas of focus for family advisory committee:

- 5.2 Identify and leverage successful outreach practices to unserved families, specifically families with less trust of the system.
- 5.3 Provide and/or collect feedback on the efficacy, efficiency and comfort across the integrated systems of support

Sub-Committee prototypes developed to support strategic priorities and activities

The following slides are the prototypes developed by small groups within the Family Homelessness Sub-Committee in response to the prompt, *how might we create a more integrated system?* Members created the prototypes after reflecting on the key findings from the system scan. For detailed notes on the Data Action Session, please see the appendix.

Prototype
#1:
Increasing
Participant
Voice
Family Voice

What will it look like?

More people representing diverse cultures/experiences/locales

30-50 to provide additional information about system efficacy on an ongoing process/basis, focus groups, surveys, forums, outreach

Who will use it? / What will users experience?

Households throughout the county that are actively or previously homeless to gauge strengths/needs

What resources will be required?

Community coordinators, family support advisors, existing participant advisory committees, staff, incentives, ensure questions asked are appropriate

What need will this meet? / What will the outcome be?

Provide a comprehensive understanding of participant experience to facilitate changes (workplan) that engage participants and provide opportunities for feedback to monitor program success

Prototype
#2: Trainings
/ Networking
Boulder County
Super Hero
Community of
Practice

What will it look like?

Coaching, challenges, strengths-based trauma info. (CFSA expansion)

Who will use it? / What will users experience?

Regular frontline folk, as well as regular reps. higher level interactions

What resources will be required?

Technology infused in access and meetings

Round robin agency visit

Support with financial and staffing resources

What need will this meet? / What will the outcome be?

Network and referrals improvement

Ensure warm hand-off between services and service providers – track overall path

Continuous check-ins between organizations, strengthen the bond – robust access

Continuing support of Community Housing Resource Panel

Increased staff wellness and retention and resilience

Increased comfort level and awareness for clients



Prototype
#3:
Increasing
Participation
in Data

What will it look like?

What exists? How do we coordinate access? Who are appropriate to have at the table?

Who will use it? / What will users experience?

Participants are varying levels/degrees of homelessness

- Identifying appropriate criteria
- Broken down by agency/municipality/county

Ease of access for participation in data

- Time of day, childcare, work
- Develop formats for varying degrees of comfort
- Cultural competency

What resources will be required?

Sustainability—how long does this participation require?

Steering committees—balance between participants and professionals

Within participants, a wide variety of backgrounds

What need will this meet? / What will the outcome be?

Duplication of meetings/services

Outcome: Being sure the service meets the need. We will see better outcomes as participants are driving services.



Prototype
#4:
Research
Project
*Filling in the
Gaps*

What do we need to know?

Who?

- Passing through?
- Is it really DV?
- Other?
- BoCo residents?
- Evictions?

Why are people falling through the gaps?

- Preventative—other support
- Drugs
- Mental health

Cost Effectiveness?

Who has info?

- Agency data
- Families preference/needs

Work for sub-committee?

THANK YOU

ResultsLab thanks the Family Homelessness Sub-Committee for their time and attention in completing this project. Please feel free to contact us with questions:

Marisol Cruz, Senior Consultant

Marisol.Cruz@ResultsLab.org

720.569.1708

Rachel Lieurance, Associate Consultant

Rachel.Lieurance@ResultsLab.org

720.569.8581

Kenzie Strong, Vice President, Impact Services

Kenzie.Strong@ResultsLab.org

720.525.4075

APPENDIX

Please see separate folder for the following documents:

1. Literature review slides
2. Provider survey
3. Survey raw data
4. Survey raw data combined/compared to Family Homelessness Summit Master Inventory Document
5. Agency profiles
6. Agency staff interview guide
7. Participant interview guide
8. Data Action Session summary slides

Boulder County Family Homelessness Sub- Committee Action Plan

Introductory Document

October 2019

Background

The Action Plan was created by the Family Homelessness Sub-Committee during their October 21, 2019 meeting

Members of the Sub-Committee gave their insights, opinions, and expertise to form the 2-year plan that would identify their key priority areas and action items to carry forward

ResultsLab, a local evaluation consulting firm, provided the facilitation and synthesis of the plan

Top Action Items

Through a voting process, Sub-Committee members identified top action items as their key priorities (highlighted in blue text in the plan):

#1 2.1 Create and adopt objective yet equitable system to reduce the dependence on subjective professional judgment for matching clients with services. (Lead: Sarah Buss; Courtney Schwartz, Jackie List, Whitney Wilcox, Luis Chavez, Anne Tapp)

In combination with

2.2 Collaborate across agencies to research and create a consistent, common housing intake assessment

and

2.2a Work with currently piloted universal intake/screener to consistently direct people towards the agencies who perform the housing intake assessment

#2 3.1 Identify and compile key data points to determine gaps in services, measure system performance and better understand program outcomes. Create a dashboard of shared metrics with shared definitions across agencies. Review learning/research on a bi-annual basis. (Lead: Elberto Mendoza; Mark Betz, Julie Van Domelen, Vickie Ebner, Joni Lynch)

#3 4.1 Set an annual training and best practice sharing agenda with networking as a critical component. (Lead: Angela Lanci-Macris; Wade Branstetter, Katie Warning, Andrea Ostroy, Kisa Quanbeck, OUR Center rep TBD)

#3 5.1 Develop a family voice process to inform ongoing decisions and data related to the systems of support. Leverage and build upon existing participant advisory committees and focus group processes to establish a process, focus and approach that is optimal for participants. (Leads: Any Chacon and Jenna Griess; Mark Betz, Jessica A, Luis Chavez, EFAA rep TBD)

Next Steps

- Leads for each of the Top Action Items have been identified and they will form working groups to begin implementation
- Some of the Top Action Items are connected to other areas of work happening under the Family Resource Network or other governance structures, including the Local Area Collaboratives, Integrated System Delivery Model work, and Homeless Solutions for Boulder County
- Family Homelessness Subcommittee will ensure collaboration, dot connecting and non-duplication as part of this workplan
- The full family homelessness subcommittee will meet quarterly

