



Family Resource Network Regional Council Meeting

January 10, 2019

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

January 10, 2019

2525 13th Street, 2nd Floor, Large Conference Room
Boulder, CO

Meeting Objectives

- 1) Discuss what we are learning as an FRN and how it is shaping our priorities and next steps – progress of LACs and our key initiatives
- 2) Discuss purpose of the Regional Affordable Housing Plan and next steps.

Decision Points for Today:

- 1) Approval of minutes from November

1. Welcome and introductions- **Suzanne** (3:00-3:10)
2. Review of agenda and consent items- **Suzanne** (3:10-3:15)
 - a. **Decision point:** Approval of minutes from November
3. Membership- **Suzanne** (3:15-3:20)
 - a. Update on any outstanding membership items
 - i. BOCC approval of by-laws
4. Framing the work of the FRN/LAC– What we are learning (3:20-4:40)
 - a. LAC Work
 - i. LAC Process, Updates and discussion (40 minutes)– **OUR Center, SCCC, EFAA, Mountains, Whitney**
 - Priorities
 - Approach
 - Alignment
 - Advocacy
 - b. Head Start Updates and Discussion – **Robin** (15 minutes)
 - c. 2Gen and Early Childhood Updates- 2GO - **Melissa** (10 minutes)
 - d. Updates on Dream Big- **Betsey and Lori** (15 minutes)
5. Discussion on the [Regional Affordable Housing Plan](#) – **Jim and Angela** (4:40-5:00)
 - a. Overview and next steps
6. Adjourn (5:00)- **Suzanne**
 - a. Next meeting will be March 14th at 3:00.

**BCDHHS Advisory Committee/Family Resource Network Advisory Council
Meeting Minutes
Thursday, November 8, 2018, 3:00-5:00pm
Sister Carmen Community Center**

Members Present: Suzanne Crawford, Jeff Zayach, Danielle Butler, Lori Canova, Janette Taylor, Frank Alexander, Christina Pacheco-Sims, and Pat Heinz-Pribyl

By phone: Diane Lauer, Betsey Martens, Karin Stayton, and Kurt Firnhaber

Staff Present: Jim C. Williams, Mackenzie Sehlke, Melissa Frank-Williams, Monica Serrato, Whitney Wilcox, Susan Caskey, Andrea Pruet, Sarah Buss, Katie Scolari Borden

1. Welcome and Introductions

Suzanne Crawford called the meeting to order and asked for everyone to introduce themselves. Pat Heinz-Pribyl announced that this was the last meeting of her term representing the City of Louisville.

2. Review of Agenda and Consent Items

Suzanne reviewed the agenda and asked for approval of September minutes. The minutes were approved.

3. Membership – Update on BOCC feedback to bylaws, revisions, and vote

Melissa Frank-Williams shared that the Board of County Commissioners (BOCC) had reviewed and had some clarifying questions about the bylaws approved at the September meeting. Changes were made to the bylaws to address their questions, the revised version of which can be found in the packet. Melissa asked the group to approve the revised bylaws. Betsey Martens asked for clarification about the time commitment members were expected to allocate between the FRN oversight and HHS advisory duties. She also asked if there would be a name change of the group in subsequent bylaw updates. Frank Alexander said that it would be a good topic to discuss at a future meeting. Betsey suggested that this discussion could be part of a larger self-assessment of the advisory board. The updates to the bylaws were approved unanimously.

4. Discussion of FRN-related work to date

Service Enriched Housing - Melissa provided an update on the Service Enriched Housing Subcommittee. The charge of the group is to create a two-generation approach to service delivery for families with children living in housing sites. The subcommittee is currently reviewing existing programs provided to families living in Boulder Housing Partners (BHP), Boulder County Housing Authority (BCHA), and EFAA. This work will be used to design a supportive housing model that can be replicated across sites. To do this, the group has developed a process flow map to increase understanding of Bringing School Home, a partnership between EFAA, BHP, and I Have a Dream. The group will begin working on a process flow map that reflects the desired to-be state, which will incorporate the Integrated Services Delivery Model of Care (ISDMC) and Dream Big work. The goal is to launch a pilot early next year. OUR Center and Sister Carmen will join the committee as the work expands to housing sites in East County and Longmont. Danielle Butler asked what kinds of services are currently

provided to families via the BHP/EFAA partnership. Karin Stayton shared that families with a child 0-5 work with an EFAA case manager for three months and then work with BHP staff to navigate services. Programming includes a package of services from community providers and BHP, including parent groups, parenting classes, service navigation, programming, and case management.

2GO Update and Next Steps - Melissa shared that the group was awarded the 2 Generation Opportunity grant (2GO) from the Colorado Department of Human Services. The grant is for \$100,000 for the next 7 ½ months, with the opportunity for an additional \$100,000 per year for the next four years. The goal for the 2GO work is to coordinate entry for families with children 0-5 to the appropriate home visiting program and connect them to supportive services provided through FRCs. There is a press conference on November 19th at 3:00pm with Governor Hickenlooper to announce the 10 recipients. Frank, Melissa, Susan, and a member of the HHS Communications team were invited to attend on behalf of the FRN.

The packet contains the original proposal and work plan. Melissa asked for formal approval to convene the 2GO work group as outlined on page 25 of the packet (or their designee). Others not listed in the packet are also welcome to join the group. Frank recommended executive leadership meet a couple of times before designees join the work group. He said there will be additional opportunities from the state the FRN may want to consider pursuing. Having agreement and alignment amongst executive leadership will make it easier to decide which opportunities to pursue. Once agreement about philosophy and approach has been reached, executives can transition participation to their designee

Melissa walked the group through the timeline and priority tasks. The planning phase will include onboarding to the current work of the Universal Home Visitation (UHV) group, reviewing and agreeing to the common assessment, and using predictive analytics to define the target population. A consultant will be hired to help facilitate the planning process. The goal is to have them hired by mid-December.

Andrea Pruetz provided an overview of the UHV work. The group is designing a 1-page screener which has a trauma informed element embedded into with the goal of getting parents to the “right program at the right time the first time.”

Additional points were raised:

- Danielle said that we are essentially trying to improve a fragmented system and that she would like to understand the different fragments first, which is a part of the planning process the grant is supporting.
- Frank said the most critical piece of the system we are trying to build is the ability to respond to a household’s needs with an individualized service package. Home visitation may be needed in certain households in housing sites and in the community.
- Christina Pacheco-Sims added that it is family driven, that there isn’t an “expert” telling a family what they need but rather a team figuring out together what is helpful.
- Melissa noted there are feedback loops built into the work plan with stipends for current and past participants.
- Andrea said participant involvement is already embedded in the Clinica pilot; they have a client survey that will be used to provide continuous feedback on their experience and use those results to inform the work. They also completed a survey to get a baseline on what is

important to families and will use that as a starting point. That data will be shared once Simon gives final approval.

- Frank asked where we would have a resource repository for this group that isn't a google drive. Melissa said we would be work with Ashik Ranpal (Boulder County IT) on a website.

Suzanne called for a motion to approve the 2GO work group and it was approved.

5. Discussion on FRN Initiatives and Outcomes Framework

Melissa reviewed the scope of the work group, which can be found on page 28 of the packet. Suzanne called for a motion to approve the formation of a work group, the motion was approved.

6. Dream Big Update

Lori Canova talked about the vision and objectives of Dream Big. Their vision is that by 2040 all children in Boulder County are succeeding academically and reaching their full potential. Their objectives include increasing academic success, promoting youth development, and strengthening family support around the child. Dream Big hosted a strategic planning session recently and there was discussion about how Dream Big aligns with FRN. Lori said there are many shared representatives on the Dream Big and the FRN executive boards, and while they don't want to lose their academic focus, there is interest in how to leverage resources, look at data sharing, and address systemic barriers. Melissa noted BVSD also has their planning process happening and there are opportunities to align between the multiple boards and organizations to bridge the achievement gap.

Katie Scolari-Borden provided an update on Dream Big's Latino Parent Summit which was very successful. The program will be re-sent to the group. Lori shared that Dream Big is planning their second annual Building a Dream internship recruitment event in February that the Boulder Chamber of Commerce is co-chairing. Workforce Boulder County will host a boot camp for resume writing and interview skills. The paid internships for youth will take place during the Summer of 2019.

The group discussed the need to define the primary and adjacent initiatives of the FRN and updating the graphic used to illustrate this. This will be done by the FRN Initiatives and Outcomes Work Group. The group discussed how this work group should be prioritized given that the 2GO work group representation and timelines overlap. Members agreed to postpone the first FRN Initiatives and Outcomes work group meeting to June to accommodate the 2GO work group. Frank suggested modifying the FRN Initiatives and Outcomes work group to an approval body, that BCDHHS or Public Health could take responsibility, or find a consultant, to facilitate this work and develop a proposal for review. Frank said this was the approach they took around the Safety Net tax. The consultant could conduct research to identify different frameworks being used nationally, aggregate outcome measures used by members, and conduct interviews to understand needs and priorities. Frank proposed an amended motion to start the 2GO work group, postpone the FRN Initiatives and Outcomes Framework until June, and that HHS and Public Health will work together in the meantime to resolve the facilitation question. The amended motion was approved.

7. Updates on East Lafayette Housing Project

Jim provided an overview of the East Lafayette housing development. He directed people to

page 54 of the packet for more information about the property. The county is currently working with a group called the East Lafayette Advisory Committee, which is comprised of 12 individuals in the community that are residents, non-profit staff, and advisory board members from the City of Lafayette. Jim said FRN members could be helpful once BCDHHS start having planning meetings with the Lafayette City Council, as it will be important for City Council members to hear from as broad a group as possible. He expects the meetings to begin in January or February and will keep the group apprised of dates and opportunities as information become available. These opportunities would include writing letters and attending the meetings.

8. Policy Discussion: Public Charge

Jim provided an overview of the proposed public charge changes and directed everyone to the key messages that are provided in the packet on page 59.

9. Adjourn

The next meeting will be from 3-5pm, January 10 at the OUR Center.

Boulder Local Area Collaborative Proposed Plan of Work Outline

2018/19

A. FRN Primary Initiative: Integrated Services Delivery Model of Care (ISDMC)

Goal 1: Improve planning and service coordination between providers.

Objective 1: Increase communication, information, awareness, and access to and coordination between FRN partners on the range of housing, human, and health supports available to City of Boulder residents.

Activity 1: Create a summary of the program or service, who qualifies for it, how someone can access it, and contact information for the service provider(s) that administers it. Communication should increase knowledge of services by service providers and Boulder residents. Integrate this information into Boulder County Connect (BCC) and distribute condensed print version.

Activity 2: Create mechanisms for cross-agency communication and ensure consistent feedback processes are in place, including identification of where referral systems are and are not working well.

Activity 3: Designate a team representing Boulder LAC members from which participant information may be shared to facilitate service planning and referral where multiple organizations/systems are involved. This may include:

- Agreeing to and adopting a common Release of Information (ROI) to be used by the majority of Boulder LAC and FRN members. Some organizations may continue to use specialized releases because of added protections that help ensure the health and safety of vulnerable populations.
- Developing a guide about when and how to use an ROI.
- Developing policies and procedures to safeguard information and formalizing agreements through Memorandums of Understanding (MOUs) and Releases of Information (ROIs). This may include short-term strategies that facilitate care coordination and longer-term strategies that lead to shared data systems. Existing shared data system efforts include Boulder County Connect and Integrating for Equity (I4E).

Activity 4: Identify and promote existing trainings and resources for community members to gain the knowledge and skills to self-advocate and create positive change for self, children and families, neighborhoods, and communities. This may include expanding programming provided in other areas of the county to support Boulder residents, including the Family Leadership Training Institute and Parents Involved in Education (PIE).

Activity 5: Develop group agreements between Boulder LAC members that outline shared expectations for communicating about difficult issues, especially where there may be disagreement between Boulder LAC members. Expectations may include some common agreements, including: “assume positive intent,” “listen as an ally,” and “commit to curiosity.” Expectations should include agreements about how to address conflict that involves clients, service delivery, and organizational policies.

Workgroup members:

SERVICE KNOWLEDGE AND LINKAGE

B. FRN Primary Initiative: Housing Supports

Goal 2: Promote and facilitate access to affordable housing and rental assistance.

Objective 1: Increase knowledge of Boulder LAC members and facilitate service linkage to affordable rental and ownership housing options for low and median income earners living in Boulder.

Activity 1: Onboard Boulder LAC members to affordable housing programs in Boulder, including the City of Boulder Homeownership Program, Family Self-Sufficiency Program, and Bringing School Home.

Activity 2: Identify opportunities to promote and align with regional affordable housing efforts, including the Regional Affordable Housing Plan and the FRN Service-Enriched Housing Workgroup.

Objective 2: Increase successful tenancy through housing stabilization, landlord and tenant education, and the creation of eviction prevention plans utilizing supportive community partnerships.

Activity 1: Increase community-wide awareness of eligibility, referral, and application processes for family homelessness prevention programs in Boulder, including the Housing Stabilization Program (HSP) and Keep Families Housed.

Activity 2: Explore providing new training opportunities to inform landlords and tenants about community supports, tenant, and landlord rights. Potential models to explore include the City of Longmont Landlord Training Alliance, the Longmont Housing Opportunities Team (LHOT), City of Longmont Community and Neighborhood Resources Division (including landlord/tenant services and mediation and conflict coaching), MHP Housing Team, and the Boulder Area Rental Housing Association (BARHA).

Objective 3: Reduce barriers to using and sustaining housing vouchers.

Activity 1: Organize landlord recruitment and education efforts.

Activity 2: Engage in discussions regarding City regulations related to rental discrimination.

Activity 3: Develop strategies to prevent families from expiration and termination of vouchers.

Activity 4: Identify and remove barriers unique to monolingual and limited English proficient families.

Workgroup members:

FRN Adjacent Initiative: Transportation Access

Goal 3: Explore opportunities to increase access to affordable transportation options.

Objective 1: Increase knowledge of Boulder LAC members to facilitate service linkage to affordable transportation options for Boulder residents.

Activity 1: Identify a Boulder LAC representative to liaise with the Boulder County Local Coordinating Council (LCC), a countywide effort to promote and provide accessible transportation. The below issues should be brought to the LCC to address, with updates provided to the Boulder LAC.

- Explore with Boulder Valley School District (BVSD) officials implementing affordable transportation options for students attending half-day school, full-day school, or participating in after school activities.
- Explore replicating local models providing free bus service for Boulder residents. Local models include Longmont’s Ride Free Longmont program and Broomfield’s Call-n-Ride program.
- Increase education and awareness of residents about public transportation options. This may include estimated costs for public and private transportation services.
- Increase education about and promote opportunities available through Via Mobility Services, Veyo (Family/Friends mileage reimbursement program), and the Colorado Community Health Alliance (CCHA).
- Learn about and explore opportunities to partner with LYFT and other on-demand transportation options. Models to explore include the LYFT pilot at Josephine Commons and LYFT gift cards.
- Affordability and availability of RTD routes.

Objective 2: Identify barriers and strategies to improve access and lower costs for private transportation options.

Activity 1: Explore ways to support improved access to driver’s licenses where barriers exist.

Activity 2: Identify ways to lower costs and access affordable financing for private transportation to address concerns associated with predatory lending and costs associated with insurance, car repair financing issues, and car maintenance.

Boulder LAC liaison: Daniel Roetzer, SPAN

FRN Adjacent Initiative: Medical and Behavioral Health

Goal 4: Increase access to medical and behavioral health supports and care.

Objective 1: Increase knowledge of Boulder LAC members to facilitate service linkages to medical and behavioral health services available to Boulder residents. Behavioral health includes mental/emotional health and well-being, including substance use, addiction, and mental disorders.

Activity 1: Identify, onboard to, and align with current systems level work being done through Boulder County Public Health (BCPH), Mental Health Partners (MHP), Clinica, and the Colorado Community Health Alliance and create linkages between Boulder LAC members and appropriate staff representatives. Ensure the following are brought to these groups:

- Need for an inventory of current behavioral health supports (including substance use and addiction), the provider, the location of service, population served, payer source, languages offered, and capacity to serve Boulder children, families, adults, and seniors. Service providers include MHP, Clinica, CCHA, and the Prevention Intervention Program (PIP) school-based therapists.
- Need for Spanish-speaking behavioral health support.
- Need for additional psychiatric providers for children, families, adults, and seniors.
- Assessment of adequacy and location of Medicaid providers available to City of Boulder residents.

Activity 2: Identify, onboard to, and align with efforts addressing substance use and recovery including the Boulder County Opioid Advisory Group and create linkage between LAC and appropriate staff representative(s). Ensure the following are brought to these groups:

- Need to identify gaps in substance use supports and care for the Spanish-speaking population and children, families, adults, and seniors.

Activity 3: Identify, onboard to, and align with efforts addressing dental and medical supports and create linkage between LAC and appropriate staff representative(s). Ensure the following are brought to these groups:

- Need to identify gaps in medical and dental supports and care for the Spanish-speaking population and children, families, and seniors.

Activity 4: Support MHP's "Be 1 of 4098" suicide prevention campaign, an effort to provide suicide prevention training to 6 people for every 1 person who died by suicide in Boulder and Broomfield Counties between 2006-2016. This includes exploring 1) LAC member organizations (or the Boulder LAC) hosting expert-led suicide prevention trainings for LAC members, their organizational staff, residents, or other groups; 2) resource sharing to make training available at no or low cost; and 3) building into professional development curriculum and/or ISDMC practice model. Training opportunities provided by

MHP include Mental Health First Aid (MHFA), Question, Persuade, Refer (QPR), safeTalk, and Applied Suicide Intervention Skills (ASIST).

FRN Initiative: Food Security

Goal 5: Ensure all residents are food secure.

Objective 1: Increase knowledge of Boulder LAC members to facilitate service linkages to food assistance available to Boulder residents.

Activity 1: Identify Boulder LAC representative(s) to liaise with the Food Security Network to bring issues identified through the LAC, with updates provided to the Boulder LAC, and ensure that appropriate Boulder stakeholders are in the Network (e.g. EFAA, Attention Homes, SPAN, Boulder Food Rescue, HHS, Harvest of Hope, etc.).

Activity 2: Develop strategies and toolkits to better deploy and integrate mobile food services in the City of Boulder. This may include:

- Implement screening at mobile pantries to identify any other needs clients may have and refer to appropriate community supports.
- Develop a Mobile Pantry toolkit and training for volunteers and staff, with input and feedback from the Boulder LAC. Toolkit will include FAQ and other relevant materials for mobile pantry participants, to increase referrals to, and use of EFAA and other appropriate community supports.

Activity 3: Explore opportunities to remove barriers residents have when accessing food through pantries, including transportation, times, locations, fear, and stigma.

Activity 4: City of Boulder Food Tax rebate, increase use of....messaging, coordination, eligibility

Boulder LAC Liaison(s):

FRN Adjacent Initiative: Community and Partner Safety

Goal 6: Promote safe communities.

Objective 1: Increase coordination with groups focused on improving safety in the community and at home to include immigrant rights, domestic violence, and public safety in Boulder.

Activity 1: Increase knowledge of LAC members and their ability to increase residents' safety by facilitating service linkages to providers of resources and supports for vulnerable populations in Boulder. This includes:

- Identify aligned efforts and organizations working to facilitate access to safety services and resources and protection of basic rights for immigrants. This may include El Centro Amistad and Boulder County District Attorney Michael Dougherty's office.
- Identify aligned efforts and organizations working to ensure all survivors of domestic violence have access to safety services and resources and protection of basic rights, including LGBTIQ population. This may include OUT Boulder, OASOS, and SPAN.

Activity 2: Onboard to ongoing work happening in Boulder to address public safety concerns (with police, fire departments, emergency management, etc.). This should include increased information for LAC members about Boulder Police Department services, to include developing effective and well-informed relationships between the Boulder Police Department/Homeless Outreach Team and LAC member agencies.

Activity 3: Ensure Boulder LAC members are trained in DV101, mental health first aid, and basic safety protocols to facilitate trauma-informed care when working with participants. In home visitation safety guidelines....NFP, PAT,

Boulder LAC Liaison:

FRN Primary Initiative: Employment: building viable career pathways

Goal 7: Support efforts that facilitate viable career pathways and livable wages.

Objective 1: Increase knowledge of Boulder LAC members and facilitate service linkage and access to employment supports available to Boulder residents.

Activity 1: Increase information about Workforce Boulder County programs and services to improve employment pathways (including the JUMP model, training programs, re-entry into workforce support, career change support. Connecting Colorado features, GED classes, supportive employment opportunities, hosting Workforce interns, and apprenticeship sites availability). Individuals may be referred through Housing and Human Services Connect (HHSC)/Boulder County Connect (BCC).

Activity 2: Identify and support employment/economic mobility initiatives and scale up services.

- Initiate discussions with funders, service providers, and the Boulder Chamber of Commerce on potential labor training initiatives in Boulder.
- Support and promote the continued growth of digital literacy for underserved families through Bridging the Digital Divide Collaborative (Sister Carmen, EFAA, BVSD, CU Boulder Outreach, City of Boulder, InterCambio, BHP, and Foothills United Way).
- Generate awareness of free GED classes available through BVSD and others.
- Identify existing employment programs, needs, and gaps.

Road to Work (EFAA, BHP, MHP attending)

Boulder LAC Liaison:

FRN Initiative: Education

Goal 8: Breaking the cycle of poverty and bridging opportunity gaps through education by providing empowering and enriching programs for children, youth and families.