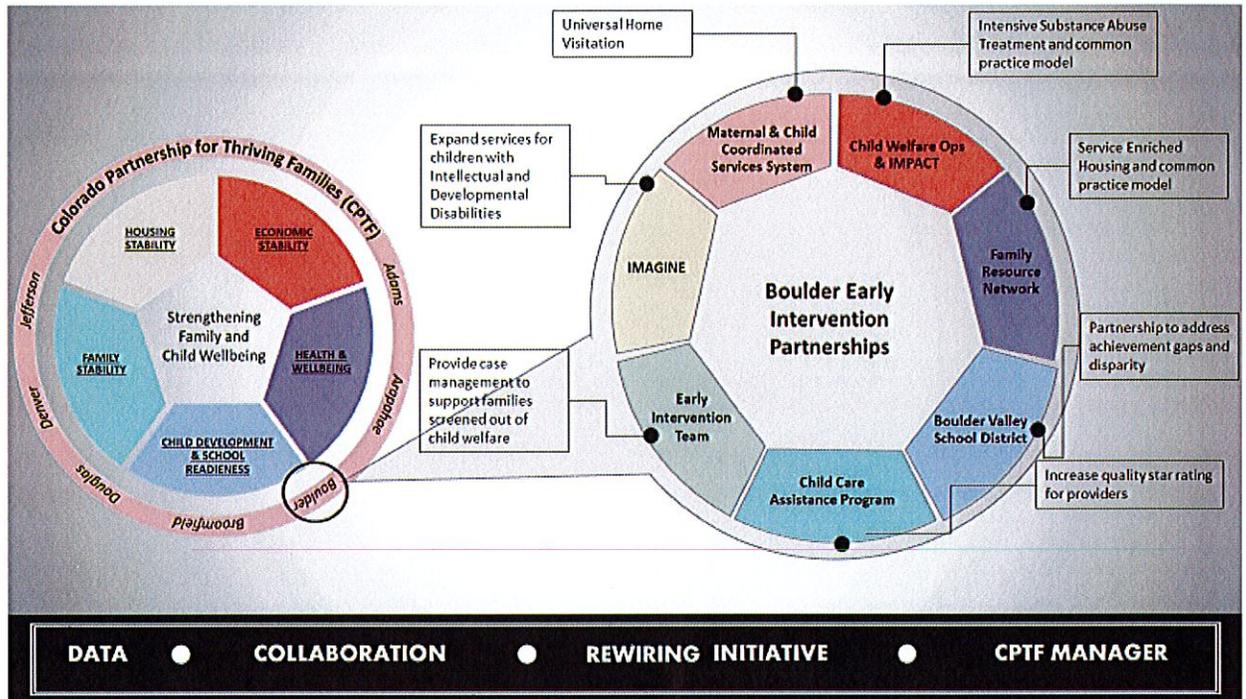


Department of Housing & Human Services

2525 13th Street, Suite 204 • Boulder, Colorado 80304 • Tel: 303.441.1000 Fax: 720.564.2283
 3460 Broadway • Boulder, Colorado 80304 • Tel: 303.441.1000 Fax: 303.441.1523
 515 Coffman Street • Longmont, Colorado 80501 • Tel: 303.441.1000

www.BoulderCountyHHS.org

**Boulder County, in partnership with the “Rewiring” Initiative Roadmap Proposal
 Submitted by Boulder County Department of Housing and Human Services
 November 21, 2019**



1. Introduction

This proposed Boulder County and Tennyson Center for Children Partnership Rewiring Roadmap (Roadmap) aligns work across county and city government, non-profit service providers and schools to reduce child maltreatment county-wide through development and/or refinement of effective primary, secondary and tertiary prevention strategies to create the conditions for strong families and communities. This effort also aligns with the work of the Colorado Partnership for Thriving Families and the identified practices of Family First Prevention Services Act. In addition, the Roadmap links the work in Boulder County with other counties involved in the Rewiring initiative, further boosting and improving the work in all counties. Initially, the target population will be vulnerable pregnant and parenting families with children ages 0-1 and eventually expand to ages 0-5 in Boulder County.

2. The Problem

Often, children and families end up in the child welfare or criminal justice systems for reasons that are largely preventable if addressed skillfully and early. Similarly, many children fail out of the public education system for reasons that start before they even begin kindergarten. Systems that support families can be fractured or time-limited or both. Children whose needs are not met early grow into adults with

bigger, more urgent, and expensive challenges which then need to be addressed by their communities. To reduce our investment in crisis response, we must instead invest in early intervention and prevention grounded in a social justice and equity lens while also ensuring that families who are already in our high acuity systems get well coordinated, impactful supports to help them move out of these systems.

A snapshot of families in crisis in Boulder County

- 13% of children live in poverty
- 36% of single mother families live below the poverty line
- The Boulder County Department of Housing and Human Services (BCDHHS) interfaces with about 90,000 people per year in need of supports and received 5,149 calls concerning suspected child abuse or neglect in the last year, with most of these calls for children under eight years of age.
- Boulder County has seen a 22% increase in child welfare referrals in recent years.
- One in every four children, by the age of 4, born in Boulder County ends up with a child welfare referral and 46 percent of all births are supported by Medicaid.
- Research shows that a prior report to a child welfare agency, even if not investigated, is the single strongest predictor of a child's injury or death before age five.
- The cost of living in Boulder County continues to rise with 40% of families spending 50% or more of their income on housing.

Over the past five years, child maltreatment referrals in Colorado have increased by nearly 40 percent. According to the U.S. Department of Health and Human Services, the number of first-time victims of abuse or neglect in Colorado rose from 7,651 in 2013 to 8,549 in 2017, which represents a 12 percent *increase* compared to a national *decrease* of 1.5 percent in the number of children that were victims of first-time abuse or neglect (www.cdc.gov/violenceprevention/childmaltreatment/riskprotectivefactors.htm).

Furthermore, the lifetime economic burden of one year of fatal and non-fatal child maltreatment in Colorado is **\$32 billion** and the lifetime cost of supports for child abuse and/or neglect victims (non-fatal child maltreatment) averages approximately **\$830,000 per person**. Compare this to the cost for effective primary and secondary prevention for one person (about 1 percent of that figure) and support for such an approach is clear.

Researchers find that stress from factors associated with poverty increases the risk of parenting difficulties and can affect parents' abilities to meet their children's needs and impede a child's ability to succeed in school. When parents struggle to provide the day-to-day necessities of their children, these children can feel anxious, depressed, fearful, and overwhelmed, and experience increased risk for neglect and family instability (Joy Duva & Sania Metzger Addressing Poverty as a Major Risk Factor in Child Neglect Protecting Children, Vol. 25 / No. 1, 2010.)

Collectively, we have significant data pointing to specific risk factors that make children more vulnerable to maltreatment -- including age (younger than 4), parental challenges (substance abuse, mental health issues), parental characteristics (young age, low-income, low education), and social isolation. Nationally, the vast majority of child maltreatment fatalities (84 percent) are among the youngest children (0 to 5), and more than half of these fatalities are infants under the age of 1. A rising cost of living combined with a low state ranking for the supply of affordable housing (41st) places persistent stress on families.

Impacts of Inequities and Biases –Structural racism and oppression are significant barriers that prevent many Boulder County community members from having the opportunities to live healthy lives and reach their fullest potential. These systemic and institutional pressures exist throughout the county and have

immediate impacts on health, mental well-being, social connectedness, and school achievement. In the longer term, racism and oppression impacts employment, quality of life, chronic stress, and life expectancy. In Boulder County:

- Many Latinx parents expressed their belief that changes will not happen for their children because they encounter inequity, isolation, marginalization, segregation, and racism (Raising of America Focused Conversations, 2017).
- While on-time graduation rates rose substantially for Latinx students for the past 7 years, Latinx students in both school districts are less likely to graduate from high school on-time than white, non-Hispanic students (Status of Children in Boulder County, 2018).
- In addition, Latinx youth in Boulder Valley School District (BVSD) high schools were four times more likely to miss school because they did not feel safe compared to white, non-Hispanic youth (2017 Kids Count Survey, BVSD).

3. The Need

Although we have seen success in addressing some of these challenges listed above in pockets across Boulder County, a more integrated system of support is needed to help Boulder County families and children thrive, preventing more costly high acuity system involvement and to ensure families already in these systems receive prioritized supports to help them recover and build stability. Core institutions such as Boulder County Public Health, Boulder Valley School District, healthcare providers, schools, early childhood providers, housing authorities, family resource centers and the like must be tightly aligned to deliver comprehensive supports at multiple entry points.

Furthermore, we must shift public opinion away from seeing family supports as a negative or a deficit of the families to a normal part of family development. We need to ensure that every family in our community has equal access to supports needed in order to thrive.

Adverse Childhood Experiences (ACEs)

Additionally, all of our work with families must integrate the reduction of Adverse Childhood Experiences (ACEs) into prevention and intervention strategies. Poverty and stress are strong predictors of exposure to adverse childhood experiences, which include abuse, neglect, and family/household challenges that a child experiences, and these create traumatic and toxic stress. Studies conducted by the Centers for Disease Control and Prevention and Kaiser Permanente on ACEs emphasize the effect of trauma on the developing brain and health across the life span. ACEs exposure can lead to increased health risk behaviors (e.g. tobacco and substance use); chronic health problems, including heart disease and stroke; and poor mental health (depression, anxiety, and behavior concerns in children and adolescents). Children who live below the Federal Poverty Level (FPL) are five times more likely to experience four ACEs than those who live in families whose income is approximately 400 percent of the FPL. Evidence further suggests that the tremendous impact of ACEs on individuals, families, and communities can be prevented through effective, coordinated, primary prevention strategies and supports starting at the time of family formation.

4. Leveraging Strengths and Successes in Boulder County

A. Governance and Strong Partnerships

Boulder County is fortunate to have two primary governance structures that consist of partners who are fully engaged in creating a seamless system of support for children and families. These are the Boulder County Family Resource Network (FRN) and the Integrated Managed Partnership for Adolescent and Child Community Treatment (IMPACT) Partnership.

The Boulder County Family Resource Network (FRN) is a county-wide governance structure comprised of citizens, schools, community-based entities, and city/county government aimed at improving self-sufficiency outcomes of families and social, emotional, and academic outcomes of children and youth through a 2Gen approach. Emphasis is on primary and secondary intervention strategies.

Boulder County IMPACT is a partnership of twelve non-profit and government agencies serving the needs of Boulder County youth and families involved with child welfare, juvenile justice, or mental health agencies and has seen success in reducing number of youth involved in high acuity systems.

B. Best-Practice Interventions

Over the past twenty-two years, BCDHHS and its partners have been working to develop and implement innovative and effective approaches to reducing involvement of families in high acuity systems such as child welfare and juvenile justice services, resulting in improved family well-being and cost savings for Boulder County. Examples include:

Reduction in out-of-home placement of children - Despite a significant increase in caseloads since 2008, BCDHHS-Child Welfare Division has seen a 44% reduction in out-of-home placements in Boulder County. This a direct result of our shift to an integrated services practice model, driven by the use of validated assessments and a family-centered approach that works with families to fully understand their needs and challenges and to prioritize resources to ensure family wellbeing and stability. Over the past several years, this reduction has led to a sustained 26% decrease in expenditures for out-of-home placements, saving as much as \$700,000 per year and allowing us to make even more up-front investments in Boulder County's children and families.

Decreased institutionalization of youth - IMPACT's collaborative model has made significant progress toward keeping children and youth safely in the community and reducing out-of-home placements, detentions, commitments and mental health hospitalizations. Boulder County has one of the lowest rates of commitment to the Division of Youth Services (DYS) in the state due to the collaborative efforts of the IMPACT partners. Detention rates are also significantly lower than the state average, and out-of-home placements have declined over the past several years.

Early Intervention - Boulder County has also seen significant success in implementing early intervention supports for families across the system. For instance, its housing programs provide stable housing and case management supports for families who face risk for child welfare interventions. Over 80% of families who participate in these programs stay housed and are far less likely to enter the child welfare system after exiting.

Boulder County Truancy Improvement Project - Boulder County delivers a multi-agency collaboration including the courts, CASA, Boulder County Housing and Human Services (BCHHS), Boulder Valley School District (BVSD) and St. Vrain Valley School District (SVVSD), whose goal is to eliminate the use of detention for youth who are truant, reduce the use of truancy court hearings, and address the root causes of truancy to improve school attendance and school achievement. A Truancy Review Team uses and collectively reviews a common assessment of each youth. Results indicate that 36

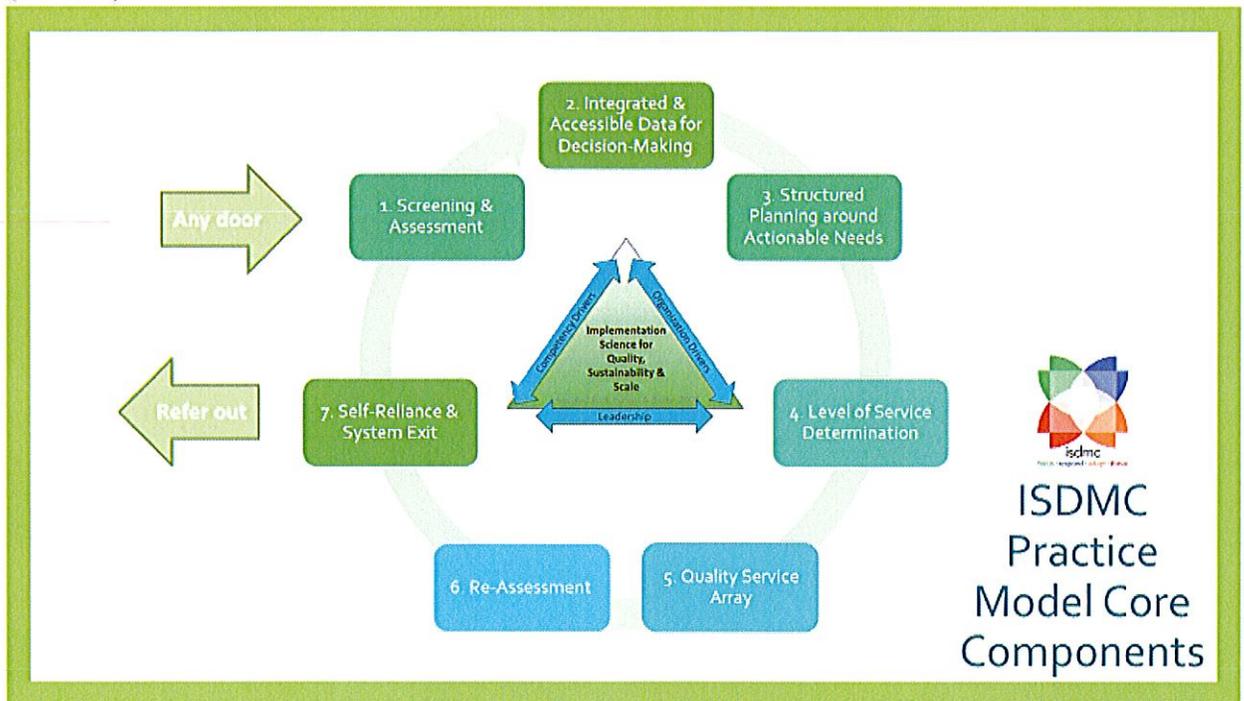
percent of students reassessed showed significant improvement in school attendance and 38 percent of students reassessed showed a significant increase in school achievement.

Boulder County’s Prevention and Intervention Program (PIP) – PIP represents a collaboration between Mental Health Partners, Boulder County Public Health, BCHHS, and BVSD. Through PIP, counselors are placed in BVSD schools to provide on-site student case management, mental health counseling, and psychoeducational classes.