Objective 1: Increase knowledge of Boulder LAC members and facilitate service linkage to quality and affordable child and adolescent development programs available to Boulder residents.

Activity 1: Identify and onboard Boulder LAC members to aligned efforts and organizations working to provide families with information on child care options and sources of assistance. This may include City of Boulder's Child Care Subsidy (CCS) program, the Boulder County Child Care Assistance Program (CCAP), Head Start, the Colorado Preschool Program (CPP), the YWCA, and Colorado Shines. Identify LAC representative to liaise and provide updates.

Activity 2: Explore and onboard Boulder LAC members to existing models that provide educational programs and case management support to the whole family, including Family Resource Schools, Bringing School Home, I Have a Dream, EFAA's Children's Program, and the FRN Service Enriched Housing workgroup. Identify opportunities to align, expand, and replicate.

Activity 3: Explore alignment opportunities with BVSD programming and local non-profit partners, including:

- Parent Engagement Network on enrichment opportunities where FRN member participation and collaboration would be beneficial.
- PARITY to help Spanish speaking parents learn about agency and power and navigate the education system.
- Escuela de Padres y Madres in partnership with AMISTAD to support family management skills and parenting approaches.
- Latino Parent Summit and other events where broader collaboration is possible.
- Community Roundtables to share information on resources and services with BVSD Community Liaisons.
- Potential home visitation programs for K-12 population.

Activity 4: Explore alignment opportunities with early childhood education (ECE) strategies and providers, including:

- ELPASO community outreach activities
- Head Start
- Universal Home visitation collaborative and the home visitation service providers
- Service Enriched Housing sites

Activity 5: Identify a Boulder LAC representative to liaise with and provide updates about the Universal Home Visitation Collaborative Pilot Program, an effort to implement a common screener and coordinate entry to Home Visitation Programs.

Activity 6: Explore and onboard Boulder LAC members to existing child, youth, and adolescent development resources and programs (expectant parents and birth to 18) available to Boulder residents.

Activity 7: Identify Boulder LAC representative to provide updates about and opportunities to participate in ECCBC activities and initiatives.

Play Boulder? Follow-up with Daniel...

Workgroup members:

Timeline:

East County Local Area Collaborative (LAC) Proposed Plan of Work Outline

2018/19

FRN Primary Initiative: Integrated Services Delivery Model of Care (ISDMC)

Goal 1: Improve planning and service coordination between service providers.

Objective 1: Increase communication, information, awareness, and access to and coordination between Family Resource Network (FRN) partners on the range of housing, human, and health supports available to East County residents.

Activity 1: Create a summary of programs and services, who qualifies for it, how someone can access it, and contact information for the service provider(s) that administers it. Communication should increase knowledge of services by service providers, City staff, and East County residents. This information will be available in Boulder County Connect (BCC). Summaries will be maintained by organizations and should include contact information (name, phone, and email) for staff maintaining BCC pages.

Activity 2: Onboard and identify resource and referral sources and promote their availability. Resource and referral sources include Sister Carmen Community Center and the Boulder County Connect (BCC) client portal.

Activity 3: Identify and/or create mechanisms for cross-agency communication and ensure consistent feedback processes are in place.

Activity 4: Identify East County LAC representative to liaise with the Integrated Services Delivery Model of Care (ISDMC) mid-level and navigation workgroups to provide updates and ensure alignment.

Workgroup members:

Timeline:

FRN Primary Initiative: Housing Supports

Goal 2: Promote and facilitate access to affordable housing and rental assistance.

Objective 1: Increase knowledge of East County LAC members and facilitate service linkage to site based affordable housing and rental assistance options for East County residents.

Activity 1: Onboard East County LAC members to affordable housing and rental assistance supports in East County.

Activity 2: Identify East County LAC representative(s) to liaise with and share information and opportunities with East County LAC members to promote and align with regional affordable housing efforts. This includes Aspinwall, Josephine Commons, Lafayette (Emma Street), Kestrel, the Regional Affordable Housing Plan, and the FRN Service-Enriched Housing Workgroup.

Objective 2: Improve access to housing options through the private market in East County.

Activity 1: Identify, facilitate, and connect residents eligible to move into affordable housing with landlord remediation sources to help alleviate financial penalties for early termination of leases.

Workgroup members:

Timeline:

FRN Adjacent Initiative: Transportation Access

Goal 3: Explore opportunities to increase access to affordable transportation options.

Objective 1: Increase coordination with the Boulder County Local Coordinating Council (LCC) to improve transportation options in East County.

Activity 1: Identify East County LAC representative to liaise with LCC, a countywide effort to promote and provide accessible transportation. The below issues should be brought to the LCC to address, with updates provided to the East County LAC.

- Explore with Boulder Valley School District (BVSD) officials implementing affordable transportation options for students attending half-day school, full-day school, or participating in after school activities.
- Explore opportunities to improve RTD routes, including routes between Louisville and Sister Carmen Community Center, and downtown Lafayette and Centaurus High School.
- Explore opportunities to provide transportation assistance (such as a shuttle service) to Kestrel residents to access Sister Carmen Community Center services.
- Explore transportation options/services between Emma Street and Sister Carmen Community Center.
- Explore expanding transportation options for Centaurus High School, including bus pass assistance and revisiting the 2.5 mile walking distance radius.
- Explore replicating local models providing free bus service for Cities of Lafayette, Louisville, and Erie residents. Local models include Longmont’s Ride Free Longmont program and Broomfield’s Call-n-Ride program.
- Explore increasing RTD cap for nonprofit and school providers, including Mental Health Partners, Clinica, and BVSD.
- Increase education and awareness of residents about public transportation options. This may include estimated costs for public and private transportation services.

- Increase education about and promote opportunities available through Via Mobility Services, Veyo (Family/Friends mileage reimbursement program), and the Colorado Community Health Alliance (CCHA).

East County LAC liaison:

Timeline:

FRN Adjacent Initiative: Medical and Behavioral Health

Goal 4: Increase access to medical and behavioral health supports and care.

Objective 1: Increase knowledge of East County LAC members and facilitate service linkages to behavioral health services available to East County residents. Behavioral health includes mental/emotional health and well-being, including substance use, addiction, and mental disorders.

Activity 1: Identify East County LAC representative(s) to liaise and provide updates to the East County LAC about current systems level work being done through Boulder County Public Health (BCPH), Mental Health Partners (MHP), and Clinica and create linkages between East County LAC and appropriate staff representative. Identify and ensure the following are brought to the appropriate staff representative(s):

- Create inventory of current behavioral health supports (including substance use and addiction), the provider, the location of service, population served, payer source, and capacity for East County early childhood and school-based programs, adults, and seniors. This inventory will be used to understand needs and gaps as well as part of the program and service summary to be developed as part of Goal 1. Behavioral health providers include MHP, Clinica, and the school-based Boulder County Prevention and Intervention Program (BCPIP).
- Identify need for behavioral health supports for children, families, adults, and seniors and how to leverage existing resources to better support them.
- Ensure connection between Colorado Community Health Alliance (CCHA) efforts.
- Ensure connection with the Opioid Advisory Group and other substance use groups.

Activity 2: Support MHP's "Be 1 of 4098" suicide prevention campaign, an effort to provide suicide prevention training to 6 people for every 1 person who died by suicide in Boulder and Broomfield Counties between 2006-2016. This includes exploring 1) LAC member organizations (or the East County LAC) hosting expert-led suicide prevention trainings for LAC members, their organizational staff, residents, or other groups; 2) resource sharing to make training available at no or low cost; and 3) building into professional development curriculum and/or ISDMC practice model. Training opportunities provided by MHP include Mental Health First Aid (MHFA), Question, Persuade, Refer (QPR), safeTalk, and Applied Suicide Intervention Skills (ASIST).

East County LAC Liaison(s):

Timeline:

FRN Adjacent Initiative: Community and Partner Safety

Goal 5: Promote safe communities.

Objective 1: Increase coordination with groups focused on improving safety in the community and at home to include immigrant rights, domestic violence, and public safety in East County.

Activity 1: Identify groups working to facilitate access to safety net services and resources for immigrants. This may include El Centro Amistad and Boulder County District Attorney Michael Dougherty's office. Ensure representation on the East County LAC for key convener of these groups to provide updates and needs to the East County LAC.

Activity 2: Identify aligned efforts and organizations working to ensure all survivors of domestic violence have access to safety net services and resources, including LGBTIQ population. This may include OUT Boulder, OASOS, and SPAN. Ensure representation on the East County LAC for key convener of these groups to provide updates and needs to the East County LAC.

Activity 3: Onboard to ongoing work happening in East County (including police, fire departments, and emergency management) and identify opportunities for East County LAC to participate in or support.

East County LAC Liaison: Sarah Hayes (for Activity 3 – law enforcement)
Jovita Schiffer (for Activity 1 and 3 (in relation to activity 1))
Diane Evans (liaise with Louisville Safety Committee)

FRN Primary Initiative: Employment: building viable career pathways

Goal 6: Support efforts that facilitate viable career pathways and livable wages.

Objective 1: Increase knowledge of East County LAC members and facilitate service linkage and access to employment supports available to East County residents.

Activity 1: Identify and onboard East County LAC members to existing employment resources and supports. At minimum, this should include the following:

- Increase information about Workforce Boulder County programs and services to improve employment pathways (including the JUMP model, training programs, on-the-job training funding, re-entry into workforce support, Division of Vocational Rehabilitation (DVR) services, career change support, Connecting Colorado features, East County GED classes, supportive

employment opportunities, hosting Workforce interns, and apprenticeship sites availability). Families may be referred through Boulder County Connect (BCC).

Activity 2: Identify barriers and strategies that result in increased access to employment supports by participants. This may include exploring additional opportunities to connect participants with Workforce staff by telephone during meetings with IFAs/case management staff and hosting regular resource fairs modeled after the resource fairs held in the Mountain region.

East County LAC Liaison:

Education

Goal 7: Break the cycle of poverty and bridge opportunity gaps through education by providing empowering and enriching programs for children and families.

Objective 1: Increase knowledge of East County LAC members and facilitate service linkage to quality and affordable child development programs available to East County residents.

Activity 1: Identify and onboard East County LAC members to aligned efforts and organizations working to provide families with information on child care options and sources of assistance. Identify LAC representative to liaise and provide updates.

Activity 2: Explore and onboard East County LAC members to existing before and after school models that provide educational programs and case management support to the whole family, including Sanchez Elementary Family Resource Learning Center, Bringing School Home, I Have a Dream, and the YMCA. Identify opportunities to expand and replicate.

Activity 3: Identify an East County LAC representative to liaise with and provide updates about the Universal Home Visitation Collaborative Pilot Program.

Activity 4: Explore and onboard East County LAC members to existing child, youth, and adolescent development resources and programs (birth to 18) available to East County residents. This includes ECCBC resources, Colorado Shines, Parents as Teachers, and ABCD Partnership.

Activity 5: Identify East County LAC representative to provide updates about and opportunities to participate in ECCBC activities and initiatives.

Workgroup members:

Timeline:

Longmont Local Area Collaborative Proposed Plan of Work Outline

2018/19

FRN Primary Initiative: Integrated Services Delivery Model of Care (ISDMC)

Goal 1: Improve planning and service coordination between service providers.

Objective 1: Increase communication, information, awareness, and access to and coordination between Family Resource Network partners about the range of housing, human, and health supports available to Longmont residents.

Activity 1: Create a summary of the program or service, who qualifies for it, how someone can access it, and contact information for the service provider(s) that administers it. Communication should increase knowledge of services by service providers, City staff (including library and recreation centers), schools, child care centers, and Longmont residents. This information will be available in Boulder County Connect (BCC). Summaries will be maintained by organizations and should include contact information (name, phone, and email) for staff maintaining BCC pages.

Activity 2: Map existing resource and referral sources and eligibility determination, and, using LEAN principles, identify opportunities to increase efficiency and effectiveness of service coordination. This process should identify and address barriers to communication that include status on shared and/or referred clients.

Activity 3: Designate a team representing the organizations from which participant information and data will be shared to develop and/or work with existing efforts determining what and how information will be shared. This includes developing policies and procedures to safeguard information and formalizing agreements through Memorandums of Understanding (MOUs) and Releases of Information (ROIs). This may include short-term strategies that facilitate care coordination and longer-term strategies that lead to shared data systems. Existing shared data system efforts include Boulder County Connect, Integrating for Equity (I4E), and Enabling Caring Communities.

Activity 4: Identify and/or create cross-agency mechanisms for sharing and communicating information, policies, and updates to front line staff at organizations to increase communication and reduce duplication of existing resources and services. Examples include “Ask an Expert” online forum where people can submit questions, BCC, and the Boulder County FRN/LAC website.

Activity 5: Identify and promote existing trainings and resources for community members to gain the knowledge and skills to self-advocate and create positive change for self, children and families, neighborhoods, and communities. This may include promoting and expanding existing programs such as the Family Leadership Training Institute (offered through the OUR Center),

Parents Involved in Education (PIE), and Center for People with Disabilities (CPWD) Housing Advocacy Training.

Activity 6: Develop group agreements between Longmont LAC members that outline shared expectations for communicating about difficult issues, especially where there may be disagreement between Longmont LAC members. Expectations may include some common agreements, including: “assume positive intent,” “listen as an ally,” and “commit to curiosity.” Expectations should include agreements about how to address conflict that involves clients, service delivery, and organizational policies.

Workgroup members:

FRN Primary Initiative: Housing Supports

Goal 2: Promote and facilitate access to affordable housing and rental assistance.

Objective 1: Increase knowledge of Longmont LAC members and facilitate service linkage to affordable housing and rental assistance options for Longmont residents.

Activity 1: Onboard Longmont LAC members to affordable housing and rental assistance supports in Longmont.

Activity 2: Identify Longmont LAC representative(s) to liaise with and share information and opportunities with Longmont LAC members to promote and align with regional affordable housing efforts. This includes the Regional Affordable Housing Plan, the Family Homelessness Subcommittee, the FRN Service-Enriched Housing Workgroup, and the Housing Exits workgroup.

Objective 2: Increase successful tenancy through housing stabilization, landlord and tenant education, and the creation of eviction prevention plans utilizing supportive community partnerships.

Activity 1: Identify opportunities to inform landlords and tenants about community supports through existing groups like the City of Longmont Landlord Training Alliance, Longmont Housing Opportunities Team (LHOT), and disability service providers. This also includes existing activities by the City of Longmont and Boulder County Housing and Human Services to promote successful tenancy.

Activity 2: Increase community-wide awareness of eligibility, referral, and application process for family homelessness prevention programs within Longmont.

Workgroup members:

FRN Adjacent Initiative: Transportation Access

Goal 3: Explore opportunities to increase access to affordable transportation options.

Objective 1: Increase coordination with the Boulder County Local Coordinating Council (LCC) to improve transportation options in Longmont.

Activity 1: Identify Longmont LAC representative(s) to liaise with the Boulder County Transportation Department's Local Coordinating Council (LCC), a countywide effort to promote and provide accessible transportation; the City of Longmont's Transportation Planning staff (including Phil Greenwald and Marketing Coordinator (future hire); and the City of Longmont Transportation Advisory Board (TAB). Issues should be brought to the LCC and TAB to address and be informed of, with updates provided to the Longmont LAC.

Activity 2: Identify resources to support vehicle repairs and identify and facilitate access for clients to alternative transportation sources.

Longmont LAC liaison(s):

Workgroup members:

FRN Adjacent Initiative: Medical and Behavioral Health

Goal 4: Increase access to medical and behavioral health supports and care.

Objective 1: Increase knowledge of Longmont LAC members and facilitate service linkages to behavioral health services available to Longmont residents. Behavioral health includes mental/emotional health and well-being, including substance use, addiction, and mental disorders.

Activity 1: Identify Longmont LAC representative(s) to liaise and provide updates to the Longmont LAC about current systems level work being done through Boulder County Public Health (BCPH), City of Longmont, Mental Health Partners (MHP), Salud, and the Colorado Community Health Alliance (CCHA) and create linkages between Longmont LAC members. Ensure the following are brought to the appropriate representative staff or committees:

- Create inventory of current behavioral health supports (including substance use and addiction), the provider, the location of service, population served, payer source, languages available, and capacity for Longmont children, families, adults, and seniors. This inventory will be used to understand needs and gaps as well as part of the program and service summary to be developed as part of Goal 1. Service providers include City of Longmont Children, Youth, and Families Division, MHP, Salud, Wild Plum, CCHA, Adult Care Management, Inc. (ACMI), and the St. Vrain Valley School District.

- Identify needs for behavioral health supports for children, families, adults, and seniors. Crosswalk the above inventory with needs, identify gaps, and explore opportunities to leverage existing resources to better support.

Activity 2: Identify and align with opportunities to promote awareness and education about mental health needs, supports, and services including City of Longmont’s Supporting Action for Mental Health (SAM) initiative and Public Safety Department, Fire Services Division activities.

Activity 3: Identify a Longmont LAC representative(s) to liaise with and provide updates to the Longmont LAC members about the activities of substance use and recovery groups, including the Boulder County Opioid Advisory Group, a collective impact initiative coordinated through Boulder County Public Health to prevent and respond to the opioid issue in Boulder County.

Longmont LAC Liaison(s):

Workgroup members:

FRN Adjacent Initiative: Food

Food

Goal 5: Ensure all residents are food secure.

Objective 1: Increase knowledge of Longmont LAC members and facilitate service linkages to food assistance available to Longmont residents.

Activity 1: Identify Longmont LAC representative to liaise with the Community Food Share Food Security Network to bring issues identified through the LAC, with updates provided to the Longmont LAC, including:

- Explore opportunities to remove barriers residents have when accessing food through pantries, including transportation, times, locations, fear, and stigma.

Activity 2: Longmont LAC members to provide input and feedback to Community Food Share about their Mobile Pantry toolkit and training for volunteers and staff. Toolkit will include FAQ and other relevant materials for mobile pantry participants, to increase referrals to, and use of OUR Center and other appropriate community supports.

Longmont LAC Liaison(s):

FRN Adjacent Initiative: Community and Partner Safety

Goal 6: Promote safe communities.

Objective 1: Increase coordination with groups focused on improving safety in the community and at home to include immigrant rights, domestic violence, and public safety in Longmont.

Activity 1: Increase knowledge of LAC members and their ability to increase residents safety by facilitating service linkages to providers of resources and supports for vulnerable populations in Longmont. Explore options through Safe Shelter of St. Vrain Valley, OUR Center, the City of Longmont, the Community Resiliency Committee of Foothills United Way (FHUW), and Boulder County Housing and Human Services.

Activity 2: Identify Longmont LAC representative to liaise with City of Longmont’s Police Department to support and/or promote the Crime-Free Multi-Housing program, a coalition of police, property managers, and rental property residents to prevent crime in rental properties.

Longmont LAC Liaison(s):

FRN Primary Initiative: Employment: building viable career pathways

Goal 7: Support efforts that facilitate viable career pathways and livable wages.

Objective 1: Increase knowledge of Longmont LAC members and facilitate service linkage and access to employment supports available to Longmont residents.

Activity 1: Increase information about Workforce Boulder County programs and services to improve employment pathways for young adults and individuals seeking employment (including the JUMP model, on-the job training funding, training programs, re-entry into workforce support, career change support, GED classes, supportive employment opportunities, hosting Workforce interns, and apprenticeship sites availability). Individuals may be referred through Housing and Human Services Connect (HHSC)/Boulder County Connect (BCC).

Activity 2: Explore opportunities to develop partnerships between Workforce Boulder County and Longmont LAC members that improve employment pathways for young adults and individuals seeking employment. This may include replicating the JUMP model, strengthening the connection between Workforce and Salud’s National Institute for Medical Assistant Advancement (NIMAA) training program, Community Food Share Warehouse Operations program, SVVSD’s School to Work Alliance Program (SWAP), and OUR Center’s Culinary Arts program.

Longmont LAC Liaison:

Workgroup members:

Education

Goal 8: Break the cycle of poverty and bridge opportunity gaps through education by providing empowering and enriching programs for children and families.

Objective 1: Increase knowledge of Longmont LAC members and facilitate service linkage to quality and affordable child and adolescent development programs available to Longmont residents.

Activity 1: Identify and onboard Longmont LAC members to aligned efforts and organizations working to provide families with information on child care options and sources of assistance. This may include Bright EYES, Boulder County Child Care Assistance Program (CCAP), and Colorado Preschool Program (CPP). Identify LAC representative to liaise and provide updates.

Activity 2: Explore and onboard Longmont LAC members to existing models that provide educational programs and case management support to the whole family. Identify opportunities to expand and replicate.

Activity 3: Identify a Longmont LAC representative to liaise with and provide updates about the Universal Home Visitation Collaborative Pilot Program.

Activity 4: Explore and onboard Longmont LAC members to existing child, youth, and adolescent development resources and programs (expectant parents and birth to 18) available to Longmont residents. This includes ECCBC resources, City of Longmont Children, Youth, Families Division, Colorado Shines, Parents as Teachers, Wild Plum and ABCD Partnership.

Activity 5: Identify Longmont LAC representative to provide updates about and opportunities to participate in ECCBC activities and initiatives.