C. Family Voice and Health Equity Work

Through partnerships between Boulder County Public Health, Boulder County Department of Housing and Human Services, our community partners and community-organizing entities, we have developed approaches for garnering true input from the communities we serve. Feedback on various entry points across our system is helping us to identify where the true pain points are in accessing critical primary prevention supports.

D. Development of a Common Practice Model - Integrated Services Delivery Model of Care (ISDMC)

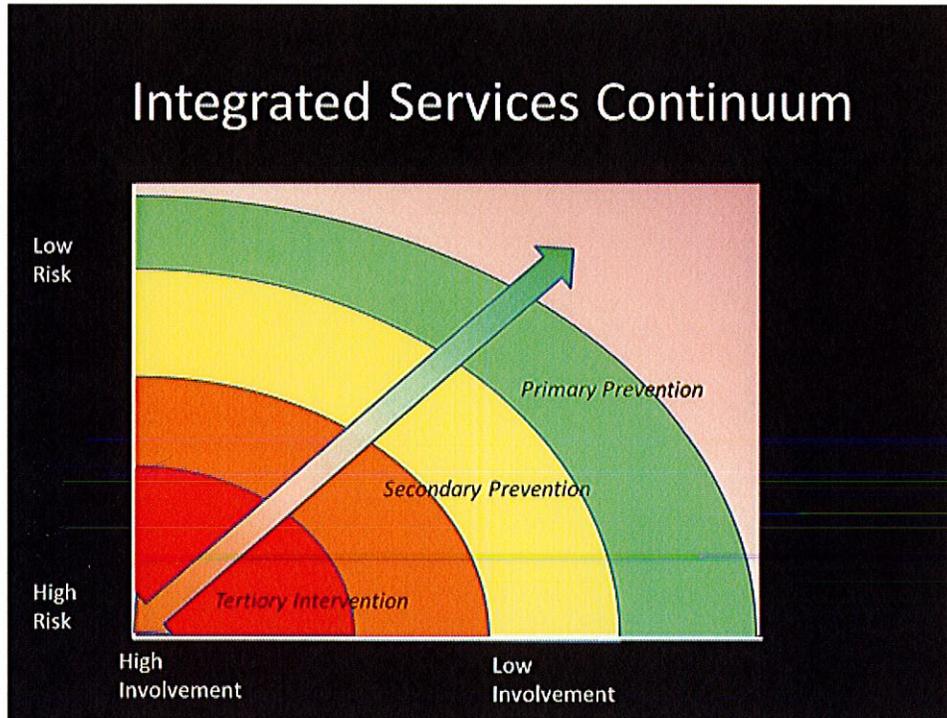


Graphic 1: Core components of ISDMC are illustrated and include: common screening and assessment, service planning, closed loop referral processes, and re-assessment and service plan revision when appropriate.

In recent years, Boulder County has been implementing a standard practice model which has been implemented across the IMPACT Partnership and Family Resource Network. Referred to as the Integrated Services Delivery Model of Care (ISDMC), the practice serves as the “operating system” for the work done by service coordinators, case workers, navigators (and other key staff) across our agencies. The intent is to consistently use validated assessments across our systems to determine the primary needs of children, youth and families in order to match appropriate services at the right time and at the right dosage. The three levels of ISDMC practice are navigation, mid-level, and high acuity:

- **Navigation** is characterized by light touch supports provided to families intermittently
- **Mid-level** refers to our traditional “case management” approach where families routinely work with a service coordinator once a month (or more) for three months or longer
- **High Acuity** refers to practices with families in the child welfare or juvenile justice system (including multi-system involved individuals and families) who require more intensive supports.

Boulder County’s ISDMC model has reduced child welfare out-of-home placements and length of stays in our intervention systems, and aims to prevent families from entering these systems long-term.



Graphic 2: ISDMC is focused on moving resources toward secondary and primary prevention (the yellow and green areas) to help prevent families from entering into intervention systems (the red and orange areas.)

E. Interoperability through Data Sharing Platform-Community Connects

Community Connect is a user-friendly data interface that, among other functions, incorporates client level data from multiple sources to provide a comprehensive, real-time picture of services being accessed by individuals, assessment data, and demographics. The system is accessible to county staff as well as community partners. Key functions important to building a common practice include shared access to data for common clients/participants, access to shared assessments built into the system, and universal reporting functionality.

5. Our Proposed Rewiring Roadmap Approach

Evidence indicates that in order to reduce involvement of families in high acuity systems, reduce incidence of maltreatment, and promote overall wellbeing and success in school, we must implement preventive, whole family/two generation (2Gen) supports which address the root causes of crisis, instability, structural racism, and oppression across the social determinants of health (employment and

income, food, safety, education, health and wellbeing, and housing) and which promote the building of social capital, family voice, and protective factors in families. Disparate outcomes for children in disenfranchised families start early, before they even enter school, and for families who are already involved in our high acuity systems, we must ensure that proven, well-coordinated supports are implemented efficiently and effectively at multiple entry points into our system.

Target population: Pregnant and parenting families with young children birth to five in Boulder County. Initial focus of pilots will be on prenatal to 1.

Key Child and Family Outcomes

Boulder County is using the Child Abuse Maltreatment Framework Outcomes for all of the objectives listed on subsequent pages. Detailed logic models will be created for each objective around these high-level themes for the target population:

- Improving housing stability and income for vulnerable pregnant and/or parenting families;
- Improving maternal, infant and child health and well-being;
- Improving child development and school readiness; and
- Increasing family stability

In addition, Boulder County is using geographic heat map data to focus our efforts and investments towards the neighborhoods with the highest rate of child welfare referrals. For instance, we know that approximately 50% of the families who are referred to child welfare live in eastern Boulder County, with a demonstrated need particularly in Longmont. We will want to ensure investments and strategies are proportionate to this area.

Key Strategies to achieving these outcomes include:

- **Integration - Moving from silos to a seamless system of support** to resource and deepen our strong and committed partnerships between Boulder County government (Housing and Human Services, Public Health, Community Services), schools, and community-based entities, aimed at improving self-reliance outcomes for families and social, emotional, and academic outcomes for children and youth.

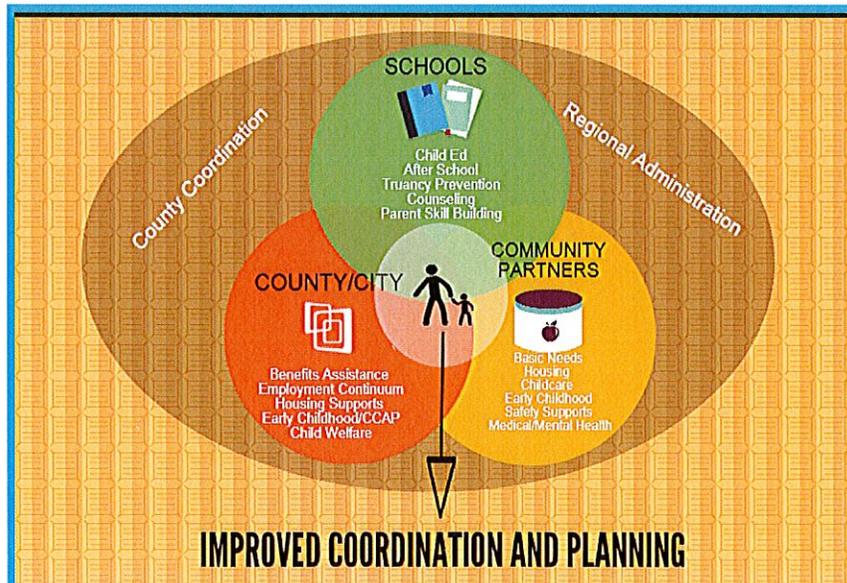


Figure 3

- **Using an equity-informed lens** for all solutions.
- **Ensuring family voice** and co-creation of solutions.
- Maximizing interoperability between data systems. We aim to use common data and practices across our sectors to identify concentrated areas of need and strength from early childhood to post-secondary.
- Developing and using **common practices** (ISDMC) that:
 - Use common screenings and assessments that enlist a 2Generation (2Gen) approach where youth and families with social determinants of health needs are matched to the right supports.
 - Compile and use an inventory of **best -practice programs** to match children, youth and families based on assessed need.
 - Build on and integrate with current initiatives focused on the target population and identified priority areas in the community.
- Identifying detailed **outcomes and indicators** using the Colorado Child Maltreatment Prevention Framework to measure success of the work and make quality improvements in the partnership.
- Ensuring **Adverse Childhood Experiences** assessments and **protective factors** are integrated into our work.
- Developing and testing approaches through a **series of pilots**.
- Utilizing pilot data to support advocacy efforts at the regional, state, and national government levels to support **increased funding for primary and secondary prevention** programming and networks.
- Leverage current governance structures (i.e. FRN and IMPACT Partnership) as the backbone entities for achieving goals.

Our Goals:

Goal 1: Primary and Secondary Prevention- Improve child and family outcomes of pregnant and parenting families, pre-natal to five, who may be at risk for high acuity system involvement through implementation of coordinated primary and secondary prevention strategies in partnership with families.

Goal 2: Tertiary Intervention- Improve child and family outcomes for prenatal and parenting families, birth to five, involved in child welfare and other high acuity systems through implementation of coordinated tertiary supports, delivered in partnership with families, that safely shift these families to less acute levels of support.

Goal 3: System coordination - Strengthen mechanisms for improved collaboration and alignment across sectors providing primary, secondary and tertiary supports for families with young children in Boulder County and in the Metro Denver area.

Objectives by Goal:

Boulder County is currently engaged in several cross-sector projects that address the goals listed below, as well as high level strategic partnerships. Each is in various stages of implementation for each of the objectives.

Goal 1: Primary and Secondary Prevention- Improve child and family outcomes of pregnant and parenting families, birth to five, who may be at risk for high acuity system involvement through implementation of coordinated primary and secondary prevention strategies in partnership with families.

Objective 1.1

Housing priority for families, prenatal through five, through local housing authorities, schools, childcare centers and other service entry points (in exploration)

The Boulder County Family Resource Network is creating a pilot with two local housing authorities to improve outcomes for families with young children by providing targeted assessments with matched supports across areas of need. Termed Service Enriched Housing (SEH), primary partners in this work include local family resource centers, BVSD, BCDHHS, the I Have a Dream Foundation, and Boulder Housing Partners (City of Boulder's Housing Authority) to ensure the stability of families and the social, emotional and academic success of children.

Objective 1.2

Increase access to high quality child care (in process)

Boulder County's Child Assistance Program team has revamped protocols to preferentially offer open Childcare Assistance Program (CCAP) slots to the 0-3 age group, increase the number of children in high quality child care, and increase the number of high-quality child-care centers that accept CCAP. Strategies include targeting high quality providers that do not take CCAP to accept it, and moving lower quality providers to high quality through training. The group is also looking at ways to dramatically increase funding CCAP slots. Boulder County has historically spent nearly double the state allocation on childcare.

Objective 1.3

Develop and implement universal home visitation coordinated entry processes for prenatal to five families throughout Boulder County (in process)

Currently, Boulder County's Maternal and Child Coordinated Services Committee (MCCSS) is developing an approach in which children age birth to five, their immediate caregivers, and every pregnant individual in Boulder County have the opportunity to thrive by accessing person-centered, culturally appropriate primary and secondary prevention supports in their own communities whenever they need them, thereby reducing child maltreatment, improving outcomes for both parents and child(ren), and helping to break the cycle of intergenerational poverty. The first phase of this project is currently being implemented through a pilot with local home visitation programs, Public Health and Clinica (local Federally Qualified Health Center) to use assessment-driven service matching to best-fit home visitation programming for prenatal to 1. So far, we have seen a 30% increase in the number of families connected to home visitation programs.

Objective 1.4

Expand Boulder County's home visitation services continuum to include evidence-based or promising practice programs which are also identified under the Family First Prevention Services Act (FFPSA), thereby improving outcomes and funding for sustaining and expanding (in process)

The MCCSS group is exploring new programs for implementation in Boulder County of Child First to primarily serve high acuity families and Family Connects for light touch supports for lower needs families. An evaluation of the expansion of Nurse Family Partnership and Parents as Teachers (PAT) is also in process. Currently, the MCCSS is working with Invest In Kids and Child First to explore implementation of a Child First test cohort among Denver Metro Counties. In addition, members of the team are researching the Family Connects program being implemented in other regions in the US.

Objective 1.5

Eliminate the achievement gap in Boulder County through improved coordination between Boulder County and Boulder County's two school districts to improve kindergarten readiness, third grade reading proficiency for children and self-reliance of disenfranchised families (in exploration)

Boulder County is currently partnering with Boulder Valley School District to tackle this problem. Efforts are currently underway to gather relevant data points and develop an interdisciplinary workgroup of county and school district staff.

Goal 2: Tertiary Intervention- Improve child and family outcomes for pregnant and parenting families, birth to five, involved in child welfare and other high acuity systems through implementation of coordinated tertiary supports in housing, substance abuse, mental health, and social and emotional supports, in partnership with families.

Objective 2.1

Reduce out-of-home placements for young children through improved housing supports for high acuity families involved in child welfare (in exploration)

Boulder County IMPACT, Child Welfare and Housing staff are co-creating and testing an approach through pilots with Family Integrated Treatment Court (FITC) and Dependency and Neglect System Reform (DANSR) services. The target population is Family Drug Court-involved families for whom lack of adequate housing is a risk factor for relapse, a factor in imminent out-of-home placement, and/or a barrier to timely reunification. Families will receive priority for housing supports, case management and coordination, behavioral health treatment, parenting and family support, and child well-being services for a defined period. A team will collect and monitor data to ensure success of the work. The group also plans to prioritize home visitation supports for this population and will be working closely with teams implementing the home visitation coordinated entry project.

Objective 2.2

Reduce length of out of home placement for young children by increasing intensive substance abuse supports and services for caregivers of children aged 0-5 (in exploration)

The IMPACT Partnership is exploring ways to increase substance abuse services that include caregiver-specific services and frameworks to which assessed families will be matched. This includes learning sober life skills in conjunction with sober parenting skills, increased recovery housing opportunities for families, and providing education and support for family members. Many of these services have been identified from the IMPACT Services Continuum project and are being leveraged to target this objective. Key strategies under this objective that are currently underway are:

- Increasing recruitment of Spanish-speaking providers and peer mentors and enhancing capacity of existing providers.
- Looking at transitional residential treatment programs to ensure priority access for caregivers involved with child welfare.