Longmont LAC Liaison:

Workgroup members:



STRATEGIC PLAN

2018-2020

DRAFT TWO for approval by membership

Approved by the Mountain Human Services Collaborative on June 28, 2018

Approved by the Peak to Peak Housing & Human Services Alliance on _____

Peak to Peak Housing and Human Services Alliance

Strategic Plan

2018- 2020

1. Background, Goals and Process
2. Vision Statement
3. Community Assessments including demographics, key service entities and community perspective summary
4. Direct Services Strategic Priorities
5. Institutional Infrastructure Sustainability Strategic Priorities
6. Integration with Boulder County Family Resource Network Framework
7. Appendix
 - a. Acronyms list
 - b. Focus groups results detail summary
8. Companion documents
 - a. Implementation plan format
 - b. Indicators/Metrics template with available 2017 data
9. Links to Peak to Peak website with additional documents
 - a. Prell Report
 - b. Rebecca Lawrence's community overview and attendance report
 - c. Boulder County Family Resource Network Governance Charter
 - d. MOU of Mountain Human Services Collaboration
 - e. Peak to Peak Alliance one page description

1. Background, Goals & Process

The Peak to Peak Housing and Human Services Alliance Mission Statement: The Peak to Peak Housing and Human Services Alliance is a gathering of representatives of human services organizations serving the Peak to Peak area of the Colorado Rocky Mountains, coming together to identify needs, expand and enhance services to the residents of the Peak to Peak community, and promote inter-agency communication.

Background

Boulder County mountain residents are a genuinely hardy, thriving group who has demonstrated resilience through the challenges of their daily lives as well as navigating the aftermath of disasters such as the 2013 flood or the Four Mile Fire. Due to the nature of small communities, it is crucial that external support also be available to those in need of assistance to meet their basic needs.

In late 2012, the Peak to Peak Housing and Human Services Alliance (P2P) was established by request of the then mayor of Nederland to bring together and coordinate the services of local nonprofits and County service providers in the Peak to Peak region. The Peak to Peak Housing and Human Services Alliance has been meeting monthly since to share information and data, to assess needs, and to work toward solutions for better access to and coordination of services in the P2P region. The members include representatives from all local nonprofits, local government, Boulder County, EFAA, Foothills United Way, VIA, and local community advocates (a list of members is attached in Appendix A).

This consultative body identified several areas of need, prioritizing housing, basic needs, transportation and healthcare. The Peak to Peak Housing and Human Services Alliance guided and directed the formation of a subgroup known as the Mountain Human Services Collaborative (MHSC) to actively work to increase basic needs services in the mountains. The mission of the MHSC is to provide a broad range of direct basic needs services and referrals to other resources in support of vulnerable residents of the Boulder County mountain communities. The services directly provided include financial assistance with rent, housing deposit, hotel, utilities, medical or dental expenses, access to EFAA's short-term and transitional housing programs, access to local food banks, assistance applying to Boulder County public benefits, and requesting funds from other agencies and foundations.

In the third quarter of 2017, The MHSC initiated a Strategic Planning effort, as part of a range of staffing & project needs, in order to better understand the current services as well as the gaps in services in six mountain communities (Allenspark, Gold Hill, Jamestown, Lyons, Nederland and Ward). The Strategic Planning Plan was to hire a consultant to work with key stakeholders, P2P members and official sources to develop overarching annual and measurable strategic priorities for the P2P. Specific deliverables were:

- a. Facilitation of focus groups to identify service gaps and opportunities and develop action plans in each of the key areas covered by the P2P, including housing, basic needs, health care and transportation.
- b. In partnership with each community's human service stakeholders, create action plans to the specific needs of the diverse set of mountain communities who are members of the P2P.
- c. The action plans should align efforts of the P2P and the MHSC with the Boulder County Department of Housing and Human Services (BCDHHS) Family Resource Network (FRN), the need for a Local Area Collaborative (LAC) and within a Social Determinants of Health Framework. The plan should include recommendations of how to enhance residents' access to benefits enrollment and service access for eligible residents.

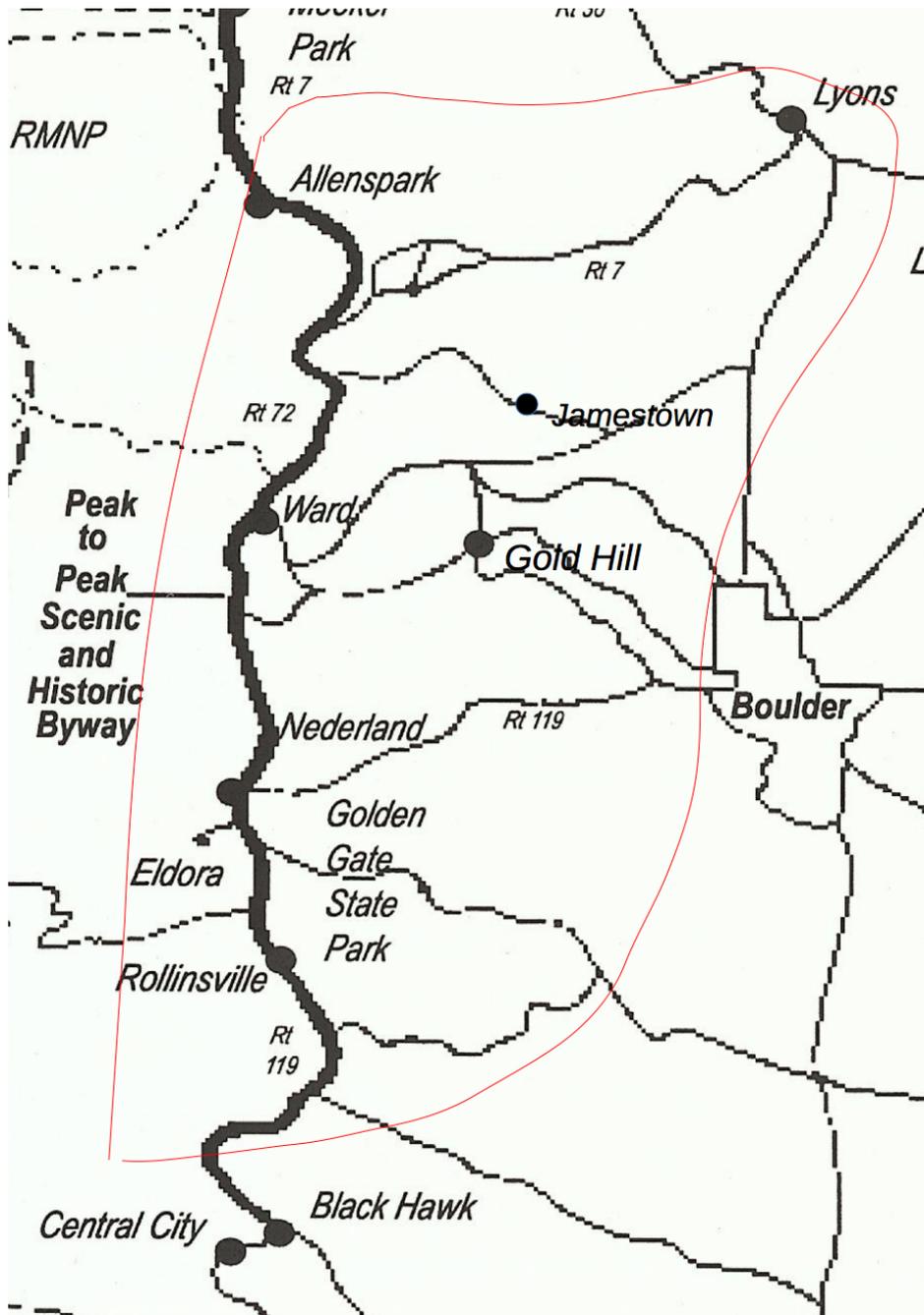
- d. The development of a template to collect information from members and official sources to enhance the assessment and analysis of the mountain population and service provisions. This template should facilitate future tracking clearly tied to measurable goals and objectives of the P2P and MHSC.
- e. To better enhance delivery of service efforts, the proposed action plans should also include recommendations for referral and service coordination links to existing efforts in the community, including but not limited to the Town of Nederland leadership, other mountain municipalities, the McKinney-Vento liaisons at the local schools, and the Mountain Resource Liaison position.
- f. Recommendations on ways to more sustainably fund the collaborative efforts of the P2P.

Through an RFP process, Rebecca Lawrence was hired in fall of 2017 and designed and ran the focus groups in all six communities as part of the Strategic Planning process. In addition, she completed other aspects of the needs identified by the MHSC. These focus groups and the compilation of data was completed in early 2018, at which time Elizabeth Freedman was contracted to finalize the P2P Strategic Plan utilizing all information available.

This Strategic Plan focuses on both direct services to residents of Boulder County Mountain communities and the institutional infrastructure of the P2P Alliance. It is important to note that a number of agencies serve residents outside of Boulder County, including Gilpin and Larimer Counties. This report will focus only on Boulder County residents. In addition, although the Social Determinants of Health covers a broad spectrum of issues, the P2P Alliance has chosen to focus on housing, transportation, health care and basic needs. The community conversations covered a diversity of topics; however this report focuses on housing, transportation, health care and food as the identified highest priorities.

It is important to note that the Boulder County mountain region is simultaneously similar to other areas of the County and dissimilar. Similarities include the rising cost of housing, lack of affordable services such as health care and transportation, impacts from Air BnBs and marijuana grow houses, etc. The dissimilarities create different and additional barriers to sustainable mountain living. For example, mountain communities have been on the front lines of almost every natural disaster in Boulder County, including fires and floods. These disasters have been especially difficult to address, given the rural nature of the mountain communities and the lack of transportation and some households living off the grid. When communication lines fail, residents are isolated and remote. In addition, because there are fewer high paying jobs in the mountain communities, there is greater difficulty in retaining young families which impacts the ability to staff rural fire departments, which often rely on volunteers. Housing stock in the mountains also may not meet standards expected in more urban communities. Lack of insulation, access to municipal water, etc. may mean only seasonal habitability unless exceptions to building codes can be secured. These mountain-related issues create even greater barriers to providing services to an already under-served population

Map of the Boulder County Mountain Communities Region

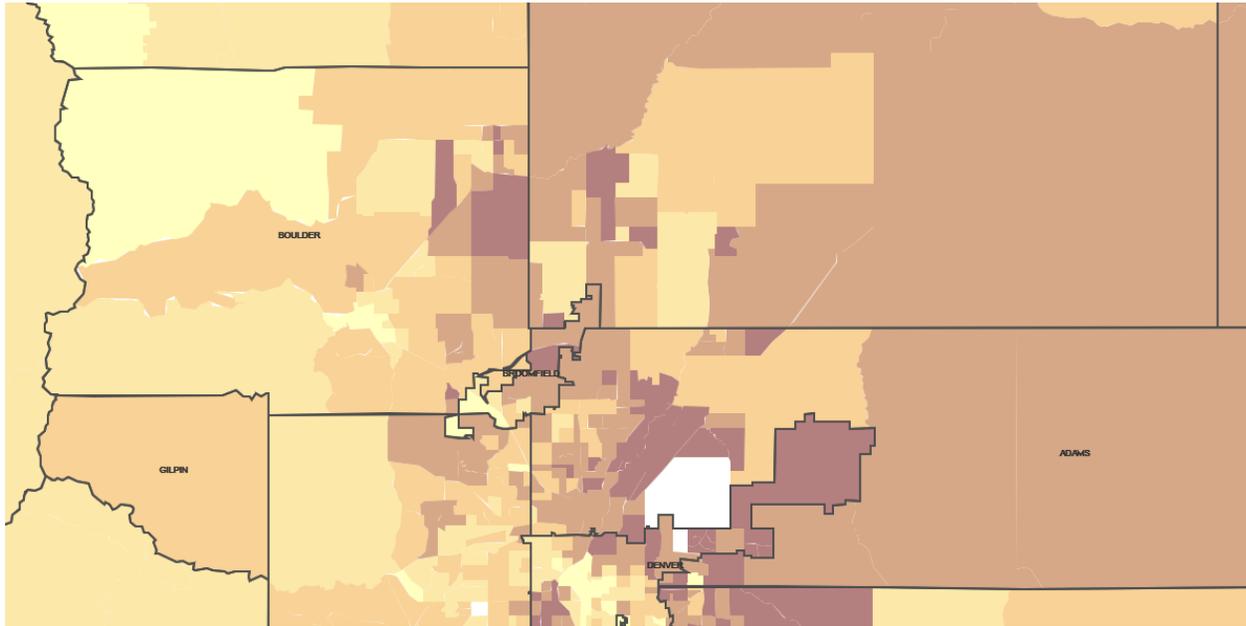


2. Vision & Values of the Strategic Plan

1. Desire to meet the housing & human services needs of residents in Boulder County mountain region, including Allenspark, Gold Hill, Jamestown, Lyons, Nederland and Ward and unincorporated Boulder County.
2. Desire to increase convenient access to a wide variety of locally available participant-centered, strengths-based direct services (FRC concepts)
3. Provide services to meet immediate basic needs as well as to provide services promoting longer-term stability
4. Value diversity and inclusiveness of all types and respect participant and cultural diversity.
5. Utilize the philosophy and framework based on evidence-based, effective systems (Social Determinants of Health)
6. Work within the housing and human services structures utilized by Boulder County and the greater housing and human service non-profit community (FRN)
7. Create a structure to support the institutional sustainability of the P2P as the coordinating body of service delivery
8. Develop guidelines and triggers for advocacy for both immediate short and long term efforts in order to better utilize the P2P voice in a coordinated effective manner
9. Develop strong partnerships and communication lines with key partners, such as the Inter Mountain Alliance (IMA), town councils, BCDHHS, funders, NGOs and geographic communities.
10. Communicate effectively to the mountain communities at large as to the services available and the work of the P2P

3. Community Assessments including demographics, key service entities and community conversation summary

Demographics:



Colorado Department of Public Health & Environment. General Indicators – Community Inclusion in Colorado. Data through 2016

The Community Inclusion Maps for western Boulder County are divided into northern (136.02), central (137.01), southern (137.02) and Lyons (136.01) regions.

Northern Region: This area includes the unincorporated community of Allenspark, Raymond, Riverside & surrounding communities (Note: Lyons is not included in this mapping).

Total population is 866:

- 17 years of age and under=67 or 7.7% (5-17 years of age=51 or 5.9% and 4 & under years of age =16 or 1.8%)
- 65 years of age & older=269 or 31.1% (85 years of age & older=5 or .6%)
- Disabled (non-institutionalized) =80 or 9.2% (0 under 5 years of age)
- 2016 Per Capita Income=\$49,263
- Median Household Income=\$68,594
- Below Poverty Level=3.2%
- Percent of Population Age 5+ that Speaks English Less than Very Well=0.0%
- Primary Language Spoken at Home for those Age 5+ who Speak English Less Than Very Well=Spanish 0.0%

Central Region: This area includes the incorporated towns of Ward and Jamestown.

Total population is 6,502:

- 17 years of age & under=1,275 or 19.6% (5-17 years of age=925 or 14.2% and 4 & under years of age=350 or 5.4%)

- 65 & older=1,281 or 19.7% (85 years of age & older=73 or 1.1%)
 - Disabled (non-institutionalized) =446 or 6.8% (0 under 5 years of age)
- 2016 Per Capita Income=\$62,723
- Median Household Income=\$119,089
- Below Poverty Level=6%
- Percent of Population Age 5+ that Speaks English Less than Very Well=0.8%
- Primary Language Spoken at Home for those Age 5+ who Speak English Less Than Very Well=Spanish 0.1%

Southern Region: This area includes the incorporated town of Nederland and the unincorporated town of Gold Hill, the 4-mile region and areas down to the Gilpin County line.

Total population is 6,126:

- 17 years of age & under=926 or 15.1% (5-17 years of age=752 or 12.3% and 4 & under years of age=174 or 2.8%)
- 65 years of age & older = 813 or 13.3% (85 years of age & older=62 or 1%)
- Disabled (non-institutionalized) = 491 or 8% (32 under 5 years of age)
- 2016 Per Capita Income = \$54,959
- Median Household Income = \$80,821
- Below Poverty Level = 11.5%
- Percent of Population Age 5+ that Speaks English Less than Very Well=0.1%
- Primary Language Spoken at Home for those Age 5+ who Speak English Less Than Very Well=Spanish 0.1%

Lyons Region: This area includes the unincorporated town of Lyons and surrounding area.

Total population is 4,123:

- 17 years of age & under=888 or 21.5% (5-17 years of age=6777 or 16.4% and 4 & under years of age=211 or 5.1%)
- 65 & older=539 or 13.1% (85 years of age & older=35 or .8%)
- Disabled (non-institutionalized)=251 or 6.1% (0 under 5 years of age)
- 2016 Per Capita Income=\$43,789
- Median Household Income=\$90,775
- Below Poverty Level=7.8%
- Percent of Population Age 5+ that Speaks English Less than Very Well=1.5%
- Primary Language Spoken at Home for those Age 5+ who Speak English Less Than Very Well=Spanish 0.6%

Focus Group Process:

Rebecca Lawrence, consultant to the P2P Alliance from 2017 to early 2018, held focus group discussions in Nederland, Gold Hill, Ward, Jamestown, Lyons and Allenspark. The focus groups were conducted on Saturdays in the aforementioned communities. Notices for the event were put into the community 10-14 days in advance via social media, through local human service agency representatives, town government offices, word of mouth and flyers places in key, high traffic areas (libraries, post offices, supplemental food pick up sites, etc.). Also, to reach a representative cross-section of the community, telephone calls were made to pre-identified local residents to extend personal invitations.

White papers explaining the P2P Alliance were made available to the participants in every focus group. Each two to three hour group was led by a moderator with a scribe to record community input. The discussion was designed to gather information from the residents in regard to the following areas:

1. Housing-affordability, availability, cost-rent/utilities

2. Transportation-transit, ride share, special needs
3. Health-medical, dental, mental health, substance issues, insurance, affordability
4. Food Security-access, nutrition support, food stamps, food assistance
5. Community Engagement/Socialization-support network, isolation, linkages with other communities & organizations
6. Employment & Income-job training, businesses, self-employment, income support, financial literacy

Each Basic Needs area was divided into strengths, challenges and opportunities. After discussing each area in a group setting, the participants were each given four adhesive dots to prioritize their top four concerns, which are denoted by red asterisks within the focus group results.

A total of 57 residents (eight men and 49 women) participated in the community focus groups held in six mountain communities (an average attendance of 9.5 residents at each Focus Group). The participants ranged in age from 23 to 83. Over half of those who participated (32) are active in their community's local governments, schools, fire departments and local human resource programs (i.e. senior resident support services, Habitat For Humanity, APAC, LEAF, IMA, MERN).

The results of the focus groups are intended to be a snap shot of the issues in each community and are not to be considered, or to be utilized as, a comprehensive list.