- Launch an RFP to the community for sober parenting and life skills and intensive outpatient services for youth.
- Explore intensive in-home and/or inpatient treatment options for moms that keep moms and babies together.
- Increase psycho-education for providers to improve response to families.
- Continue to explore ways to implement a centralized effort to track outcomes around substance abuse for our community.

Objective 2.3

Improve outcomes for caregivers who have difficulty supervising their children, who lack in their own supports (social resources), and often suffer from their own challenges with mental health (in exploration)

The IMPACT partnership is exploring needs of caregivers involved in, or at risk for involvement in, juvenile justice and child welfare. The group will identify caregiver needs related to supervision, social resources, and mental health services, review the current service continuum, review best and promising practices, and develop recommendations to improve outcomes for caregivers.

Objective 2.4

Increase access to intensive care coordination for families with children ages 0-5 (in exploration)

The IMPACT Partnership is currently developing a plan to implement Boulder County's High-Fidelity Wraparound program for the birth to five population, including serving families with children who have Intellectual and Developmental Disabilities, starting in 2020.

Goal 3: Strengthen mechanisms for improved collaboration and alignment across sectors providing primary, secondary and tertiary supports for families with young children in Boulder county, in Colorado, and in the Metro Denver area through our Colorado Partnership for Thriving Families (CPTF).

Objective 3.1

Develop and expand capacity for community partnerships to support framework (in exploration)

Expand Boulder County's primary governance structures, the Family Resource Network, and the IMPACT Partnership to serve as backbone entities for implementation of the Rewiring Roadmap.

Engage residents, neighborhoods and municipalities to lead efforts and implement strategies to address root causes of child maltreatment.

Objective 3.2

Coordinate all local efforts targeting prenatal/age 0-5 efforts and link to broader state and regional initiatives (in exploration)

Multiple county and regional efforts are currently underway to realize the above-stated goal of improving family and child wellbeing, including boosting school success through the reduction of child maltreatment. These efforts include the **Colorado Partnership for Thriving Families (CPTF)**, which

works collaboratively across Colorado to help create the conditions for strong families and communities in which children are healthy, valued, and thriving. Most recently, the CPTF strategized with human services and public health partners to implement a cohesive, integrated approach that significantly reduces child maltreatment and promotes a positive start for all families with children prenatal to age five by positively and proactively supporting strong and healthy family formation. The project started by targeting the 7 Metro Denver Area Colorado counties of Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson, collectively referred to as the Metro Denver service area, and has since opened its focus and partnership statewide. The seven Metro counties are home to the largest concentration of families and children in Colorado, with a total population of over three million residents (60 percent of the statewide total). The service area also accounts for over half of all child maltreatment referrals, assessments, and fatalities in the state.

Boulder County is in the process of hiring a Child Maltreatment Prevention and Early Childhood Manager position that will help to lead CPTF and ensure that Boulder County’s work is in line with the work of the regional partnership.

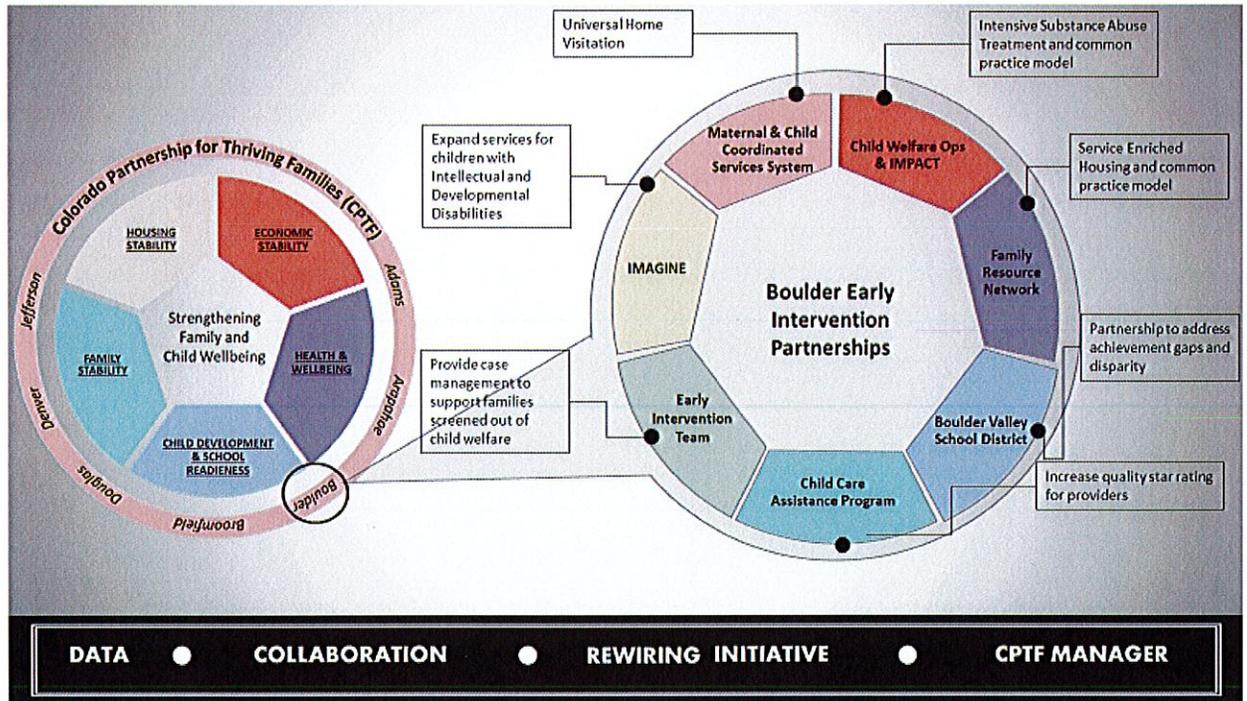


Figure 4: Visual to show Boulder County’s Rewiring Roadmap framework and the connection to the Colorado Partnership for Thriving Families

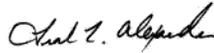
Conclusion

In framing this Roadmap together, both Boulder County and Tennyson Center for Children agree to create a lasting partnership. It is not a legally binding document; however, is designed to enhance relations between all agencies working within the ambit of this Rewiring Roadmap. The Rewiring Roadmap can be updated at any time and referred to for clarification on relations and enhanced impact.

This agreement is made between Boulder Department of Housing & Human Services, the Tennyson Center for Children, and any other agency whose work dramatically reduces the number of children and families becoming child welfare involved. We jointly agree to actively work to expand the number of agencies who sign this agreement

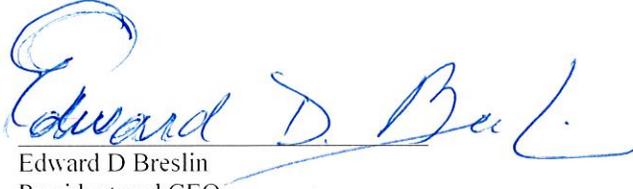
(through a simple addendum) in an effort to further align the sector. Furthermore, we all agree to resolve differences of opinion and conflicts internally – the sector is too often characterized by conflicts instead of alliances and partnerships. We commit to a new culture of cooperation that keeps children and families at the center of all decision-making, and further commit to addressing differences of opinion and conflicts out of the public light for the good of children and families.