Collective Community Perspectives Summarized from Focus Groups

1. **Housing:** All 6 communities listed a lack of affordable housing stock as a significant challenge. A lack of senior housing, both independent and assisted, was identified by 5 communities (Gold Hill, Jamestown, Nederland, Lyons, and Allenspark). Three communities (Ward, Nederland and Allenspark) listed vacant cabins and cabins/homes in disrepair which could be improved and offered as additional housing is a challenge (and possible strength). Other challenges listed were:
 - Need for education on the county's housing program-lack of knowledge about resources. Restrictive codes (zoning, septic) stunting house sales
 - A lack of regulations in housing regarding short term rentals (Air BNBs) which negatively impacts availability
 - Housing stock being used in grow house industry
 - Losing 20-30 year old generation
 - High taxes
 - Housing programs not prioritizing local residents
2. **Transportation:** Four communities (Jamestown, Nederland, Lyons, and Allenspark) listed a lack of knowledge of the various transportation options like Medicaid, Veteran's Administration, Care Connect, etc. as a challenge and identified a need for community

education. VIA's "Friends and Family Program" was mentioned by four communities (Nederland, Ward, Lyons and Allenspark) as a viable option for transportation. Also mentioned was a revamp of the program's paperwork requirements to make it user friendly and expedite gas reimbursements to the drivers. Other challenges listed were:

- Inability to guarantee ridership to justify regularly scheduled bus routes.
- Lack of alternative, mountain-based transportation such as Uber, Lyft and GoGo Grandparent
- Road maintenance and lack of openness to feedback by the county re: engineering of road safety (referring to Sunshine Canyon access to the town of Gold Hill)
- Lack of parking for business traffic

3. Health:(Note: Of the 6 communities only one, Nederland, has a private practice doctor. All 6 have access to emergency medical care through their local volunteer fire departments.) Mental Health support needs were identified as a challenge by 4 communities (Ward, Lyons, Nederland and Allenspark). Discussions occurred about the stigma associated with reaching out for mental health support. Also noted was hesitancy to call for medical assistance because of potential costs mountain culture of self-reliance/independence. Other challenges listed were:

- Difficult access to health care providers due to physical distance
- No urgent care facility in the P2P corridor
- No dental health providers
- Need education about the health support systems available

4. Food Security: (Note: Four of the 6 communities have community food pantries to supplement food supplies.) Four communities (Gold Hill, Ward, Jamestown and Allenspark) identified themselves a "food deserts", meaning there are no grocery stores in town or in close proximity. Other challenges identified were:

- Lack of transportation to get to a grocery store
- No community garden program
- No community greenhouse
- No water supply available in emergencies (Gold Hill)
- Lack of Boulder County services for Food Stamps eligibility & interview (Nederland)

5. Community Engagement/Socialization: Three communities (Ward, Gold Hill and Lyons) identified the lack of a community meeting space as a challenge to supporting community engagement. A disconnect between generations was identified by two communities (Jamestown and Gold Hill). Other challenges identified were:

- Communication challenges with poor/sporadic internet and cell phone coverage
- Lack of transportation to programs
- Winter isolation
- At risk youth & adolescents not connected to community
- Disconnect between school and community (Nederland)
- Lack of male residents participating in community programs

6. Employment & Income: Two communities (Nederland and Lyons) identified that low-paying minimum wage positions make it difficult to retain employees. Two communities

(Ward and Allenspark) also listed poor cell phone and internet access as challenges to maintaining employment. Other challenges identified were:

- Commuting to work, especially in the winter
- Economic climate can't support year round business/seasonal businesses
- Not enough people trained in high tech skills

7. **Education:** Three communities (Gold Hill, Ward and Jamestown) reported the lack of early childhood education/pre-school programs as challenges. These same communities find it challenging to not have after school programming. Nederland identified not having transportation for their afterschool programming as a challenge. Lyons identified not having affordable or sliding scale pre-school programming or day care as a challenge. Two communities (Ward and Jamestown) identified the lack of community meeting space to house adult/continuing education as challenging. Other challenges identified were:

- No summer programming/camps available
- No Adult Education Programming
- Less than 20 school age children-Allenspark

Key Service Entities in the Prioritized Service Categories by Area of Service

This includes only entities with facilities in the Boulder County mountain region. Other services are available outside the mountain region. These four goals were prioritized at this time based on focus group results, although the issue areas of community engagement/socialization, Employment & Income and Education were also discussed. The main towns in each region are:

- North Region: Allenspark, Raymond & Riverside
- Central Region: Ward & Jamestown
- South Region: Nederland and Gold Hill
- Lyons: Lyons

1. Food Pantries and Meals on Wheels

Food Pantries and Meals on Wheels:				
	North	Lyons	Central	South
Food Pantries				
Nederland Food Pantry			X	X
Lyons Community Food Pantry		X		
The Community Cupboard	X			
Ward Food Pantry			X	
Meals on Wheels				
Lyons Meals on Wheels		X		

2. Transportation

Transportation				
	North	Lyons	Central	South
VIA – Family & Friends; Regular routes, Ztrip, CLIMB				
RTD				
TRU PACE				
VEYO				
Colorado Community Health Alliance				
EFAA (Mountain Resource Liaison)			X	X
OUR Center (Mountain Resource Liaison)	X	X		
LEAF		X		

3. Health Care

a. Physical Health

Health Care				
Physical Health				
	North	Lyons	Central	South
EFAA (Mountain Resource Liaison)			X	X
OUR Center (Mountain Resource Liaison)	X	X		
LEAF		X		
Dr. Camarata- Accepting Medicare/ Medicaid				X
9 Health Fair				X

b. Mental Health

Health Care

Mental Health				
	North	Lyons	Central	South
Mental Health Partners				
Mountain Health Collaborative				
EFAA (Mountain Resource Liaison)			X	X
OUR Center (Mountain Resource Liaison)	X	X		
LEAF		X		
Senior Reach				

c. Dental Health - None

4. Basic Needs (Affordable housing & homeless prevention)

Basic Needs				
	North	Lyons	Central	South
EFAA (Mountain Resource Liaison)			X	X
OUR Center (Mountain Resource Liaison)	X	X		
LEAF		X		
BCDHHS – Enrollment in Public Assistance Programs				X
NICHE – Homeless Services				X

4. Direct Services Strategic Priorities

A. Service Delivery: P2P will bring together community resources and entities to support positive, long-term, sustainable outcomes for children, families and individuals served

throughout the Boulder County mountain communities.

-SP #1 – Food: Enhance the accessibility, quality and quantity of food to better meet the nutritional needs of the food insecure households in Boulder County mountain communities

- Goal #1: Increased access to food by those in need through increasing funding, Increased hours and locations of food pantries. Consider initiating a mobile food pantry in partnership with Community Food Share. Ensure sustainability of existing pantries.
- Goal #2: Ensure easy access to and assistance with SNAP signup/retention
- Goal #3: Develop a simple operational agreement among the food pantries, including the faith communities, to increase and document efficient distribution of products to all areas of the mountains,.
- Goal #4: Support & share information among the pantries regarding self-sufficiency efforts such as education on gardening, nutrition, canning/preserving, CSA's, etc.
- Goal #5: Ensure all communities have access to Meals on Wheels programming.

-SP #2 – Transportation: Increase and broaden the utilization of existing services, both within mountain communities and between mountain communities and service hubs by communicating existing offerings and developing new low-cost, accessible transportation options.

- Goal #1: Identify and convene key players (including VIA, VEYO, RTD, TRU PACE, Boulder County Care Connect and Senior Reach) to discuss needs and options. Communicate to the public the options available.
- Goal #2: Work with VIA to understand and reduce the barriers to utilization of current services (including the Family and Friends program at VIA). Explore locating a VIA vehicle in mountain communities to be utilized by volunteer drivers as a new service.
- Goal #3: Work with VEYO to understand and reduce the barriers to utilization of current services (including the VEYO reimbursement program) .
- Goal #4: Explore options to expand the availability of free/discounted EcoPass' beyond the town of Nederland.
- Goal #5: Explore the availability and viability of developing a system to utilize vans already in the mountain communities with volunteer drivers (LEAF, Ned Food Pantry).
- Goal#6: Expand transportation services in Lyons and Nederland. Explore creative transportation options to initiate in Allenspark, Gold Hill, Jamestown and Ward.
- Goal#7: Increase direct financial assistance to residents for transportation needs, such as car repairs, gas vouchers and bus tickets, as appropriate and provide support for long term sustainability of those programs.
- Goal#8: Develop a user-friendly resource guide for individuals wanting to access transportation resources.

-SP#3 – Housing: Initiate and support efforts to create sustainable, vibrant and livable mountain communities with a range of ages by working to keep residents housed, maintain existing affordable housing and support development of new affordable housing stock.

- Goal #1: Address housing instability including for housing-burdened households.

- Goal #2: Increase direct financial assistance and supportive services for housing and utility related needs of community members. Keep households, especially families, housed and re-house rapidly if necessary. Improve access to rental assistance payments and secure sustainable support for entities providing this assistance.
- Goal #3: Advocate for access to and additional vouchers and/or subsidies.
- Goal #4: Support the work of the “housing subcommittee” and other groups (e.g. Town of Lyons efforts) to both increase the stock of affordable housing and keep rents affordable. Identify and address issues which are barriers for mountain households in building or maintaining affordable housing, including land use changes, zoning issues, ADU guidelines, etc. which need to reflect the unique issues in mountain communities. Explore specific mountain-centric approaches to better use existing housing stock, e.g. winterizing summer cabins
- Goal#5: Support NICHE and others in any efforts to assist the home-free and homeless to plug into the homeless coordinated entry system and services in Boulder County.
- Goal #6: Support the work of NICHE (Nederland Interagency Council on Homeless Encampments) to educate those who are “home-free” to respect the environment through education about fire safety, trash removal, etc.

-SP#4 – Health Care (Physical/Dental/Mental Health/Medications): Work to increase the provision of all types of health care in the mountains as well as strategies and programs increasing accessibility to services provided outside of the mountain communities.

- Goal #1: Identify and convene key players who do not have facilities in the mountain communities (MHP, Peoples/Clinica Campesina, Salud, Dental Aid, BVWHC and pharmacies) to discuss current services, needs and options for the provision of services located in the mountain region. Communicate to the public the options currently available.
- Goal #2: Increase direct financial assistance for medical, dental, pharmaceutical and mental health service costs for those in need. Increase financial assistance for transportation for mountain residents to access services available outside their home communities. Secure sustainable support for entities providing this assistance.
- Goal#3: Partner with and support the Mountain Health Collaborative, Senior Reach and other providers.

-SP#5-General: Develop a participant-centered, strengths-based case management & referral system to move participants to their highest level of self-sufficiency within a Family Resource Center framework.

- Goal#1: Secure sustainable support for and provide access to a Mountain Resource Liaison (MRL) for all residents of Boulder County mountain region communities including Allenspark, Gold Hill, Jamestown, Lyons, Nederland and Ward.
- Goal#2: Ensure MRL and other case management services connected to P2P provide consistent, high quality case management services, with comparable resource access and protocols and utilize Boulder County Connects for referrals.
- Goal#3: Develop structure by which the MRL acts as the main Information & Referral

liaison for human service needs on an everyday basis as well as during disasters and emergencies.

Goal#4: Incorporate the five protective factors (parent resilience, social connections, concrete support, positive parenting and social/emotional competence of children) in all programming and resource liaison work.

Goal#5: Identify & convene key players in aging services to ensure common knowledge of activities and coordination of efforts (Aging Well in Ward, Nederland Seniors, Boulder County AAA, etc.)

B. Advocacy: P2P will serve as an effective, collective voice of mountain region members for promoting housing and human services needs, gaps and responses to raise the awareness of policy makers and the public on issues related to the causes of poverty and advocating for solutions which provide opportunities for improved quality of life.

-SP#1 – Develop guidelines, triggers and strategy to effectively utilize the combined P2P voice. The first and highest priority issue identified by the communities is affordable housing.

Goal #1: Identify key members of P2P willing to work on the guidelines and act as the lead on advocacy efforts.

Goal#2: Focus first advocacy efforts on housing including: new developments, land use, zoning, etc. Education of and communications with town/city councils and other entities regarding needed changes to land use requirements to address the housing crisis.

Goal#3: Monitor impacts of potential changes at the federal, state and local levels to essential human services and entitlements and partner with other entities to advocate for the interests of mountain community members.

Goal #4: Explore gaps in food access due to a lack of local grocery stores creating food deserts in mountain towns.

Goal#5: Collect and utilize data and research to strengthen advocacy for common mountain region needs.

C. Communication: Strengthen communication regarding available services to the general public and those in need of services through multiple channels with the goal of increasing the number of people having their human services needs met.

-SP#1: Develop a communication plan for information regarding human services that are available in the community and/or which can be accessed by the mountain community members utilizing all media modalities.

Goal#1: Create a targeted outreach strategy regarding the services available through the MRL positions.

Goal#2: Continue publication of the Peak to Peak Where to Get Help Guide and develop a distribution plan.

Goal#3: Refine, keep updated and make more robust the social media avenues to communicate resources available – Ned Heads, Lyons Happenings, P2P Facebook page.

Goal#4: Update the P2P web page including utilizing it as a repository for important documents (e.g. minutes, history, SP, by-laws, data, etc) as well as providing

links to other community efforts (e.g. IMA, OEM, VOAD, town of Nederland website)

Goal#5: Create a communications plan for P2P initiatives including presentations and reports to local and regional governments, town councils, etc.

D. Data Management: Through data collection, tracking and analysis, provide information in support of the needs, gaps and resources to create a better service delivery systems for mountain region residents.

-SP#1: Collect, analyze and utilize data from local service providers, as well as demographic information available regionally and nationally.

Goal#1: Collect data on an annual basis from local entities providing housing and human services programs. Summarize and report out utilizing the data template for consistency.

Goal#2: Track progress on the SP and ensure objectives are on track.

Goal#3: Annually report on results compared to goals of the past year and review and revise goals as needed for the following year.

5. Institutional Infrastructure Sustainability Strategic Priorities

A. Sustainability of the P2P: The Peak to Peak Housing & Human Services Alliance will be a robust, inclusive, comprehensive, sustainable collaboration of entities focused on common goals and efficient and effective delivery of services to Boulder County mountain communities' residents.

-SP#1: Develop and utilize a governance structure for the P2P Alliance.

Goal#1: Draft and finalize a governance document including issues of membership, leadership, voting, etc.

-SP#2: Ensure ongoing funding for the P2P. Ensure P2P is adequately staffed in order to ensure continuity, documentation, website maintenance, etc.

Goal #1: Secure ongoing funding for technical consultant to P2P with the role to include:

1. Coordination (est. 2 hours/week)
 - a. Support planning and coordination of the monthly Peak to Peak Housing and Human Service Alliance monthly meeting, in collaboration with the P2P Chair and members. This includes distribution of agenda, minutes and supporting documentation beforehand and identification of follow-up steps from the meetings.
2. Sustainable Funding Streams identification (est. 4 hours/week)
 - a. The consultant will work with P2P members to identify financing opportunities to improve access to services in the mountains.
 - b. The consultant will recommend ways to more sustainably fund the collaborative efforts of the P2P.
3. Advocacy, communications, and planning (est. 6 hours/week)

- a. The consultant will represent the P2P and mountain communities at various fora in Boulder County, as appropriate and directed by the P2P.
- b. The consultant will prepare and disseminate communications of interest from the P2P to constituents of the mountain communities and maintain the website.

Goal #2: Have P2P members and subcommittees be cognizant of and pursue project-oriented funding opportunities, including:

- Boulder County Housing and Human Services funding opportunities
- Foothills United Way grants
- FRCA funding opportunities through EFAA and/or OUR Center
- Colorado Health Foundation
- The Community Foundation Serving Boulder County
- Town Councils of Lyons and Nederland
- Private Foundations interested in rural community services, family support work, inclusivity, health outcomes, etc.
- Other funding opportunities as appropriate

B. Emergency Response Preparedness: P2P will prepare for and act as one of the coordinating entities during natural and man-made disasters in the mountain communities, in alignment with other local, regional, state and federal entities.

-SP#1: Develop and utilize an Emergency Preparedness and Action document in cases of disaster or community trauma.

C. Inclusivity and alignment with all Mountain Communities and Boulder County Housing & Human Services: P2P will be a key player in bringing together service providers and interested parties in all geographically diverse areas of the Boulder County mountain communities and act within the parameters of the larger system of service delivery in Boulder County

-SP#1: Enhance efforts toward geographic inclusivity of all communities as well as partner entities

Goal#1: Revise P2P agenda to consistently and structurally allow time to have the six communities check in.

Goal#2: Consider meeting location options to address issues of distance: a more central location, rotating meeting locations or offsetting costs of travel for members coming from greater distances.

Goal#3: For better coordination with IMA consistently hold annual or semi-annual joint meetings and/or identify a specific liaison/reporting out of information in both directions (IMA to P2P and P2P to IMA)

Goal#4: Consider having a resource fair/educational event in each geographic area annually. This might include sharing the expertise of community members to further enhance each community's self-sufficiency and sustainability.

Goal#5: P2P will work to maintain linkages with VOAD, OEM and other disaster related entities to ensure leveraging of P2P resources and infrastructure during disasters,

e.g. the MRL ability to staff up as necessary.

Goal #6: The Emergency Preparedness subcommittee will communicate regularly to P2P at the P2P meetings, P2P will support the recommendations of the Emergency Preparedness subcommittee and all P2P member agencies will be encouraged to have emergency preparedness plans within their agencies.

D. Ensure P2P is in alignment with Family Resource Network framework with P2P as the Local Area Collaborative.

-SP#1: Create strategy, structure and processes to align P2P as LAC of the FRN

Goal #1: Ensure mutual understanding among the P2P, the FRN and the LAC of roles of and the benefits to Boulder County and the mountain communities

Goal #2: Revise both P2P mission/vision documents and the MHSC MOU to ensure alignment

Goal #3: Convene OUR Center, EFAA and MHSC to specifically discuss seamless operations of FRN/LAC/MHSC vision and activities, including supervision & consistent work of the MRL.

6. P2P Integration with Boulder County HHS Family Resource Network

I. Common Goals:

Peak to Peak Housing and Human Services Alliance (P2P) Mission Statement: The Peak to Peak Housing and Human Services Alliance is a gathering of representatives of human services organizations serving the Peak to Peak area of the Colorado Rocky Mountains, coming together to identify needs, expand and enhance services to the residents of the Peak to Peak community, and promote inter-agency communication.

Boulder County Family Resource Network (FRN) Vision Statement: 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.

A central value of the FRN is that coordinated entry and service delivery yields better outcomes for families. This value of successful outcomes for families is shared by P2P.

II. FRN provides a structure and supportive framework for the P2P efforts

The FRN 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 across three key sectors (schools, county/city, community-based organizations).

Given that a core principle of the Family Resource Network is that each community hub addresses the specific needs of the local area, **Local Area Collaborative (LAC)** groups will consist of representatives in four regions (Boulder, Lafayette/Louisville, Longmont and **the Mountain communities.**) LACs are responsible for 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 FRF 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 supporting the Boulder County Integrated Service Delivery Model of Care.

III. P2P and the MHSC are already fully functional as the Mountain communities “hub” (network of support)

The mountain communities, through P2P HHSTF, have already established a network with many of the same goals as the LAC. The representation of the P2P closely resembles the make-up of the desired LAC. The MHSC’s role parallels the role of a “working committee” of the LAC. By fine tuning the P2P and MHSC roles and make-up, P2P is ready to fully act as the Mountain LAC (#4) in Boulder County’s FRN structure. It is recommended that the P2PChairperson (or his/her representative) act as the primary representative on the Regional Council. With the addition of the P2P representative on the FRN Regional Council, P2P will be able to bring the voice of the mountain communities to greater Boulder County. By acting in this role, advantages to P2P are:

- Improved service delivery to mountain community members in need
- Possible opportunities to access resources, staff time, data bases, service delivery research, etc. to P2P
- Seamless coordination with services within the mountains and among mountain communities and the greater Boulder County area.
- Forum to share needs in the mountains and to keep those needs visible to funders, Planners and service delivery entities.
- Opportunities to increase planning & services so services are more coordinated, efficient & effective for residents



ABRIENDO CAMINOS TERCERA CÚSPIDE ANUAL DE PADRES LATINOS

**el sábado 20 octubre del 2018
8:00 AM - 3:30 PM**

**Manhattan Middle School
290 Manhattan Drive
Boulder, CO 80303**

Patronizado por



Un evento
colaborativo por





HORA

ACTIVIDAD

LUGAR

8:00 AM

LAS INSCRIPCIONES
Y LA GUARDERÍA

MESA DE INSCRIPCIONES

8:20-8:25 AM

MENSAJE DE BIENVENIDA
TERE GARCIA, ELPASO

CAFÉ

8:25-8:50 AM

PANEL DE ESTUDIANTES "HISTORIAS DE
INSPIRACIÓN" FACILITADO POR
NICOLE SAGER

CAFÉ

8:50-9:00 AM

MENSAJE DE BIENVENIDA DE LOS LÍDERES DEL
DISTRITO ESCOLAR
DR. ROB ANDERSON, SUPERINTENDENTE DE
BVSD
Y DR. DON HADDAD, SUPERINTENDENTE DE
SVVSD

CAFÉ

9:00-9:15 AM

LA DESCRIPCIÓN GENERAL DEL DÍA
CLAUDIA SÁNCHEZ,
COORDINADORA DE ELPASO

CAFÉ

9:15-10:30 AM

SESIÓN 1 TALLERES
(DESCRIPCIÓN EN LA SIGUIENTE PÁGINA)

AULAS Y BIBLIOTECA

10:30-10:45 AM

BREVE DESCANSO

10:45-12:00 PM

SESIÓN 2 TALLERES
(DESCRIPCIÓN EN LA SIGUIENTE PÁGINA)

AULAS Y BIBLIOTECA

12:00-1:00 PM

LA COMIDA Y LA EXPOSICIÓN

CAFÉ Y GIMNASIO

1:00-1:15 PM

BREVE DESCANSO

1:15-2:30

UN CAFECITO CON LA COMUNIDAD

AULAS Y BIBLIOTECA

2:30-3:00 PM

ZUMBA!
AMANDA MAYA DICKSON Y LAURA RAMIREZ

ESTUDIO DE BAILE

2:30-3:00 PM

OPORTUNIDAD DE PRESENTACIÓN DE BECAS
PARA PADRES Y GRUPOS COMUNITARIOS
DAVID PORTILLO, DENVER FOUNDATION

BIBLIOTECA

3:00-3:30 PM

LA RIFA

GIMNASIO

3:30 PM

EL FIN DEL EVENTO - CIERRE DE GUARDERÍA

LUGAR

DESCRIPCIÓN

CR 130
Sala de
Profesores

EL CALEIDOSCOPIO DE LA IDENTIDAD LATINA/HISPANA
por Nora Alwah, MA, LPC, Psicoterapeuta Somática y Maestra de Justicia Social

Durante la presentación, van a tener la oportunidad de explorar sus identidades individual y colectiva como persona Latinx o Mestizx viviendo en los Estados Unidos. Conocerán cómo funciona la opresión y el impacto que tiene a sus varias identidades. Además, tendrán la oportunidad de compartir sus experiencias vividas en grupo y aprender cómo empoderarse frente a los desafíos.

CR 138

APOYO ACADÉMICO PARA LOS PADRES DE INFANTES. LA LEY DE LA LECTURA.

por Vera Moreno-Hamm, Descubriendo la lectura y Reading Recovery en BVSDSaludables del Condado de Boulder

¿Qué pueden hacer los padres en casa para ayudar a sus hijos e hijas a estar listos para la lectura? ¿Qué recursos o programas están disponibles para padres monolingües? ¿Cuáles son las responsabilidades de los padres? ¿Qué es la Ley READ? ¿Por qué es importante?

RM 140

LA PREVENCIÓN DEL SUICIDIO EN LA COMUNIDAD DE JÓVENES LATINOS

por Liza M Torres Giusti, Psicoterapeuta bilingüe Lafayette Clinic, Mental Health Partners

El saber si alguna persona o joven está pensando en suicidarse pasa tan desapercibido que todos tenemos que saber más acerca de este fenómeno para poder ayudarlos a tiempo. ¿Por qué los jóvenes se suicidan? ¿Qué servicios y recursos están disponibles para los padres?