The Rewiring Roadmap comes into effect on 1 January 2020 although work on aspects of the Rewiring Roadmap may have already begun.



December 19, 2019

Frank Alexander
Director, Boulder County Department of Housing and Human Services
2525 13th Street
Boulder, CO 80304



Edward D Breslin
President and CEO
Tennyson Center for Children
2950 Tennyson Street
Denver CO 80212

BRIDGING THE ACHIEVEMENT AND OPPORTUNITY GAPS IN BOULDER COUNTY THROUGH CROSS-SECTOR PARTNERSHIPS

"A proposed path forward"



Achievement and opportunity gaps exist in Boulder County among children living in poverty as evidenced by:

LOWER KINDERGARTEN READINESS,
THIRD GRADE READING PROFICIENCY,
GRADUATION RATES AND INCREASED TRUANCY.

Root causes for these disparities are evident across the social determinants of health including: limited access to quality maternal/child health, early childhood and educational supports and safe, affordable housing.

GOAL

Eliminate the achievement and opportunity gap so all Boulder County children, youth, and families are thriving.



WHAT THE DATA TELL US ABOUT THE PROBLEM



ECONOMIC STRAIN

Researchers find that stress from factors associated with poverty increases the risk of parenting difficulties and can affect parents' abilities to meet their children's needs and impede a child's ability to be ready to enter or succeed in school. When parents struggle to provide the day-to-day necessities of their children, these children can feel anxious, depressed, fearful, and overwhelmed, and experience increased risk for neglect and family instability.¹

The Boulder County Department of Housing and Human Services (BCDHHS) received 5,149 calls concerning suspected child abuse or neglect in the last year, with most of these calls for children under eight years of age.

\$10K-\$15K
PER CHILD PER YEAR

Quality and affordable early childhood education is an essential need and may play a role in mitigating the effects of poverty, however, annual costs are unreachable for some Boulder County families.²

 **1/3**
of **CHILDREN**
in Boulder County
live in poverty.³

 In the 2016-17
school year,
1,095
students from BVSD and SVVSD
experienced **HOMELESSNESS.**⁴

16,800  **25%**
students, 25% of
the student population, qualify
for **FREE** or **REDUCED LUNCH.**⁵

Students receiving free or reduced lunch scored 152 points lower, on average, than non-eligible students on the Standardized Achievement Test (SAT) and also have a lower graduation rate (76%) compared to students that do not qualify for free or reduced lunch.⁶

STRUCTURAL RACISM AND OPPRESSION

Structural racism and oppression are significant barriers that prevent many of our community members from having the opportunities to live a healthy life and reach their fullest potential. These systemic and institutional pressures exist throughout our communities and have immediate impacts on health, mental well-being, social connectedness, and school achievement. In the longer term, racism and oppression impacts employment, quality of life, chronic stress, and life expectancy.

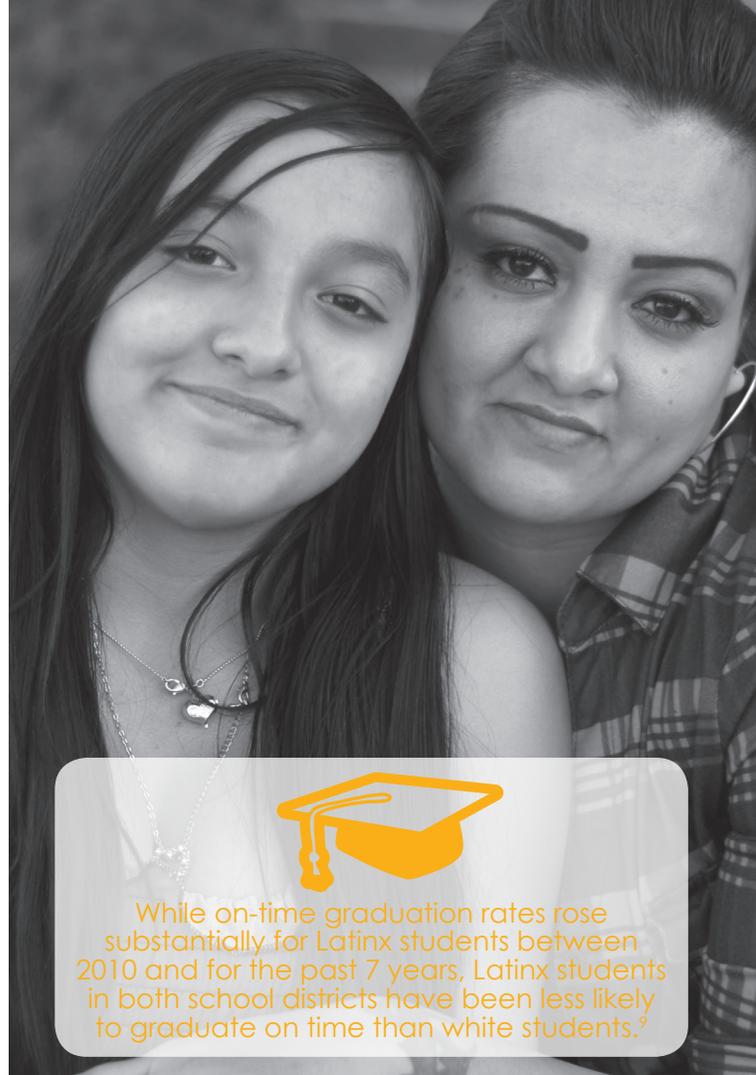
Many Latinx parents expressed their belief that changes will not happen for their children because they encounter

INEQUALITY, ISOLATION, MARGINALIZATION, SEGREGATION, AND RACISM⁷

Latinx youth in BVSD high schools are 4X more likely to miss school because they did not

FEEL SAFE

compared to white, non-Hispanic youth⁸



While on-time graduation rates rose substantially for Latinx students between 2010 and for the past 7 years, Latinx students in both school districts have been less likely to graduate on time than white students.⁹

MENTAL AND BEHAVIORAL HEALTH

Mental health and behavioral health are health priorities for the community and Board of County Commissioners. Social and emotional well-being plays an important role in fostering and supporting child development and readiness to enter school. Children in households where behavioral health issues (such as depression or substance abuse) are present can stunt cognitive development that is essential for kindergarten entry. Research increasingly points to the link between students' academic success and social, emotional, and behavioral health. New mothers can struggle with stressors of parenthood, which can be exacerbated with economic stressors (including housing, food security, and child care). In 2018, 24% of all new mothers reported feeling depressed or hopelessness after their baby was born. Maternal depression can impact a child's development and readiness for school.