RM 154
Biblioteca

PEDIR APOYO PARA MI BIENESTAR EMOCIONAL ES SALUDABLE (NO ES PORQUE ESTOY LOCA/O)

por Elena Aranda, Directora del Programa Compañeras en El Centro AMISTAD

Haremos unas dinámicas de reflexión sobre nuestras vidas en nuestro lugar de origen; nuestra vida actual y los eventos que han impactado nuestras vidas. Sabremos identificar los síntomas del estrés tóxico y cómo puede afectar nuestra salud física y emocional a lo largo de la vida. Reconoceremos como las emociones nos informan y se sienten en nuestro cuerpo. Aprenderemos destrezas para el autocuidado y sabremos cuándo pedir apoyo para incrementar nuestro bienestar emocional. Cada una(o) de los participantes saldrán con sus propias ideas, compromisos y propuestas sobre las acciones específicas para hacer los cambios necesarios para disfrutar plenamente su vida y la de sus seres queridos.

CR 134

ES IMPORTANTE AHORRAR PERO, ¿COMO LE HAGO?

por Jordan Bailey y Laura Soto, Philanthropiece Foundation

Apenas me alcanza el dinero, pero quiero ahorrar y se que hay maneras de hacerlo. Quiero conocer esas maneras para ahorrar y mejorar económicamente. ¿Hay bancos que trabajan con personas indocumentadas?

DESCANSO Y CAMBIAR DE TALLER • 10:30 - 10:45 AM

LUGAR

DESCRIPCIÓN

CR 130
Sala de
Profesores

LA DIFERENCIA ENTRE LOS SISTEMAS EDUCATIVOS DE LATINOAMÉRICA Y DE LOS ESTADOS UNIDOS

por Tere Garcia, Directora Ejecutiva, ELPASO

La diferencia de expectativas de los padres hacia las escuelas y de los maestros hacia los padres causan problemas entre los dos grupos más importantes para la educación de su niña o niño. Hablemos de esas diferencias.

RM 154
Biblioteca

HABLA AHORA: CONVERSACIONES NECESARIAS SOBRE LAS DROGAS

por Marinela Maneiro-Goodwin, Consejera, Alianza de Jóvenes Saludables del Condado de Boulder

Presentaremos a los padres información sobre el uso de drogas y alcohol en los jóvenes; practicaremos de como iniciar conversaciones incómodas o difíciles con los hijos. Conversaremos sobre comunicación efectiva y el rol de los padres en la prevención del uso de drogas y alcohol.

CR 138

CÓMO HABLAR DE SEXO Y SEXUALIDAD CON LOS HIJOS

por Gina Millan, Organizadora de la comunidad, COLOR

Comprender la sexualidad ayuda a los niños a enfrentar sus sentimientos y la presión de grupo; los ayuda a asumir el control de sus vidas y a tener relaciones afectuosas. También los ayuda a protegerse contra el abuso sexual, y evita que se conviertan en abusadores sexuales. El hogar puede ser el lugar más valioso para aprender sobre la sexualidad. Podemos ayudar a nuestros hijos a que se sientan bien con su sexualidad desde un comienzo. Luego, es muy probable que confíen lo suficiente en nosotros como para hacernos preguntas sobre sexo en un futuro.

RM 140

OPORTUNIDADES DE TRABAJO Y VOLUNTARIARISMO PARA LOS Y LAS JÓVENES. EDUCACIÓN FINANCIERA PARA LOS Y LAS JÓVENES

por Carla Farias-Sabalo Boulder Workforce, Entrenamiento y Fortalecimiento Comunitario del Condado de Boulder.

Necesitamos ayudar a los jóvenes a aprender sobre crédito y finanzas. ¿Qué entrenamiento y recursos están disponibles? ¿Cómo pueden encontrar oportunidades de trabajo? ¿Qué necesitan aprender para poder financiar su educación?

CR 134

LOS Y LAS INMIGRANTES

por Maria Gordillo, Administradora del Centro Ilegal Para Inmigrantes & Laurel Herndon, Directora, fundadora y abogada del centro ilegal para Inmigrantes

Nuevos cambios que están ocurriendo y cómo ser más activos en nuestra comunidad al igual respondiendo preguntas y dudas acerca de inmigración.

RM 154
Biblioteca

CÓMO PREPARAR A LOS NIÑOS PARA QUE PUEDAN IR A LA UNIVERSIDAD

por Edilberto Cano, Asistente principal de Columbine Elementary

CR 134

CÓMO MANEJAN LAS ESCUELAS EL ACOSO ESCOLAR DESDE LA ESCUELA PRIMARIA HASTA LA SECUNDARIA

por Ari Gerzon-Kessler, Director de Sociedades Familiares y Comunitarias, BVSD

RM 140

COMPRENDER LOS SISTEMAS DEL DISTRITO ESCOLAR

por Robbyn Fernandez, Asistente del Superintendente de Escuelas Primarias

RM 138

SEGURIDAD ESCOLAR (BVSD)

por Augusto Di Laura, Asistente principal de Centaurus High School

CR 130
Sala de Profesores

SEGURIDAD ESCOLAR (SVVSD)

por Representante de SVVSD

PANELISTAS DE ESTUDIANTES

ANGEL AVINA-IBARRA

Angel asistió la primaria Whittier, la secundaria Manhattan y la preparatoria Fairview. Actualmente está en CU Boulder estudiando Fisiología Integrativa para ser un día fisioterapeuta.

BETSY HERRERA

Betsy asistió la primaria Uni Hill, la secundaria Casey y la preparatoria Boulder. Comenzó sus estudios en la Universidad de Colorado, Denver y está transfiriendo a la Universidad de Colorado de Boulder.

IGNACIO PEREZ

Ignacio asistió la primaria Uni Hill, la secundaria Platt y la preparatoria Centaurus. Está estudiando en Front Range Community College con la intención de transferirse a otra universidad para un día ser médico.

COMITÉ DE PLANIFICACIÓN

6

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MAYRA ZAVALA
MARIA ZEPEDA

* Estos miembros del comité asistieron a tres o más reuniones y / o se ofrecieron como voluntarios para dirigir una actividad de la Cumbre.

FOTOGRAFÍA

La fotógrafa Alejandra Zepeda de Filmographic tomará fotos en el evento de hoy. Estas fotos servirán para publicidad y promoción dentro de las Las Organizaciones que forman parte de la Colaboración de Dream Big. Si usted no desea que se le tome una foto durante este evento, favor de avisarle al fotógrafo-a. ¡Gracias!

PROVEEDORES DE CUIDADO INFANTIL

Las proveedoras y educadoras de cuidado infantil que usamos en la conferencia Cúspide para madres y padres latinos han recibido entrenamientos de alta calidad por parte de Colorado Statewide Parent Coalition en su programa PASO. Cada año han recibido notas excelentes de parte de los participantes de Cúspide.

SERVICIOS DE INTERPRETACIÓN

Rosabelle Rice de Aguirre de Language Solutions ([https:// colorado interpreters.com](https://coloradointerpreters.com)) proporciona los servicios de interpretación para el programa de esta mañana.

PATROCINADORES

Muchas gracias a nuestros patrocinadores:



Gracias a todas las organizaciones socias de Dream Big que ayudaron a planear este evento:

AMISTAD

Boulder County Head Start

Boulder Housing Partners

Boulder Valley School District

Community Foundation Serving Boulder County

ELPASO

Emergency Family Assistance Association

Family Resource Schools - City of Boulder

Foothills United Way

"I Have A Dream" Foundation of Boulder County

St. Vrain Valley School District

3rd Annual Latino Parent Summit: Opening Pathways

Saturday, October 20, 2018

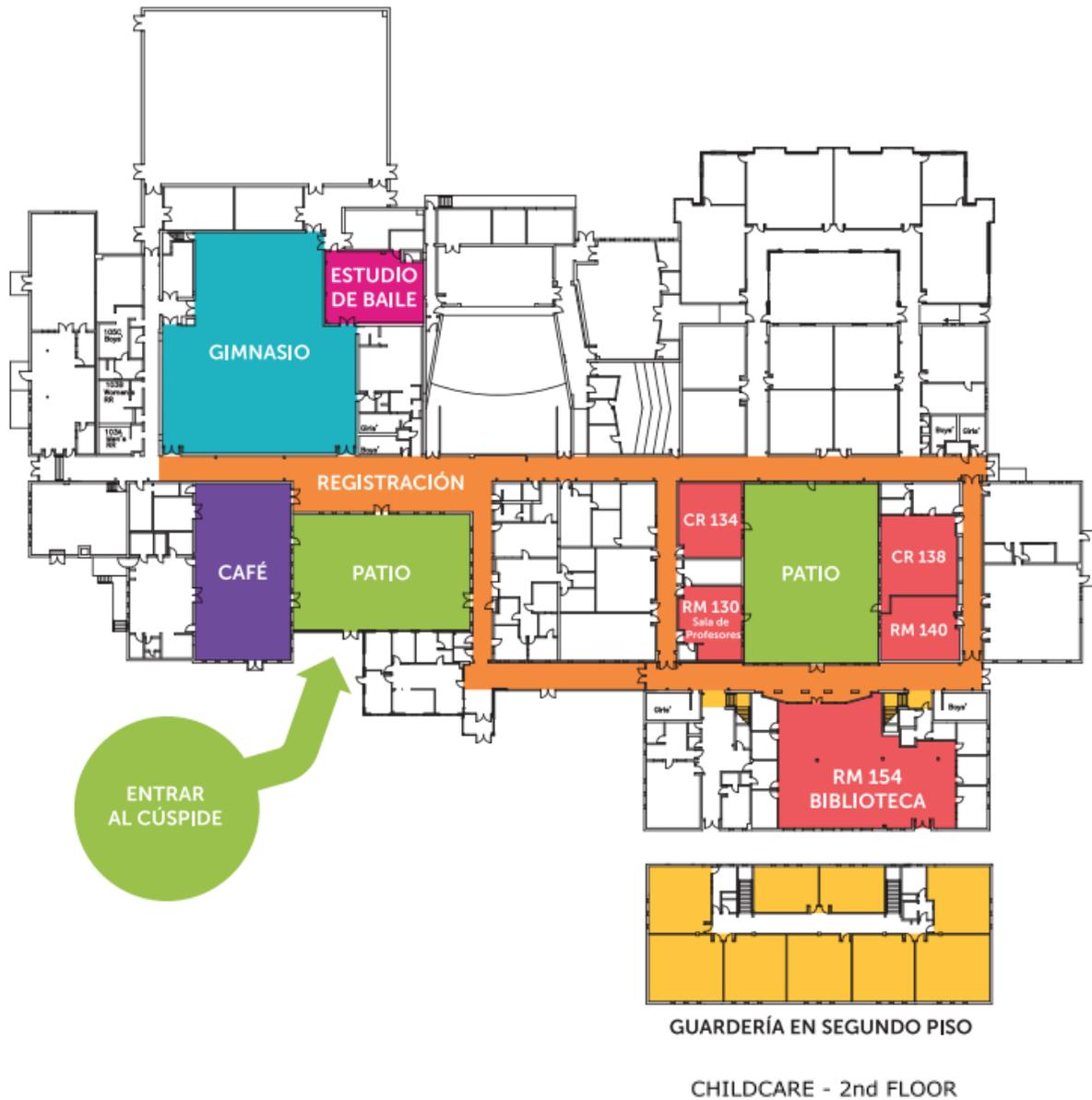
8:00am-3:30pm

Manhattan Middle School

290 Manhattan Drive

Boulder, CO 80303

Event Map



Event Agenda

Time	Activity	Location
8:00 AM	Registration, Breakfast and Childcare Open	Event Entrance, Cafeteria & 2nd Flr
8:20 AM	Welcome Remarks - Tere & Richard Garcia, ELPASO	Cafeteria
8:25 AM	Student Panel - Moderated by Nicole Sager	Cafeteria
8:50 AM	Message from BVSD & SVVSD Superintendents - Dr. Rob Anderson and Dr. Don Haddad	Cafeteria
9:00 AM	Instructions for the Day - Claudia Sanchez, ELPASO	Cafeteria
9:15 AM	Workshop Session 1 Begins	
	<ul style="list-style-type: none"> ● Exploring the Identity of Latino/Hispanic Identity Nora Alwah, Licensed Professional Counselor ● The READ Act and Early Learning Vera Moreno-Hamm, BVSD ● Preventing Suicide in the Latino youth community Liza M. Torres Giusti, Mental Health Partners ● Asking for help with our emotional wellbeing is healthy - It does not mean you are crazy. Elena Aranda, El Centro AMISTAD ● It is important to save: How do I do it? Jordan Bailey and Laura Soto, Philanthropiece Foundation 	<ul style="list-style-type: none"> Room 130/Teacher Lounge CR 138 CR 140 RM 154/Library CR 134
10:30 AM	Brief Break and Transition	
10:45 AM	Workshop Session 2 Begins	
	<ul style="list-style-type: none"> ● Understanding the differences in the Latin-American and US Education systems Tere Garcia, ELPASO ● Important conversations about youth and drugs Marinela Maneiro-Goodwin, Healthy Youth Alliance ● How to talk to children about sex and sexuality Gina Millan, COLOR ● Opportunities for youth to volunteer, work and finance their education Carla Farias-Sabalo, Boulder Workforce ● Immigration Facts and Fiction Maria Gordillo, The Immigrant Legal Center of Boulder County 	<ul style="list-style-type: none"> CR 130/Teacher Lounge RM 154/Library CR 138 RM 140 CR 134
12:00 PM	Lunch and Community Partner EXPO	Cafeteria & Gym
1:00 PM	Transition to Community Conversations (Cafecitos)	
1:15 PM	Community Conversations with the School Districts Begin	
	<ul style="list-style-type: none"> ● How to prepare children for college Edilberto Cano, Columbine Elementary ● How schools manage bullying from elementary to high school Ari Gerzon-Kessler, BVSD ● Understanding school district systems Robbyn Fernandez, BVSD ● School Security (BVSD) Augusto Di Laura, Centaurus High School ● School Security (SVVSD) Stacy Gahagen, SVVSD 	<ul style="list-style-type: none"> RM 154/Library CR 134 RM 140 RM 138 CR 130/Teacher Lounge

2:30 PM	Zumba!	Gym/Dance Studio
2:30 PM	Presentation: The Denver Foundation Grant Opportunity for Parents and Communities, David Portillo, The Denver foundation	Library
3:00 PM	Raffle	Gym
3:30 PM	Event Concludes	Event Entrance

Latino Parent Summit 2018 Planning Committee

*Committee Members who attended 3 or more meetings

Elena Aranda	Madison Goering	Lidia Perez
Katrine Arnedo	Maria Guadalupe Hernandez	Nirguna Poudyal*
Jordan Bailey	Esmerelda Ibarra	Sara Ramirez*
Chris Barge	Natalia Lopez*	Nicole Sager*
Katie Scolari Borden*	Sonia Lopez*	Brianda Salzar
Pablo Buitron	Eduardo Lopez*	Claudia Sanchez*
Ana Cenicerros	Ana Lilia Lujan*	Manuela Sifuentes
Ashley Denault	Amanda Maya Dickson*	Laura Silva
Guillermo Estrada-Rivera*	Keelin McGill*	Diana Silva*
Tere Garcia*	Fernanda Nieto	Marya Zavala
Ari Gerzon-Kessler*	Abby Ocampo*	Maria Zepeda

Thank you to the following organizations who helped plan this event:

AMISTAD	Boulder County Head Start
Boulder Housing Partners	Boulder Valley School District
Community Foundation Serving Boulder County	ELPASO
Emergency Family Assistance Association	Family Resource Schools - City of Boulder
Foothills United Way	"I Have A Dream" Foundation of Boulder County
St. Vrain Valley School District	

THANK YOU TO OUR EVENT SPONSORS!





Family Resource Network Regional Council Meeting

March 14, 2019

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

March 14, 2019

2525 13th Street, 2nd Floor, Large Conference Room
Boulder, CO

Meeting Objectives

- 1) Hear feedback and issues arising from LACs
- 2) Review outline for FRN Outcomes Framework and recommended outcomes for 2GO
- 3) Gain understanding on status of FRN related initiatives and provide feedback
- 4) Gain deeper understanding of Longmont City Council Work Plan and alignment opportunities with FRN

Decision Points for Today:

- 1) Approval of minutes from January

1. Welcome and introductions- Christina (3:00-3:05)
 - a. BOCC attendance at July meeting
2. Review of agenda and consent items- Christina (3:05- 3:10)
 - a. **Decision point:** Approval of minutes from January
3. LAC Update - Whitney (3:10- 3:35)
 - a. Preparatory response for potential recession (per Frank's questions from last FRN RC meeting)- Whitney
 - b. Head Start Update-Robin
4. FRN Outcomes Framework - Melissa (3:35-3:55)
 - a. Overview of framework concept
 - b. 2GO outcomes discussion for business plan
5. Updates and Discussion on FRN related initiatives (3:55-4:30)
 - a. 2GO Forum (15 minutes) - Melissa
 - b. Updates on Dream Big Strategic Planning related to the FRN (5 minutes) - Betsey and Lori
 - c. Updates from Family Homelessness subgroup (15 minutes) -Sarah
6. Longmont City Council Work Plan - Christina (4:30- 5:00)
 - a. Overview of City Council Work Plan
 - b. Discussion of alignment opportunities with FRN
7. Adjourn (5:00)- Christina
 - a. Next meeting will be May 9th at 3:00 at Sister Carmen Community Center.

**BCDHHS Advisory Committee/Family Resource Network Advisory Council
Meeting Minutes
Thursday, January 10, 2019, 3:00-5:00pm
2525 13th Street, Boulder, CO**

Members Present: Suzanne Crawford, Danielle Butler, Lori Canova, Janette Taylor, Frank Alexander, Christina Pacheco-Sims, Betsey Martens, Robin Bohannon, Edwina Salazar, Julie Van Domelen, Kurt Firnhaber, Karin Stayton, Rebecca Alderfer

By phone: Margaret Crespo

Staff Present: Jim C. Williams, Mackenzie Sehlke, Melissa Frank-Williams, Monica Serrato, Whitney Wilcox, Susan Caskey, Angela Lanci-Macris, Andrea Pruetz (proxy for Jeff Zayach)

Guests Present: Marc Cowell, Courtney Schwartz, Joni Lynch

1. Welcome and introductions

Suzanne Crawford called the meeting to order and introduced Rebecca Alderfer, the new member representing the City of Louisville's Housing Authority. Rebecca's experiences in Boulder County include reviewing grant requests for the Boulder County Community Foundation, completing the Boulder County Leadership Fellows Program, and she is a member of the Social Venture Partners of Boulder County. She was appointed by Governor Hickenlooper to serve on the Nurse-Physician Advisory Task Force for Colorado Healthcare. She has also researched primary care and dental workforces and integrated healthcare options in Colorado as part of the team at the Colorado Health Institute. Currently Rebecca works with a philanthropic organization focused on enhancing the attention and care paid to perinatal mental health.

2. Review of agenda and consent items

Suzanne reviewed the agenda and asked for approval of November minutes. The minutes were approved.

3. Membership

Suzanne asked that if there are new or current members who have not filled out the county online application, to please do so. Anyone with questions should contact Monica Serrato. She also shared that after the November meeting, the HHSAC bylaws were presented to the Board of County Commissioners and were approved.

4. Framing the work of the FRN/LAC– What we are learning

LAC Work – Whitney Wilcox presented an overview of the evolution and work that the LACs have done to this point. She explained that each LAC is comprised of client-facing and program level staff serving that specific region. During monthly meetings, work group members went through a facilitated brainstorm to identify the issues facing their community tied to the social determinants of health. These issues were used to build a work plan, which is organized by objectives, goals and activities unique to each region. The final step of the work plan development process was for each work group to prioritize its top three objectives. By the third quarter of 2019, the LACs will begin to bring recommendations to the Regional Council to discuss and consider for improving service access and coordination. This will happen as the LACs develop more detailed implementation

plans and begin to launch them. Melissa Frank-Williams noted that there is alignment with the FRN initiatives woven into each of the LAC work plans. Karin Stayton asked if there are stakeholders that are not already a part of the LACs how to get connected? Whitney responded that the size of the work groups has been limited to 8-10 members, the ideal size identified through implementation science. Organizations not a part of the LAC work groups are welcome to attend the full LAC meetings. Depending on the work group topics, specific guests may be invited to attend work group meetings.

- a. Janette Taylor shared an overview of the Peak to Peak Mountain Human Services Alliance which serves as the Mountain LAC. They have six focus areas:
 - Advocacy: examples include advocating for the Tungsten Village affordable housing project, emergency response, and calling attention to the needs of mountain residents.
 - Client Contact: OUR Center has a Mountain Resource Liaison who works with people in Allenspark, Lyons, and the northern area. EFAA has a Mountain Resource Liaison who works with people in Nederland and Ward and the southern area. Nederland Interagency Council for Homeless Encampments (NICHE) has seen immense success in bridging the gap between residents and people living in encampments.
 - Events and Publications: The "Where to Get Help" guide is published annually and is on their website; a mini human services fair is held monthly in Nederland for two hours.
 - Communication: The biggest challenge is ensuring that residents are aware of resources. Janette is putting together a guide for agencies who want to reach out to mountain residents so that they know the best way to do this. This will be done through a network to include Facebook pages and bulletin boards to enhance communication with residents.
 - Disaster preparedness: Preparing for disaster, supporting first responders, and how residents come together in the event of a disaster situation.
 - Education and Interagency Communication: Peak to Peak has presentations every month from agencies to share what they do and how people can access their resources. January's topic is "The human face of disaster".
 - The top priorities for this region are:
 - Affordable housing and low-income housing: Families are living in their cars in the woods, this is a huge issue in the mountains.
 - Transportation: There is one bus and the eco-pass system is potentially leaving the mountain area.
 - Healthcare: There is one doctor in all western Boulder County and the volunteer fire department provides urgent care. They are looking into mobile medical clinics and a dental clinic.
- b. Marc Cowell shared updates from the East County LAC which includes part of Erie, Superior, Louisville, and Lafayette. The LAC work group has provided a place for important conversations about the availability of resources and services and how to access them. Marc shared examples of some of the topics discussed in the work group, including:
 - A real situation was discussed in the work group about a family experiencing homelessness and illustrated how a variety of providers across the safety net

came together to support that family and get them into housing. This then led to an update on the family and presentation from Sister Carmen staff about how Sister Carmen uses Boulder County Connect (BCC).

- Discussions have identified where there may be duplicative services and provide an opportunity to discuss and reduce that duplication. Work group members are learning the range of services Sister Carmen provides and how referring participants to Sister Carmen then allows staff to identify and address needs through assessment and case planning.
 - A food pantry has been launched on site at Kestrel to address emergency food needs. Kestrel provides the space, Sister Carmen provides the volunteers, and Community Food Share provides the food.
 - Sister Carmen and HHS staff are working with the Local Coordinating Council to identify transportation options for Kestrel residents to get to Sister Carmen. For participants who do not have access to a private vehicle and rely on public transportation, it can take several hours to travel between these two locations. Though they are only 2 ½ miles apart, the providers are in two different cities (Lafayette and Louisville) and RTD takes about an hour to go one way.
 - City of Louisville has been referring seniors to Sister Carmen for supports, but a variety of barriers have made that challenging for seniors, including transportation, trust, and stigma. As a direct result of LAC work group conversations, Sister Carmen is collaborating with the City of Louisville to have Sister Carmen staff meet on site at the Louisville Senior Center with seniors in a private space.
- c. Joni Lynch shared updates from the Longmont LAC work group. Joni said Longmont is the last area of affordability in Boulder County. It also has the highest Latinx population, is the least educated, and has the lowest incomes. While there has already been a long history of cooperation between Longmont area nonprofits, the LAC work group has provided the opportunity for further collaboration and clarification of services. Some results include:
- Agreements developed about discussing specific client issues that LAC work group partners want to address.
 - Community Food Share and OUR Center are launching a mobile pantry in February that will take place on Saturdays to allow increased access to food.
 - A developing partnership between Workforce Boulder County and OUR Center's professional culinary program will help to develop soft skills training.
 - There is interest from LAC work group members in developing internship placements from Workforce Boulder County at LAC member sites.
 - OUR Center has seen an increase in interest in programs they offer which is attributed to the information sharing in meetings.
 - SVVSD reported that parents are uncomfortable with specific questions from the CFSA (specifically related to suicidal ideation), so now OUR Center staff are adjusting their approach to address that information in a way that doesn't distance the parents.
- d. Courtney Schwartz shared updates from the Boulder LAC work group. The membership has solidified in the last three months and as a result has increased the communication and discussion in the meetings. The work group will be reviewing their priorities at the next meeting. Some examples of topics discussed include:

- There are concerns around the current political climate for immigrant families related to accessing services and proposed changes to public charge policies.
- The need for specialized mental health services, know your rights and information sharing, and the difficulty in reaching families impacted. They have been brainstorming ideas on how to get information to families where they are instead of trying to get them to come to locations where they may not feel safe.
- They have also discussed the possibility of replicating something like Camp Noah for children experiencing trauma related to immigration and political climate.
- Shared needs for the LAC member organizations- home visitation best practices.

Members shared a number of follow-up comments and questions following the presentation:

- Julie van Domelen thanked the county staff for the support they provide to the LACs. Robin Bohannan was impressed with the level of sophistication that the LACs have put toward service coordination. Edwina Salazar said that she was encouraged by the level of commitment and participation of LAC members. Betsey Martens said that the work is worthy of tremendous celebration and was happy to note that every LAC has a 2-generation focus.
- Christina Pacheco Sims noted that what Courtney shared about immigrant fears in the Boulder community resonates with what Longmont has experienced. The Longmont LAC has a high percentage of bilingual and bicultural individuals that has been very helpful in building trust. She encouraged Boulder to mirror the population served to build the trust and resources to meet the immigrant population where they are at.
- Betsey asked if the LACs are connecting with Via or RTD to discuss transportation needs. Whitney said the LACs will liaise with the Boulder County Transportation Local Coordinating Council and will invite Via and Veyo to attend a meeting to better understand how to access their services.
- Frank Alexander observed that the nation may be heading toward a recession and asked each LAC work group to consider what kind of supports they needed in order to be prepared. He requested recommendations from the LACs for the next meeting.
- Julie asked for an update on impact of benefits programs because of the federal government shutdown. The BCDHHS communications team is developing information that will be shared within the next week. The communications team will continue to provide regular updates should the shutdown continue. SNAP (food assistance) payments for February will go out at the end of January, so food banks should prepare for an increase in needs in mid to late February. HUD has voucher payments through March. Suzanne said that there are federal workers in Boulder County and that the FRCs should prepare for an increase in requests for short-term mortgage and rental assistance as well as food. The group agreed that getting the word out about available services through the FRCs sooner than later is better. Jim Williams will coordinate a joint communication with the FRC directors to go out in the next week.

Head Start Updates and Discussion - Robin shared an update on the Wilderness Early Learning Center location for Head Start in Boulder. After several years of negotiating the cost of being in that location, Head Start has determined that they need to find a new location. This impacts three Head Start classes serving about 50 children from very vulnerable families. Head Start is working

with BVSD and the YMCA in Lafayette to try to find a more permanent location. The Woodlands Head Start location in Boulder remains, however they do not have capacity to take on additional children due to child to teacher ratios. Robin will continue to update the group.

2Gen Updates- Melissa updated the group on the 2 Gen award.

- The work group officially hired Colorado Health Institute (CHI) to be the consultant for this project. The consultants, Sara Schmitt and Ann Loeffler, are already working with the work group. The State is also providing a number of consultants.
- Interviews for the two Family Support Advisor positions will be happening in the next week with the goal of them starting shortly after. These positions are for current or past participants of home visitation supports or FRC services.
- There will be a community forum at the end of February with current and past participants, which the Family Support Advisors will help to coordinate. They will also provide additional feedback on the outline that the work group creates which will serve as the basis for the final strategic plan due at the end of the project.
- Ninety percent of the grant funds must be spent down by June 30 with the remainder spent by July 31. We won't know until the end of the grant period about renewals for subsequent years as part of the process is to use the materials and information submitted to propose fund extensions to the board that will be making that decision.
- Robin asked about the Workforce Boulder County component. Jim Adams-Berger currently attends meetings and Melissa has a meeting scheduled with Erin Jones to discuss Workforce involvement further.

5. Updates on Dream Big

Lori Canova gave an update on Dream Big. They have looking at a strategic review process including collective outcomes and data sharing to see where there is alignment with the FRN. Dream Big is continuing to look at where they can provide feedback and information on systemic barriers for kids and families to the FRN. They maintain an equity lens on all their work.

- Early Childhood: The Latino Parent Summit went well. It was parent-led and they hope to make it a year long process as opposed to a once a year event.
- K- 12: Dream Big is expanding the Healthy Together program with Boulder Housing Partners and the City of Boulder Parks and Recreation. It focuses on health and wellness with families and kids at Boulder Housing locations. I Have A Dream has scholarships for families and kids involved in that program.
- College: Dream Big received a matching scholarship grant from Colorado Opportunity Scholarship Initiative (COSI) for \$500,000 and they have matched \$360,000 so far. These scholarships are given out annually to students that are in college career success programs. Last year 48 scholarships were awarded for a total of \$275,000.
- Career: There will be a Boot Camp April 12-13 in partnership with Workforce Boulder County that will be open to all youth. Offerings include resume writing, mock interviews, and creating LinkedIn profiles. Collectively there are 60 students which is double the number of summer internships last year. Google will be co-hosting an event to recruit summer internship hosts. Last year Clinica sponsored a student and the City of Boulder sponsored a cohort of students. The Boulder Chamber hired their intern full time. If anyone knows of businesses or organizations that may be interested in sponsoring a student, please contact Lori. Through a survey of students, there were 10 students who

expressed an interest in government and public service.

6. Discussion on the [Regional Affordable Housing Plan](#)

Jim Williams presented an overview and update on the Regional Affordable Housing Plan. The Boulder County Regional Housing Partnership formed about two years ago under the Consortium of Cities of Boulder County due to the lack of access to affordable housing increasing every year. Boulder County, City of Boulder, City of Longmont, Longmont Housing Authority, and Boulder County Housing Authority are partnering together to address this issue of the lack of affordable housing in Boulder County. The goal is to triple the amount of affordable housing in Boulder County from 6,000 to 12,000 by 2035. Nine jurisdictions have adopted resolutions of support for this plan. A position has been created through the county to serve as the Regional Housing Partnership Coordinator, which has been distributed to the group to share broadly.

Mackenzie Sehlke reviewed the marketing plan for this work. They would like to engage partners in this work, which may be facilitated through a Housing Summit in May. If FRN members know of participants who may be interested in helping to communicate this message, please contact Jim or Mackenzie. They will be looking for members from the business community who will advocate for affordable housing for their workforce,. They are also exploring putting a measure on the ballot to raise money for an affordable housing fund to support these efforts in either 2019 or 2020. The group discussed focus populations, who would lead the ballot campaign, and if this marketing presentation was ready to be shared.

7. The meeting was adjourned. The next meeting will be March 14th at 3:00 at Kaiser.



The Boulder County Family Resource Network

January Monthly Report	Date Submitted: February 1, 2019
Due the first Friday of the month Add PO budget amendments to monthly report	
Activities and milestones	<ul style="list-style-type: none"> • We formed the 2GO planning workgroup consisting of representatives from Boulder County Public Health, Clinica, our three Family Resource Centers, Boulder County Community Services, Boulder County Early Child Council, Colorado Community Response team and home visitation programs. We have held six (1.5 hour) meeting so far and accomplish the following: <ul style="list-style-type: none"> ○ Reviewed and refined goals and objectives of the project; ○ Reviewed data and needs related to the target population; ○ Onboarded workgroup partners to the work each does in serving the target population; ○ Onboarded all partners to the work to date on universal home visitation and role of it within the 2GO project; ○ Created scope for hiring a consultant to facilitate meetings and assist with project work product development; ○ Hired the Colorado Health Institute (CHI) as our consultant; ○ Created position description and held interviews for two Family Support Advisors (current and past clients who will join the workgroup); and ○ Began to compile a services matrix of 2Gen supports in the county, including capacity of resources and anticipated costs. • We are currently in the process of hiring two Family Support Advisors (FSA) who will join the workgroup in February. • We are currently interviewing for an additional home visitor for the Parents As Teachers program to address anticipated increase in home visitation referrals.
Unexpected Barriers-the oh no moments	<ul style="list-style-type: none"> • The hiring of the Family Support Advisors took two weeks longer than anticipated due to conflicting schedules of interviewing panel members. • Controlling for “scope drift” given the large amount of area to be covered in a 2Gen framework
New Realizations-the aha moments	<ul style="list-style-type: none"> • The onboarding of workgroup partners took longer than anticipated due to the volume of information to cover and the breadth and depth of experiences of members.
What’s Next	<ul style="list-style-type: none"> • Next workgroup meeting on February 5th • Onboarding of two Family Support Advisors

	<ul style="list-style-type: none">• Development of an outline of the current and “to be” process for the target population• Plan for community forum to be held in late February/early March with larger set of current and past program participants. Participants will provide feedback on the current and proposed “to be” state which will be incorporated into the final Business Plan.• Meeting with Soda Creek Consulting on February 7 to create content for marketing materials• Constructing outcomes framework, including data system and reporting functions needed for the project
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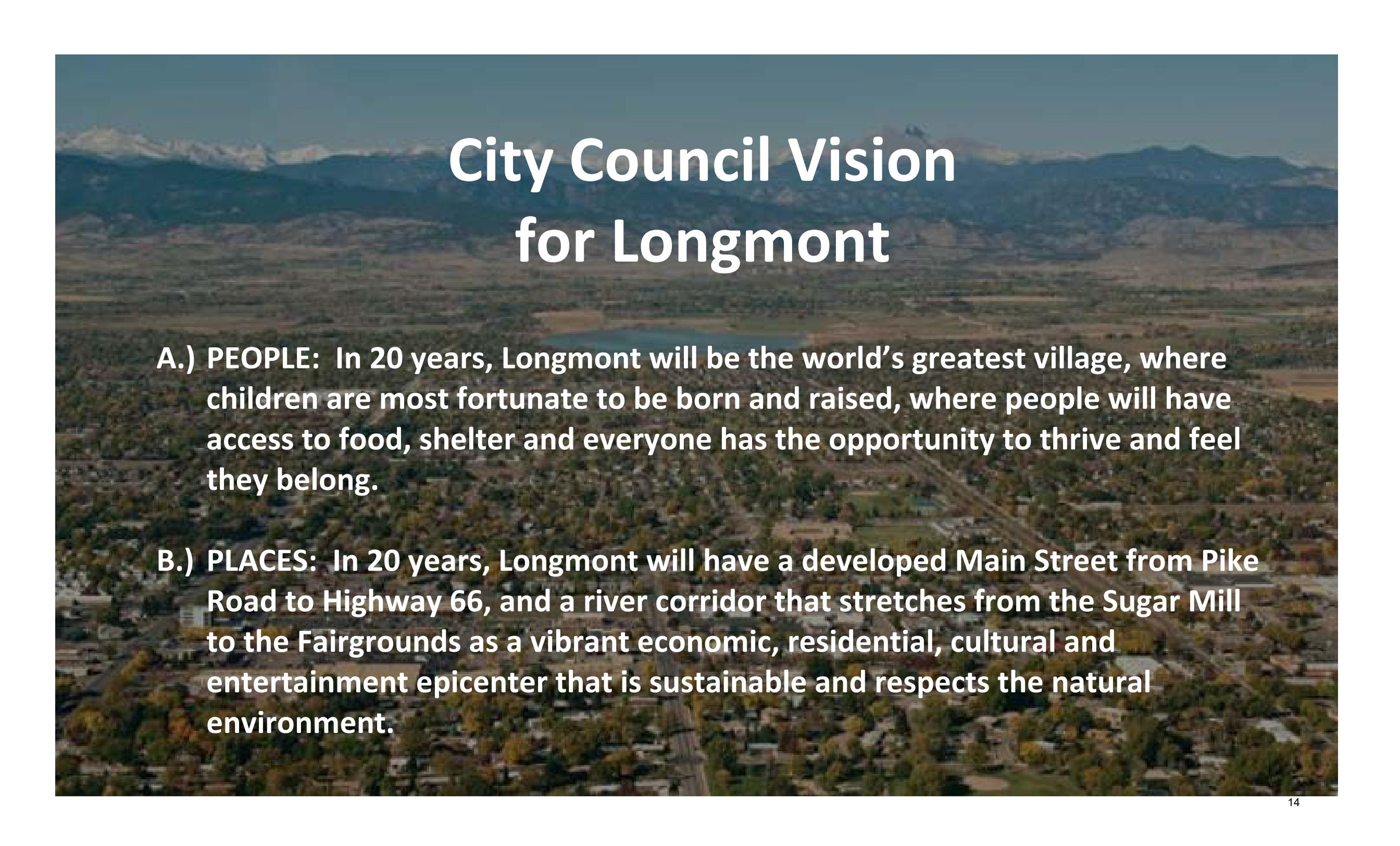
The Boulder County Family Resource Network

February Monthly Report	Date Submitted: March 1, 2019
Add PO budget amendments to monthly report	
Activities and milestones	<p>During February we have-</p> <ul style="list-style-type: none"> • Hired one Family Support Advisors (FSA) who has joined the workgroup and has made significant contributions to the direction of the group; • Completed an “assets mapping of services” exercise to address the five core components of 2 gen; • Onboarded the workgroup to our practice model for service navigation and linkage; • Met with Soda Creek’s hired photography at one of our family resource centers who photographed a past participant with her advocate (this participant is now serving on our planning workgroup); • Mapped our current state for referral to home visitation supports and services related to the five core components of 2gen; • Created a work plan for our 2GO Community Forum schedule for March 12. Forum attendees will be current and past service participants who will provide feedback on their experiences receiving services and advise on the current and proposed “to be” state. This feedback will be incorporated into our final Business Plan; and • Began the first phase of the Forum work plan.
Unexpected Barriers-the oh no moments	<ul style="list-style-type: none"> • The hiring of the second Family Support Advisor is taking longer than expected due to administrative challenges experienced by the hiring entity. We anticipate the hiring will occur in the next two weeks. • Each of the workgroup members brings a level of subject matter expertise in one or more areas of the 2Gen framework. This has been a benefit. However, at the same time, we have found it necessary to slow our work down so that each area represented can understand the work and language of each of the other areas. This has taken longer than anticipated. However, this “forming, storming, norming” experience has been rich and essential to ensuring our collective success.
New Realizations-the aha moments	<p>The addition of our Family Support Advisor (FSA) has provided us with valuable insight on the real participant experience in our clinics, FRCs, HHS and home visitation programs. The FSA is helping the group to recognize that our approach to obtaining feedback will need to be different than what we have traditionally done if we truly want honest and straightforward information</p>

	<p>to improve our system. We are also collectively learning how to: authentically co-create a process with the people the services are meant to support; genuinely and non-defensively listen to feedback that may be challenging to hear; and work toward solutions collectively. This experience alone is tremendously valuable not only to the current process but in helping us to reinvent how we do our work moving forward.</p>
<p>What's Next (March)</p>	<ul style="list-style-type: none"> • Next workgroup meeting on March 5th • Draft of proposed "to be" state completed on March 5th • Onboarding of 2nd Family Support Advisor by mid-March • Hold our 2GO Community Forum on March 11 • Compile our Business Plan due on March 29



City Council Work Plan 2018

An aerial photograph of Longmont, Colorado, showing a mix of residential areas, green spaces, and a river. In the background, there are snow-capped mountains under a clear sky. The text is overlaid on the image.

City Council Vision for Longmont

- A.) PEOPLE:** In 20 years, Longmont will be the world's greatest village, where children are most fortunate to be born and raised, where people will have access to food, shelter and everyone has the opportunity to thrive and feel they belong.
- B.) PLACES:** In 20 years, Longmont will have a developed Main Street from Pike Road to Highway 66, and a river corridor that stretches from the Sugar Mill to the Fairgrounds as a vibrant economic, residential, cultural and entertainment epicenter that is sustainable and respects the natural environment.

Section A: Vision for Longmont's People

In 20 years, Longmont will be the world's greatest village, where children are most fortunate to be born and raised, where people will have access to food, shelter and everyone has the opportunity to thrive and feel they belong. We will have an integrated, system approach that leverages human and social capital to:

- Goal A1: Provide high quality Pre-K learning opportunities for all our children so they all have a good start in life
- Goal A2: Incentivize and provide housing and support services that end the risk of homelessness in our community
- Goal A3: Focus on making sure that our most vulnerable residents have the resources and opportunity to thrive

City Council Vision and Work Plan 2018

Goal A1: Provide high quality Pre-K learning opportunities for all our children so they all have a good start in life

Possible Council Roles:

1. Work with staff to reach out to the private sector to secure additional funding options and volunteers to assist in expanding the scope of these programs. The Council as a whole can engage in the Mayor’s book club to add capacity and engage multiple groups throughout the community.
2. Work with staff to engage technology related business and residents to support the “Share the Nextlight” Program to ensure that our children have access to high quality internet.
3. Work with the Longmont Community Foundation to create a college fund that receives seed money from the private partnerships that starts children that are born in or live in Longmont with a college fund from birth. BONNIE
4. Add an additional work plan item where Councilmembers partner with Pre-K programs to become mentors to families as well as children.
5. This item will cross all the objectives therefore I am including it in the first section. Council can consider working with staff to create a program that will allow City staff to spend a minimal amount of their time volunteering for activities that impact many of the Goals outlined in the Council work plan. We would encourage staff to volunteer in areas outside of their normal work environment. The benefit is that it develops stronger connections with our community and allows staff to engage in activities that they are passionate about which improves work performance.