24% of all new mothers reported feeling **DEPRESSED OR HOPELESS.** 

Nationally, suicide rates among young people aged 10-24 years has increased

↑ 56% between 2007 and 2017.¹⁰



ONE in SEVEN

youth have seriously considered attempting suicide in the past year.¹¹



ONE in FOUR

students reported feeling so hopeless, they stopped doing regular activities.¹²

LGBTQ youth in BVSD are more likely to experience

BULLYING, SEXUAL AND DATING VIOLENCE, DEPRESSIVE SYMPTOMS, SELF-HARM, AND SUICIDALITY

For self-harm and suicidality, rates among LGBTQ youth in BVSD were three times those of heterosexual youth.¹³

PROPOSED SOLUTIONS

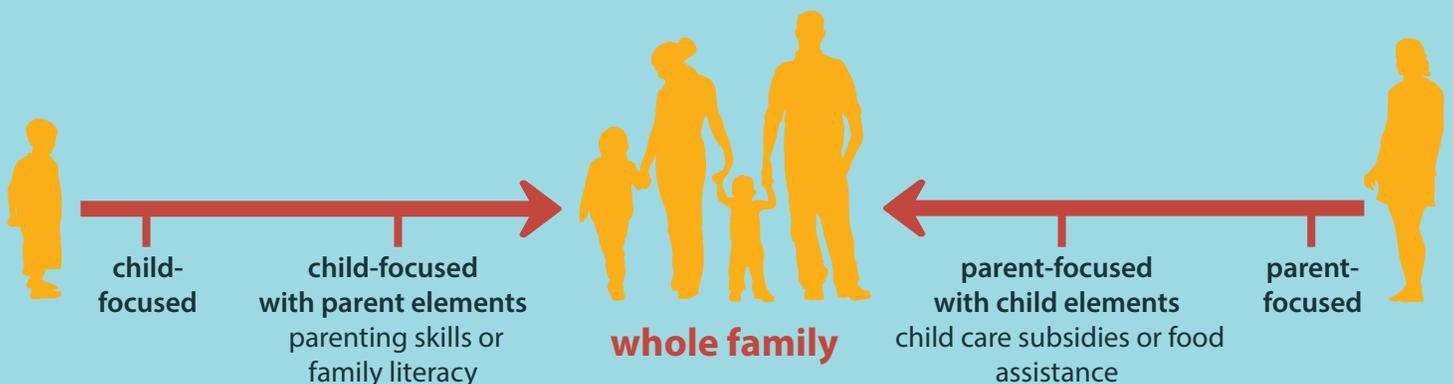
Evidence indicates that in order to reduce involvement of families in high acuity systems of care, eliminate disparities, and promote overall wellbeing and success in school, we must implement preventive whole family/two generation (2Gen) supports which address the root causes of crises and instability across the social determinants of health (employment and income, food, safety, education, health and wellbeing, and housing), address biases and inequities, and promote the building of social capital and protective factors in families (including fostering trusting relationships between caretakers and children/youth and their communities).



WHAT IS 2GEN?

Two Generation is an anti-poverty initiative that provides support for both children and their parents together. This approach has proven effective at breaking children and their families free from the traps of poverty and empowering them to live up to their full potential. The 2Gen approach helps children and families get the education and workforce training, social supports like parenting skills, and health care they need to create a legacy of economic stability and overall well-being that passes from one generation to the next.

A 2Gen approach helps both generations make progress together and get us closer to fulfilling all parents' wishes that their children will do better than them.¹⁴





Schools



Family Voice



Community Partners



Local Government

Improved Coordination and Planning



KEY STRATEGIES

- » **Create a Seamless System of Support**-Eliminate service silos by building a strong partnership between Boulder Valley School District (BVSD), Boulder County government (Housing and Human Services, Public Health, Community Services), and community-based entities, focused on improving self-sufficiency outcomes of families and social, emotional, and academic outcomes of children and youth.
- » **Enlist an equity-informed approach** for all solutions, that critically examines biases and inequities in systems.
- » **Ensure family voice** is at the center of the work by regularly engaging the community impacted by the problem to co-create solutions that work for them.
- » **Maximize interoperability** between data systems to identify geographic areas of vulnerability, strength and resilience across the early childhood to post-secondary continuum, to appropriately align strategies and supports.
- » Develop and implement the use of **common practices** which include:
 - The use of common screenings and assessments that enlist a 2Generation (2Gen) approach where students and families with social determinants of health needs are matched to the right supports.
 - The utilization of a **best practice inventory** to match service with assessed need. Such programs should reduce risk factors and increase protective factors for academic achievement, increased attendance, mental well-being, substance use prevention, school climate and bullying prevention.
 - Integrate and expand upon current promising community initiatives focused on the identified problem and the target population.
- » Identify **shared outcomes and indicators** to measure collective success which will result in quality improvement for the partnership on whole.
- » Support efforts to leverage and sustain **funding**.



OPPORTUNITIES

BVSD and Boulder County Strategic Planning Goal Alignment

Given the shared vision between Boulder County, BVSD and partners to support thriving children, youth and families, there is a unique opportunity to deepen collaboration efforts and better position children for success before they enter kindergarten or even pre-school. Themes and related objectives in BVSD's strategic plan to "harness the talent and passion of the community and families through communication, empowerment and partnership and cultivate a positive and inclusive culture throughout BVSD that promotes well-being of students, families and employees", speak to the commitment of the district to nurture families, particularly those who have historically been disenfranchised.

Boulder County has a history of strong partnership with BVSD. Many local and regional efforts are currently underway to realize the above-stated goal of improving family and child wellbeing and improving school success. These include the Boulder County Truancy Improvement Project and the BVSD Prevention and Intervention program.

In addition, BVSD and Boulder County successfully implemented a Memorandum of Understanding (MOU) in 2013 which allowed for data sharing to improve outcomes for the children and families collectively served. This can be referenced for future MOUs.

SUGGESTED NEXT STEPS

Significant opportunity exists to improve cross-sector integration efforts in policy, data and practice which will result in eliminating the achievement and opportunity gaps for families in the Boulder Valley School District. Boulder County staff, in partnership with BVSD and key community-based stakeholders, are primed to take the next steps toward achieving this goal.

Leadership could consider appointing a team of key stakeholder agencies (BVSD, Boulder County Public Health, Boulder County Housing and Human Services, etc.) to explore the current environment, design and test a scalable approach to eliminate the achievement and opportunity gap in Boulder County.

Activities include:

- 1 DEVELOP/REFINE MOU** between Boulder County and BVSD.
- 2 COORDINATE** with the creators of BVSD's Strategic Plan to align efforts.
- 3 EXPLORE** and gather more data and further refine strategies listed above to create a comprehensive summary of the current state of efforts to address the achievement and opportunity gap in Boulder County.
- 4 PLAN & IDENTIFY** an area of focus and target population and develop a pilot to test a collective approach to addressing the achievement and opportunity gap.
- 5 TEST** the approach through a pilot.
- 6 EVALUATE** the pilot and refine the approach.
- 7 REPLICATE** to other high needs areas in the district.





Hope for the future, help when you need it.



REFERENCES

¹Joy Duva & Sania Metzger Addressing Poverty as a Major Risk Factor in Child Neglect Protecting Children, Vol. 25 / No. 1, 2010

²Status of Children in Boulder County, 2018

³Status of Children in Boulder County, 2018

⁴Status of Children in Boulder County, 2018

⁵Status of Children in Boulder County, 2018

⁶Status of Children in Boulder County, 2018

⁷Raising of America Focused Conversations, 2017

⁸2017 Kids Count Survey, BVSD

⁹Status of Children in Boulder County, 2018

¹⁰CDC, National Center for Health Statistics

¹¹Healthy Kids Colorado Survey, 2017

¹²Healthy Kids Colorado Survey, 2017

¹³Healthy Kids Colorado Survey, 2017

¹⁴"What is 2Gen?," Ascend at the Aspen Institute