Other ideas from Council:

- Ask for volunteers to read next to PITBH list at Council meetings - POLLY
- Provide a book bag of books and puzzles for every child born in Longmont - JOAN
- Meet with people in our town that provide high quality Pre-K education, and talk about how we expand what they do, and listen to their opinions to decide next steps. Include parents of children not currently in pre-school
- Look at who is not attending preschool and reach out to help - JOAN
- Create a set of requirements and action steps towards the objective

Work Item #	Objective	Actions	Timelines	Performance Goal	Performance Measures	Key Personnel	Progress to Date
A1.1	Annually increase the percent of Longmont 3 and 4 year olds in quality preschool programs	<ol style="list-style-type: none"> a. Determine baseline of number of 3 and 4 year olds in quality preschool programs b. Continue coordinating the Bright EYES (Early Years Education Stewards) coalition in identifying and implementing best practices in supporting high quality pre-K programs and resources. 	Ongoing	<ol style="list-style-type: none"> 1. 100% of 3 and 4 year olds have access to quality preschool programs 2. 5% increase each year in outreach to 	<ol style="list-style-type: none"> a. Percentage of 3 and 4 year olds enrolled in quality preschool programs b. Increased engagement 	Children Youth and Families, Community Services	<ul style="list-style-type: none"> • Finished early learning guide updates (Jan. '19). • Scheduled CO Department of Education for Bright EYES presentation to kick-off 2019 work.

		c. Provide funding for quality preschool education programs through human service agency grants		<p>children in Family, Friend and Neighbor care</p> <p>3. 100% of children enrolled in city-funded preschool programs will reach developmentally appropriate milestones</p> <p>4. 90% of children enrolled in city-funded preschool programs are kindergarten-ready upon completion of preschool</p>	<p>with providers to children in Family, Friend and Neighbor care</p> <p>c. Alignment of standards, curricula, teaching practices and assessments</p> <p>d. Milestone achievements assessed according to Teaching Strategies Gold standards</p>		<ul style="list-style-type: none"> Initiated data collection re: demographics of 3 & 4 year olds in Longmont, types of programs available in Longmont, and other information to start identifying service gaps. Continued work on Bright EYES workplan: Temple Hoyne Buell funding – Early Learning Summit (access to continuing education credit at low/no cost to early childhood educators), Increased book ownership, Teaching Strategies Gold standard work with participating collaborators and expansion cohort. Allocated over \$150,000 to four preschool education providers that will provide quality early learning to 623 children from low-income households.
A1.2	Increase time children are read to, particularly among low-income families	a. Develop new and innovative marketing campaign to reach a diversity of 3 and 4 year-old children through the Mayor’s Book Club	Ongoing	1. Increase the number of low-income participants by 5% each year	a. Percentage of all 3 and 4 year olds that are enrolled in Mayor’s book club	Children Youth and Families	<ul style="list-style-type: none"> Explored opportunities with library and Channel 8 to have tapings on site during library story time. New children’s supervisor has an interest in making programs more diverse and wants to partner with new community programs coordinator to reach out to a more diverse audience. Utilize

							website as an access point for “read-alongs”.
A1.3 NEW in 2018	Ensure that all school-age children have access to high quality digital internet	<ol style="list-style-type: none"> a. Launch “Share the NextLight” fiber to the home service for youth that qualify for free or reduced lunch program b. Work with local foundations, service groups, and social agencies to assist with funding this initiative c. Determine baseline of students who qualify and already have access to high speed internet d. Set up application process and market 	2018	<ol style="list-style-type: none"> 1. Determine % of school-age children that qualify for free or reduced lunch that need access to high speed internet 	<ol style="list-style-type: none"> a. Percentage of school-age children that qualify for free or reduced lunch have access to high speed internet 	LPC, Children, Youth and Families, City Manager’s Office	<ul style="list-style-type: none"> • Created Share the NextLight in partnership with LPC, CMO/ETS and Longmont Community Foundation. • Formed Community Advisory Committee. • Created and translated application in alignment with program requirements. • Program Pilot roll out March 1, 2019.

Legend to Color Coding: Green indicates a new program; Blue indicates an existing program

Goal A2: Incentivize and provide housing and support services that end the risk of homelessness in our community

Possible Council Roles:

1. Assist by continuing to participate in community conversations homelessness. TIM
2. Assist in bringing multiple organizations to the table and work with neighborhood associations and individuals to be part of the solution; making a significant impact and change will require the Council to take an active role in bringing the community together toward a common solution.

Work Item #	Objective	Actions	Timelines	Performance Goal	Performance Measures	Key Personnel	Progress to Date
A2.1 NEW in 2018	End the risk of homelessness in our community	<ol style="list-style-type: none"> a. Participate in Homeless Solutions for Boulder County coordinated systems approach through funding and collaborative implementation and oversight b. Hold community conversations on homelessness to gather ideas and further community action 	Ongoing	<ol style="list-style-type: none"> 1. The number of adults experiencing sheltered and unsheltered homelessness will be no greater than 	<ol style="list-style-type: none"> a. Number of adults who have exited homelessness into stable housing compared with the 	Community Services	<ol style="list-style-type: none"> a) Housing Solutions for Boulder County (HSBC) staff is in the midst of completing the year-one review and a more in-depth report will be available in February 2019. The following Longmont data is already available:

		<p>c. Further “Take One Step” campaign, providing education and information about opportunities for community engagement</p>		<p>the average monthly housing placement rate for adults experiencing homelessness</p> <p>2. All sectors of community are taking action to address homelessness</p>	<p>number of adults screened through Coordinated Entry</p> <p>b. Number of community-based strategies developed from community conversations</p> <p>c. Percentage of community-based strategies implemented</p>	<p>Total number of participants screened in Longmont for Coordinated Entry: 684</p> <ul style="list-style-type: none"> • 522 referred to Navigation • 162 referred to Housing-focused Shelter <p>Total number of successful exits from Navigation:</p> <ul style="list-style-type: none"> • 21 reunification • 27 to own housing • 2 to other programs <p>Other data:</p> <ul style="list-style-type: none"> • 70% of current navigation clients report being employed • Places of origin for navigation clients: <ul style="list-style-type: none"> ○ 64% are from Longmont ○ 5% are from Boulder ○ 5% are from out of state ○ 18% are from other counties ○ 8% is unknown <p>b & c) In March, August, and October the Community Services Department, in partnership with local nonprofit providers and Public Safety, sponsored community-wide conversations on homelessness.</p> <p>The March meeting focused on introducing the new HSBC system and encouraging residents and other providers to engage with the system. It allowed community members to provide feedback on the system and to engage with the providers in the system about opportunities to</p>
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						<p>participate. Eighty people attended the meeting.</p> <p>The August meeting provided a platform for residents to identify issues that were both important and areas where residents could further engage. The meeting produced the following 12 issues of interest to residents:</p> <ul style="list-style-type: none"> • Empathy • Addiction Treatment • Education • Affordable Housing • Mental Health • Accountability • Long-term Care • Role of Neighborhoods • Role of Business • Personal Safety • Short-term Assistance • Safety in Public Places <p>114 people signed in that evening.</p> <p>The October meeting was the next step where community members could commit to start working on issues identified in August. Unfortunately, the attendance that evening was much lower than the previous two meetings, with only 35 community members attending. Residents voted with their feet the issues in which they wanted to be engaged; the following issues were chosen:</p> <ul style="list-style-type: none"> • Affordable Housing
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						<ul style="list-style-type: none"> • Addiction Treatment and Mental Health (combined) • Accountability • Personal Safety • Safety in Public Places • Short-term Assistance • Role of Neighborhoods/Faith Communities <p>Currently some of the groups are in the process of meeting and creating strategies:</p> <ul style="list-style-type: none"> • Accountability – the group has met and is seeking a facilitator to help define what accountability will mean for the group • Roles of Neighborhoods/Faith Communities – has met and is working on two strategies: 1) talking to other faith communities that may have land in the city that would like to engage in conversation on how to use that land for affordable housing, and 2) Looking at ways of how local neighborhoods and faith communities can be more engaged with one another to address community issues <p>The other groups have not met and CS staff is following up with their facilitators/leaders to get final update on their plans to move forward.</p>
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A2.2	Those at risk of losing their housing have support	a. Provide housing stabilization services to households who are at-risk of losing their housing	Ongoing	3. 90% of households enrolled in Home Steady program will remain stably housed	d. Number of households who have remained stably housed after three months of assistance e. Number of households who have saved and set aside money equivalent to one month's housing costs	Community Services	<ul style="list-style-type: none"> • Implemented Longmont's "Home Steady" program that offers case management, one-time, and/or short-term financial assistance to Longmont residents who are struggling to retain their housing; 44 households were served in 2018; the majority of these households reported an unforeseen medical problem, for which they did not have adequate resources to address. • The number of households reaching goal of having one month's rent in saving was 16. The amount of direct client assistance provided in 2018 was: <ul style="list-style-type: none"> ○ Rent: \$98,833.30 ○ Utilities: \$6,752.10 ○ Other: \$1,600 (deposit) • To date, only one household reported losing their housing, which means 98% of households remained stably housed after exiting the program. • The City contracts with the OUR Center to provide this service; the OUR Center complements the City's direct financial assistance with their existing financial management classes and other support resources it offers to households.
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Goal A3: Focus on making sure that our most vulnerable residents have the resources and opportunity to thrive

Possible Council Roles:

1. Bring the community together to become active participants in supporting the City and Non-Profit programs that impact the desired population.
2. Take an active role in working with neighborhood organizations and business community to communicate what we are doing to accomplish this goal and what we need from the community to make fundamental change. Staff will work with Council to prepare presentations and information materials to present to the community.
3. Work with Neighborhood Associations and business to encourage participation in the Mental Health First Aid training
4. Work with staff to encourage community participation in the rewind program through personal involvement or financial support. The more community support that can be incorporated into this project the more children and families we can serve. Additional resources will ensure that everyone regardless of income will receive the needed services to ensure that the children and their families can be successful.

Work Item #	Objective	Actions	Timelines	Performance Goal	Performance Measures	Key Personnel	Progress to Date
A3.1 NEW in 2018	Provide resources to those battling mental health and substance abuse	a. Provide support to those who are battling mental health issues and substance abuse when it involves calls for police services through Angel Initiative, Law Enforcement Assisted Diversion (LEAD) and Co-responder (CORE) grants	Ongoing	<ol style="list-style-type: none"> 1. Connect 50 individuals to treatment through the Angel Initiative 2. Enroll 24 individuals into LEAD 3. CORE team will respond to an average of 15 calls for service per week 	a. Number of people assisted through Angel Initiative, LEAD and Co-Responder grants	Public Safety	<ul style="list-style-type: none"> • The Angel Initiative connected 77 individuals to treatment in its second full year of service. • The LEAD program kicked-off in July of 2018 and has already enrolled more than 50 individuals, more than double the combined total of the other three Colorado sites. • The CORE team is even more impactful. The team responds to over 100 calls for service per week.
A3.2	Assist those in need in our community	a. Continue providing grants to human service agencies that address the following areas:	Ongoing	1. Longmont residents will have access to these services	b. Number of Longmont residents served in each	Community Services	The City received 2019 funding applications from 42 agencies to support 47 different programs. The City

		<p>Housing Stability: supporting a continuum of affordable housing options; helping people find and sustain stable housing</p> <p>Self-sufficiency and resilience: supporting households during tough economic times; helping households attain steady employment with livable wages and move toward self-sufficiency; and helping households remain as self-reliant as possible</p> <p>Food & Nutrition: helping households obtain adequate quantity and quality of food</p> <p>Health & Well-being: ensuring access to affordable medical, dental and mental health care</p> <p>Education & Skill Building: starting young and continuing throughout all stages of life, offering education, and skills training that are the building blocks of self-sufficiency</p> <p>Safety and Justice: ensuring safe and supportive environments for vulnerable children and adults</p>		when they need them	of these categories		<p>allocated \$679,308 in the following areas:</p> <ul style="list-style-type: none"> • Housing Stability – 18% • Self-sufficiency & resilience – 19% • Food & Nutrition – 15% • Health & Well-being – 16% • Education & Skill building – 27% • Safety & Justice – 5% <p>Year-end reports are due January 31, 2018 and results will be compiled by the end of the first quarter.</p>
A3.2	Provide resources and opportunity to thrive for Seniors	<p>a. Provide resources and case management support to older adults at risk of homelessness due to cost of housing or capacity challenges</p> <p>b. Engage older adults in services and resources that enhance their emotional well-being</p> <p>c. Initiate strategies for Longmont to become an “Age Friendly” community that focus on the following areas: technology, caregiver support, aging in place, and age-friendly streets.</p>	Ongoing Ongoing 2019	<p>2. 80% of older adults at risk of homelessness are able to remain in their homes or find suitable housing within 6 months</p> <p>3. 80% of older adults who</p>	<p>a. Number of older adults relocated to more affordable housing units</p> <p>b. Number of older adults who avoided eviction</p>	Senior Services, Planning and Development Services	<ul style="list-style-type: none"> • Attended Lifelong Colorado Launch (hosted by AARP Colorado and DRCOG) in November 2018 to gather information on Colorado Age-Friendly Communities and the Lifelong Colorado initiative • In the final stages of launching new case management database to better track number and outcomes. Plan to go live on 2/1/19.

				<p>participate in emotional support activities and complete an evaluation, report improved or sustained well-being</p> <p>4. Submit a state grant that supports implementation of the City's Age Friendly goals</p>	<p>c. Self-report data collected upon termination of services or at year-end</p> <p>d. Participation in Lifelong Colorado initiative</p> <p>e. Completion of Longmont's Age Friendly action plan.</p>		<ul style="list-style-type: none"> Served 713 unduplicated clients in 2018 for either information, referral, counseling, or case management. Completed 352 new resource intakes and 89 new counseling intakes in 2018. New clients reported the following issues: caregiving (304); housing (208); and financial concerns (96). Advisory Board and countywide leadership team are defining the eight domains of an Age Friendly community using World Health Organization guide sheet. Provided bimonthly housing information to an average of 5 clients at each session in 2018.
A3.3	Provide resources and opportunity to thrive for Youth	<p>a. Provide counseling services to help youth and/or their families to assess issues, set goals, improve communication and interactions, resolve conflicts and provide a positive direction for the future</p> <p>b. Provide early intervention through assessment and service matching that decreases youth involvement in the municipal criminal justice system and reduce recidivism</p> <p>c. Provide structured activities, supportive adults, good nutrition, and a safe place for youth to be with their friends after school is out and parents are still at work</p>	Ongoing	<p>1. 90% of youth and families show improvement in skill building and knowledge, and progress toward their goals</p> <p>2. REWiND interventions are in place within three weeks of</p>		Children, Youth and Families	<ul style="list-style-type: none"> Counselors have continued to refine services to meet needs of REWiND participants. Interventions in place within 2-3 weeks of orientation. 100% of youth who have completed REWiND program have not re-offended 6 month/1year post closure. Received funding for summer and afterschool meals programs. Increased attendance in Zone programs

		d. Engage youth and families in positive educational and skill-building activities that help decrease the possibility of involvement in the child welfare or criminal justice systems		<p>orientation; youth complete their requirements within 8 months; 90% of youth do not reoffend while in the program and at 6-month and 1-year post-completion</p> <p>3. 90% of those who have registered for afterschool and summer meal programs follow-through with participation; 80% partake in nutritious meals served</p> <p>4. 85% of program participants show improvement between pre- and post-assessments</p>			
Connecting Service	Staff is working with the University of Colorado School of Health, Colorado State University,	On-Going	TBD		Mike Butler, Karen Roney,	<ul style="list-style-type: none"> City and UC Health staff are working together to submit a 	

	<p>Agencies electronically to create a more proactive system to support the whole person</p>	<p>Longmont United Hospital, CU Health, Non-Profit organizations and various departments to create a middle ware system that connects these services to ensure what we are working collectively to support the needs of our community</p>				<p>Harold Dominguez, Michelle Waite, Christina Pacheco,</p>	<p>grant to The Colorado Health Foundation for funding to establish a data sharing technology system that makes it possible for multiple providers to access specific data associated with high utilizer clients that are receiving services from multiple providers. The City will be the fiscal sponsor of this grant; grant is due February 15, 2019.</p>
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Section B: Vision for Longmont's Places

In 20 years, Longmont will have a developed Main Street from Pike Road to Highway 66, and a river corridor that stretches from the Sugar Mill to the Fairgrounds as a vibrant economic, residential, cultural and entertainment epicenter that is sustainable and respects the natural environment. This area will:

- Goal B1: Have a diverse housing stock with higher densities, access to high quality public transportation, food and jobs
- Goal B2: Protect and respect our natural public amenities as part of the development process
- Goal B3: Become a nationally recognized geographic center of science, technology, engineering, education, arts, and entrepreneurialism
- Goal B4: Bring together private industry, local government, non-profits, institutions of higher education as well as the St. Vrain Valley School district to ensure the highest quality, best prepared workforce in the western United States

Desired Outcome: In 20 years, Longmont will have a developed Main Street from Pike Road to Highway 66, and a river corridor that stretches from the Sugar Mill to the Fairgrounds as a vibrant economic, residential, cultural and entertainment epicenter that is sustainable and respects the natural environment. This area will:

Goal B1: Have a diverse housing stock with higher densities, access to high quality public transportation, food and jobs

Possible Council Roles:

1. Continue to have conversations with the development community and non-profit organizations to evaluate how they can be part of the housing solution and fill the gaps that are not addressed in our community.
2. When affordable housing projects are proposed for development in our community work with staff to engage adjacent neighborhoods in a conversation that focuses on our community need and the importance of these projects.
3. Assist in engaging private sector employers to engage in a hiring program for individuals that are moving through our various social programs that are un-employed or under employed.
4. Continue to be active participants in the transportation projects and topics that impact our community and actively work with staff to continue moving rail and the transit station forward.
5. Engage in a conversation with our educational institutions about the existing job training programs and how we can train the underserved in our community.

Work Item #	Objective	Actions	Timelines	Performance Goal	Performance Measures	Key Personnel	Progress to Date
B1.1 2018 FOCUS AREA	Housing – a full spectrum of attainable housing for all incomes and stages of life	a. Adopt Inclusionary Housing Ordinance b. Adopt updated Land Development Code c. Provide an overview of the development review process, capturing changes that have occurred over the past decade (One Stop is a continual evolution) d. Evaluate development processes and recommend changes to development process e. Host a developer and builder summit to garner outside interest in affordable and workforce housing f. Identify two sites for affordable housing g. Issue an RFP to construct affordable/workforce housing h. Determine feasibility of a county-wide ballot initiative i. Create system for investing funds to develop additional affordable units and maintain portfolio of affordable units j. Recruit builders to construct workforce housing product in redevelopment areas and/or on infill sites within lower income areas.	Q4 2018 Q3 2018 Ongoing Ongoing Q3 2019 Q4 2018 Q1 2019 Q4 2018 Ongoing	1. 12% of all housing is considered affordable 2. Increase affordable units by 130 each year 3. Keep 100% of current affordable units preserved 4. Longmont sustains its commitment to meeting 2035 affordable housing goals	a. Baseline % of affordable housing units compared to current b. Number of affordable units preserved annually c. Number of affordable units added annually (Envision) d. Increased diversity of housing types (Envision) e. Annual report on Boulder Regional Housing Partnership accomplishments by community f. # of market rate housing units built in urban	Community Services, Planning and Development Services, Redevelopment	<ul style="list-style-type: none"> • Adopted Inclusionary Housing (IH) Ordinance on 12/11/18 • 6.11% of all housing is considered affordable (up from 4.07% in 2017 – added 51% - 60% AMI rental units to 2018 totals with definition change in 2018) • Added 2 for sale and 113 rental affordable homes in 2018 • Lost 1 for-sale affordable home in 2018 (home under prior Inclusionary Zoning program released from Affordable Housing (AH) requirements) • Preparing Annual goals and funding priorities to sustain commitment to 2035 regional goal • Adopted updated LDC, which went into effect 9/1/2018 • Kicked off DRC Lean process evaluation; mapped processes and generated ideas for

				5. Increase # of workforce housing units built in urban renewal/lower income areas.	renewal/lower income areas		<p>improvements for distinct process steps</p> <ul style="list-style-type: none"> • Worked In collaboration with BCHA, Boulder County and LDDA, to complete development plan for Coffman Street project to provide 73 affordable apartment units allowing BCHA to prepare LIHTC funding application to CHFA February 1, 2019. • Discussed affordable housing development opportunities with several prospective affordable housing developers. • Municipal Code amended to remove restrictions on creation of special/metro districts to facilitate residential developments.
B1.2 2018 FOCUS AREA	Transportation – connected, efficient, innovative, affordable local and regional transportation	<ol style="list-style-type: none"> Refine transportation “wish list”, conduct gap analysis and determine transportation priorities Collaborate with regional partners in the Northwest Corridor as well as partners in northern Colorado to hold a summit to determine transportation priorities and needs Secure commitments from Mayors and Commissioners Coalition to provide funding for Peak Rail Provide adequate funding for existing transportation options and create the infrastructure to administer pilot local transportation programs and services 	2018-2019	<ol style="list-style-type: none"> Increase transit service hours Increase usage of alternate modes Increase transit ridership Improve walkability/ bikeability 	<ol style="list-style-type: none"> Transit service hours provided Number of modes offered (Envision) Utilization of alternate modes Net gain/loss in transit ridership (Envision) Households within ¼ mile of transit (Sustainability) Walkability/bikeability index (Sustainability) 	Planning and Development Services, Public Works and Natural Resources	<ul style="list-style-type: none"> • Will work with RTD, FLEX and Via to get most recent transit service hours for 2018—typically it takes 6 months into the following year to begin seeing previous year’s data. • Staff will provide this data related to the 2018 numbers from transit agencies. It is possible to show gain/loss from previous years. • Staff will pull numbers from walkability/bikeability website for overall scores and any changes by year.

		e. Update Multimodal Transportation Implementation Plan as needed					
B1.3	Quality employment for all	<p>a. Review regulatory and permitting procedures for target industries</p> <p>b. Continue to support small business development initiative</p> <p>c. Provide outreach to minority populations.</p> <p>d. Ensure that Longmont has buildings for start-ups and second stage companies</p> <p>e. Organize Startup Week and other networking events among entrepreneurs, capital and start up support organizations.</p>	<p>2018</p> <p>Ongoing</p>	<p>1. Increase efficiency of dev. review process</p> <p>2. Increase small business support opportunities</p> <p>3. Increase outreach to minority population</p> <p>4. Increase number of commercial buildings</p> <p>5. Increase participation in startup activities and events</p>	<p>a. Timeline improvement in platting and permitting</p> <p>b. Number of small business grants awarded</p> <ul style="list-style-type: none"> Number of small business direct contacts <p>c. Number of minority-owned businesses</p> <p>d. Number of commercial construction/renovation permits</p> <p>e. Number of networking/education events related to startups</p> <ul style="list-style-type: none"> Number of attendees 		<ul style="list-style-type: none"> Provided development review for 146 projects Participated in Advance Longmont 2.0 work groups Presented at 2018 Longmont Start Up week
B1.4	Access to quality food	a. Continue providing human service grants to agencies that address food insecurity by distributing food through local food pantries and mobile pantries; providing home-delivered or congregate meals; and providing resources to purchase fresh produce	Ongoing	1. Increase opportunities for low-income and vulnerable populations to access healthy and adequate	<p>a. Number of Longmont receiving food assistance</p> <p>b. Demonstrated progress toward short and long-term outcomes as reported in grant-</p>		<ul style="list-style-type: none"> 15% of City human service agency funding (\$100,000) was allocated to four providers to assist 20,000 low-income Longmont residents with access to healthy foods and/or to increase their food security. Year-end reports are due January 31, 2018 for those agencies that received 2018

				amounts of food	funded agencies' mid and year-end reports		funding from the City, and results will be compiled by the end of the first quarter.
		b.		2.	c.		

Goal B2: Protect and respect our natural public amenities as part of the development process

Possible Council Roles:

6. Formalize development plans—both natural and built environments—along the river.
7. Provide specific policy direction that can be included in the plan for the area and associated codes, thereby providing property owners, potential developers/re-developers and staff with clarity that can move the vision forward.

Other Council ideas:

- Meet with Save our St. Vrain to really understand their concerns - MAYOR

Work Item #	Objective	Actions	Timelines	Performance Goal	Performance Measures	Key Personnel	Progress to Date
B2.1 2018 FOCUS AREA	St. Vrain Creek Corridor - Finalize vision that is compelling/inspires funding and ensures a balance between development and natural spaces	a. City Council adopts a vision and implementation plan for the St Vrain Creek Corridor to guide future of this community focus area.	Q1 & Q2 2019	1. Review current draft, engage community and provide staff direction regarding St. Vrain Blueprint (St. Vrain Creek Corridor Focus Area) 2. Prepare LDC code amendments which	a. City Council review of ongoing St. Vrain Creek projects and initiatives. Jan 2019Blueprint plan and issues description. Nov 2018 b. Using stakeholder input staff/consultant develop criteria system with which to evaluate development/redevelopment proximate to St. Vrain Creek. City Council presented with specific options in areas of contention and make decision. Commence document revisions. Q1 & Q2 2019. c. Bring forward St Vrain Blueprint for final review. Determine what changes are	Planning and Development Services, City Manager's Office	<ul style="list-style-type: none"> • Council update on St Vrain Creek activities on Jan 22. Revisions to St Vrain Blueprint pending policy decisions on redevelopment and setbacks near creek.

				provide system in which riparian setback variance can be considered.	needed and set for consideration of acceptance. Q2 Q3 2019.		<ul style="list-style-type: none">• Preliminary concepts for setback allowances and offsets have ben scripted.
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Goal B3: Become a nationally recognized geographic center of science, technology, engineering, education, arts, and entrepreneurialism

Possible Council Roles:

1. Work with staff to access higher education institutions, organizations that work with education, and private sector partners to communicate our vision for the identified areas and how they can be part of building Longmont's future. MARCIA
2. Facilitate a formalized a working relationship with local arts organizations to plan for the creation of a performance facility.
3. Lead an initiative to find partners that can work to create a convention center center/hotel in Longmont that will attract professional conferences and start developing connections to our surrounding educational institutions. This may also be connected to the performing arts center discussion.
4. Work with staff to educate our broader community about the Main Street Corridor Plan and how this is part of their vision for our community. Become active in the discussion and assisting staff in getting a broad representation of the community to be part of this discussion.
5. Work with staff to help facilitate and participate in conversations regarding the re-development of the Sugar Mill property.
6. Begin discussions with the Boulder County Commissioners to identify opportunities to redevelop the fairgrounds.

Work Item #	Objective	Actions	Timelines	Performance Goal	Performance Measures	Key Personnel	Progress to Date
B3.1 2018 FOCUS AREA	Create a series of vibrant community-supporting centers along the Main Street Corridor (Midtown/North Main Focus Area)	<ol style="list-style-type: none"> a. Complete preparation of the Main Street Corridor Plan b. Identify and assess redevelopment opportunity sites along with funding potential c. Assist the Downtown Development Authority in its redevelopment/revitalization endeavors 	<p>Q3 2019</p> <p>Q3 2019</p> <p>Ongoing</p>	1. Improve the economic vitality, viability, and economic base in the area	<ol style="list-style-type: none"> a. Increased sales tax and property tax valuation in the tax districts encompassing the Main Street Corridor b. Sustainable buildings developed (Sustainability) c. Development activity in Areas of Change (Envision) <ul style="list-style-type: none"> • Plats submitted • Permits issued • Zone changes 	Planning and Development Services; Redevelopment	<ul style="list-style-type: none"> • Kicked off Main Street Corridor Plan process • Hosted public meeting in November 2018 to gather input on Main Street Corridor • Collaborated with LDDA to host a charrette for the 200 block of Main Street • Participated in kick off for citywide wayfinding plan, which includes gateway sites on Main Street • Initiated dialog with developer relative to redevelopment of blighted property in 1600 block of

					<ul style="list-style-type: none"> Meetings with potential developers 		<p>Main St. into market rate apartment project.</p> <ul style="list-style-type: none"> Assisted LDDA in formulating parking strategy to facilitate redevelopment project in 500 block of Coffman Street.
B3.2 2018 FOCUS AREA	Sugar Mill - realize its highest potential	a. Complete redevelopment vision and utilization/financing strategy for (Sugar Mill/ Highway 119 Gateway Focus Area)	Q4 2019	1. Agreements in place to facilitate redevelopment	a. Progress of meetings with potential developers, property owners and business owners in the Focus Areas	Redevelopment; Planning and Development Services, City Manager's Office	<ul style="list-style-type: none"> Initiated dialog with Colorado chapter of Urban Land Institute relative to utilizing Technical Advisory Panel to assist in developing vision & implementation strategy. Outreach made to Colorado Brownfield's Revolving Loan Program (State of Colorado) and other environmental experts to discuss potential remediation resources & collaboration interest. Entertained discussions with several prospective developers to generate redevelopment interest.
B3.3 2018 FOCUS AREA	Hover Street Corridor – realize its highest potential	a. Focus on Hover Street Corridor from Roger's Grove south, including conversations with Boulder County about the future of the Fairgrounds	Ongoing	1. Improve the economic vitality, viability, and economic base in the area	<p>a. Metric - Sustainable buildings developed (Sustainability)</p> <p>b. Metric - Development activity in Areas of Change (Envision)</p> <ul style="list-style-type: none"> Plats submitted 	Planning and Development Services	

					<ul style="list-style-type: none"> • Permits issued • Zone changes • Meetings with potential developers 		
B3.4	Prepare Main & 1 st Area for Bus/Rail TOD	<ol style="list-style-type: none"> Conduct negotiations with RTD on infrastructure, land acquisition, and funding priorities Complete infrastructure planning and design Recruit development prospects focusing on public/private partnerships Conduct negotiations with property owners relative to acquisitions to facilitate infrastructure/redevelopment. 	<p>Q4 2019</p> <p>Q2 2020</p> <p>Q4 2019</p> <p>Q2 2020</p>	<ol style="list-style-type: none"> City Council/ RTD approval of IGAs Civil plans completed and start of improvements Redevelopment project Commencement 	<ol style="list-style-type: none"> Private investment leveraged RTD funding invested in City infrastructure Increased level of redevelopment interest 	<p>Redevelopment; Public Works; Planning and Development Services;</p>	<ul style="list-style-type: none"> • Continued work in collaboration with RTD to complete Infrastructure Management Plan (IMP) to determine costs & assignment thereof to each partner. • Recruited and met with prospective mixed use developer resulting in potential project interest in partnership with URA. • Initiated dialog with Tebo Development Co. regarding high density redevelopment project for properties it owns at 1st and Main and Boston and Main.
B3.5	Conference/ Performance Center & Hotel Complex	<ol style="list-style-type: none"> Prepare a market and funding study to determine viability of a project Identify prospective site(s) and prepare development concept(s) Initiate and complete private capital campaign 	<p>Q4 2019</p> <p>Q2 2019</p> <p>Q4 2020</p>	<ol style="list-style-type: none"> Pursue development of conference and/ or performance venue 	<ol style="list-style-type: none"> Private funding commitments raised Level of community support for project 	<p>City Manager's Office; Redevelopment</p>	

B3.6	Enhance economic vitality along St.Vrain corridor in environmentally sustainable and sensitive manner	<ul style="list-style-type: none"> a. Conduct market and redevelopment assessment to prioritize developer recruitment b. Initiate dialog with taxing entities relative to potential creation of TIF areas c. Initiate developer recruitment per opportunities identified in assessment 	<p>Q4 2020</p> <p>Q2 2021</p> <p>Ongoing</p>	<ul style="list-style-type: none"> 1. Increase the amount of jobs generating redevelopment 2. Redevelop environs into attractive place to live, work and recreate 	<ul style="list-style-type: none"> a. Number of jobs created in corridor b. Number of new residential units constructed c. % of area preserved for open space 	Redevelopment; Planning and Development Services	<ul style="list-style-type: none"> • Met with two property owners/developers owning property at Boston and Main to discuss future redevelopment interests.
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Goal B4: Bring together private industry, local government, non-profits, institutions of higher education as well as the St. Vrain Valley School district to ensure the highest quality, best prepared workforce in the western United States

Possible Council Roles:

1. Engage conversations with Front Range Community College, University of Colorado, and Colorado State University to begin the discussions regarding creating more robust presence from higher education in Longmont that works in conjunction with LEDP and the City to specifically address workforce needs in our community. TIM and POLLY
2. Engage the School District to be a partner in participating in these conversations with higher education institutions to leverage the accomplishments of the SVVSD to attract these institutions to our community and expand their local partnerships.

Work Item #	Objective	Actions	Timelines	Performance Goal	Performance Measures	Key Personnel	Progress to Date
B4.1 NEW in 2018	Provide new opportunities for higher education in Longmont	<ol style="list-style-type: none"> a. Identify higher education targets for area and begin conversations about locating in this area b. Work with FRCC to determine physical growth/expansion requirements relative to future curriculum expansion c. Commission study to determine gaps in technical skill/learning needs and local educational offerings. 	<p>2019</p> <p>Ongoing</p> <p>2020</p>	1. Increase the number of technical program offerings	<ol style="list-style-type: none"> a. Green/clean tech industries supported/recruited (Sustainability) b. Increase in # of technical program offerings c. # of students enrolled in higher ed courses 	City Manager's Office	



Family Resource Network Regional Council Meeting

May 9, 2019

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[BOULDER VALLEY SCHOOL DISTRICT STRATEGIC PLAN](#)

[ST. VRAIN VALLEY SCHOOL DISTRICT ONLINE ACADEMIC SCORECARD](#)

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

May 9, 2019
Sister Carmen Community Center

Meeting Objectives

- 1) Gain understanding of Boulder County Child Maltreatment Prevention work and the central role of FRN
- 2) Gain understanding on status of FRN related initiatives
- 3) Decide on content for July FRN meeting with Board of County Commissioners
- 4) Gain understanding of FRN alignment opportunities with key partners

Decision Points for Today:

- 1) Approval of minutes from March

1. Welcome and Introductions- Suzanne (3:00-3:05)
2. Review of Agenda and Consent Items- Suzanne (3:05- 3:10)
3. Child Maltreatment Prevention Strategies- Frank (3:10- 3:40)
4. Updates and Discussion on FRN Initiatives in the Context of the Child Maltreatment Prevention Strategies (3:40- 4:05)
 - a. 2GO Update- Melissa
 - b. Service Enriched Housing Update- Betsey
 - c. LAC Updates- Whitney
5. Plan for July FRN Meeting with Board of County Commissioners (4:05- 4:30) Melissa and Suzanne
6. Key Partner Updates and Alignment Opportunities with FRN (4:30-4:40)
 - a. Community Mental Health Initiative (formerly Public Health Improvement Plan) and Substance Use Advisory Group - Jeff
 - b. Coordinated Entry Update- Robin
7. Honoring and Celebrating Edwina (4:40-5:00)
8. Adjourn (5:00)
 - a. Next meeting will be July 11 at Kaiser



Department of Housing & Human Services

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BCDHHS Advisory Committee/Family Resource Network Advisory Council Meeting Minutes

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

Members Present: Danielle Butler, Janette Taylor, Frank Alexander, Christina Pacheco Sims, Betsey Martens, Robin Bohannon, Jeff Zayach, Rebecca Alderfer, Kelly Daugherty (proxy for Simon Smith)

By phone: Lori Canova, Kristen Hyser (proxy for Kurt Firnhaber)

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

Guests Present:

1. Welcome and introductions

Board of County Commissioners (BOCC) attendance at July meeting

Christina Pacheco Sims called the meeting to order and shared that the BOCC will be attending the FRN Regional Council meeting in July. Part of the meeting agenda for May will be strategizing for that July meeting to highlight the work of the FRN and demonstrate how the BOCC can best support the work being done.

2. Review of agenda and consent items

Christina reviewed the agenda and asked for approval of the January minutes. The minutes were approved.

3. LAC Update

Preparatory response for potential recession

In response to Frank Alexander's questions about what the LACs would need from HHS to prepare for a potential recession, each of the LACs discussed and made recommendations for consideration by the Regional Council. Whitney Wilcox shared the major themes that showed up across all the LACs. Further details can be found in the document that was shared with the group. See attached.

- Flexible funding that organizations can use to best meet the unique needs of families in their communities.
- Increase overall availability of services.
- Increase coordinated communication to the community.
- Messaging that reduces the stigma of seeking support particularly for those accessing services for the first time.
- Re-training opportunities for laid-off workers.

Robin Bohannon said that the relationship between WorkForce and the FRN is stronger now and that it is possible to plan out in advance some of the training and supports for dislocated workers. Frank asked for more information on how additional funding would be used to support these recommendations. The Funders Collaborative has been meeting and discussing how they can ensure that they facilitate the easiest process possible to so that communities have what

they need. Suggestions have included processing contracts in advance and exploring the legalities of adding a clause to existing contracts related to potential financial events.

Janette Taylor noted that the mountain residents are still struggling with the aftermath of the federal government shutdown and made a request for an HHS staff person to be present at the Nederland Food Pantry the first Thursday of the month as they continue to see an increase in utilization. It was noted that The Nederland Food Pantry distributed a portion of their additional funding from HHS during the federal shutdown to the Lyons and Allenspark food pantries to help support their needs.

Head Start Update

Robin said that an MOU with the YMCA in Lafayette had been signed to remodel that space for use in the fall of 2019. There continue to be conversations with BVSD, however the classroom space hasn't been identified yet. Boulder County Housing Authority has agreed to purchase Boulder Day Nursery's space in Lafayette. There has not been a response to the application for Early Head Start in Boulder yet.

4. FRN Outcomes Framework

Overview of framework concept

Melissa Frank-Williams presented an overview of the outcomes framework (attached) as it relates to both the FRN and the 2GO work. Betsey Martens asked if there would be an opportunity to connect the need for stable housing for the 2GO pilot group with the work that the Service Enriched Housing group is doing. Robin suggested considering some form of replication of the JUMP partnership with EFAA for the pilot group as well. Kelly Daugherty referenced the process measure that calls for a navigator that will match families to FRCs and noted that research in the field of cancer shows improved outcomes in terms of remission and life expectancy when patients have a navigator to help them connect with various services and supports.

2GO outcomes discussion for business plan

The business plan is due on March 29 and is a proposal for future funding . For the rest of 2019, the focus will be the system level outcomes identified in the document that Melissa shared, with the focus on pregnant women. Should additional funding be approved, the focus will expand in 2020 to include children ages 0-5. The group agreed to the outcomes framework presented for the 2GO business plan.

5. Updates and Discussion on FRN related initiatives

2GO Forum

The Community Forum was quite successful. The purpose was to get feedback from parents who have been receiving supports in Boulder County on what their experiences have been, what worked, what has not, and to collect any ideas for improvement. The forum was held in Spanish and translated in English as the majority of participants were Spanish-speaking. EFAA provided the child care for the participants and dinner was provided for all. The format included large group discussion, small groups, and report outs to the entire group. More people showed than anticipated, due in large part to the mobilization of the two Family Support Advisors that were hired as a part of this grant. One of the areas of the 2 Gen framework that was clearly demonstrated at the forum was Social Capital, as most of the participants already had existing relationships with one another as a result of existing groups they are involved in through the FRCs. Clear themes emerged from the forum: the significant need for affordable housing in the

community, that income limits for accessing resources are too low, and that more information about what resources are available is needed. It was noted that this group may be tapped to help mobilize the community voice for the Regional Housing Plan.

Updates on Dream Big Strategic Planning related to the FRN

Lori Canova shared that the Dream Big Steering Committee has agreed to formally align with the FRN and are now planning on how that will look. Lori anticipates having a more detailed plan to share in the next couple of months.

Service Enriched Housing

Bestey shared that the group has mapped the flow for families to enter into service enriched housing and are now starting to map out which evidence-based partners and programs in the community will be used and determining when is the right time for the right intervention. The group is also working on their data coordination.

Updates from Family Homelessness Subcommittee

Sarah Buss presented an overview of the work that the Family Homelessness Subcommittee has done to date. In the fall of 2018, EFAA hosted a family homelessness summit; as a result of that forum Julie Van Domelen and Sarah have been meeting regularly along with other members of the work group to address the gap in coordinated entry for families experiencing homelessness. The community does offer prevention, emergency housing and short and long term assistance, however there are some gaps and streamlining of access to services that need to be addressed. The group has identified that building a family shelter would shift resources away from subsidized and affordable housing and that hotelling families has worked well for emergencies, but partnerships with local hotels need to be expanded.

A group within the subcommittee is working on expanding those opportunities in partnership with Jennifer Johnson, President of the City of Boulder Hotel Association. Jennifer is working on garnering the support of hotels in the City of Boulder and Edwina Salazar is working in Longmont to do the same. The group has sent a letter to invite local hotels to accept vouchers which are currently underutilized. They are also streamlining policies and procedures so that the experience on the end of the hotels is the same regardless of which agency provides the voucher. If anyone hears concerns from the community regarding the need for an emergency family shelter, please direct them to Sarah or Julie.

EFAA has hired Results Lab as a consultant to streamline the coordinated entry process for families. They should be done in June or July and their recommendations will be used to create a roadmap in cooperation with Jennifer Biess who has the experience from the individual coordinated entry system. The goal is that the group fine tunes the system rather than revamps it completely.

Janette recommended that Sarah connect with Claudia from Nederland Interagency Council for Homeless Encampments (NICHE) in the mountains to have her join the subcommittee.

Betsey requested an update on coordinated entry for individuals from Robin at the next meeting.

6. Longmont City Council Work Plan

Overview

Christina presented an overview of the 2018 Longmont City Council Work Plan, which was adopted as policy at the end of 2018. She noted that four of the seven City Council members will be serving in their role until November of 2021. This work plan was created in 2018 and has a long term bigger picture vision as compared to previous plans and focuses on building human capital. The Council wants frequent updates to the work plan which is available online [here](#).

Discussion of alignment opportunities with FRN

- Mayor Bagley has requested an Early Childhood Data Summit to understand the gaps in Longmont and plan how to fill them. Danielle is representing ECCBC in that planning work. Karen Roney (Director of Community Services) has requested support from the Funders Collaborative in gathering the needed data.
- If the 2 Gen grant is renewed, the work plan includes expansion into Longmont in 2020. OUR Center is currently involved in the work and when appropriate Salud will be brought in as well.
- Dream Big and Bringing School Home are already in discussion about expanding into Longmont.
- Public Safety Chief Mike Butler is sponsoring Dr. Bruce Perry to speak to the community about Adverse Childhood Experiences (ACES) and early childhood trauma and how that impacts the community. This event is planned for November 11.
- Councilmember Tim Waters has a focus on connecting with the business community and ensuring they understand that the investment in early childhood is also an investment in business.
- There will be a screening of the film *No Small Matter* in Longmont in partnership with Wild Plum in May with the hope of educating the community about the importance of early childhood education and its long term impact.
- Betsey, Danielle, and Christina to meet and discuss connecting business and early childhood.

7. Adjourn

Next meeting will be May 9th at 3:00 at Sister Carmen Community Center.

OVERVIEW

At the January Family Resource Network Meeting, LAC work group members were asked to outline what they were seeing and were concerned about in their communities and what resources they needed to have in place should a recession occur later this year. These questions were discussed at all four of the LAC work group meetings and at the larger Mountain LAC, the Peak to Peak Human Services Alliance. Work group members also took the questions back and shared them in small team meetings. Major themes that emerged across all LAC work groups and teams are outlined below. More detailed summaries specific to each of the LAC regions, as well the Early Childhood Council of Boulder County, follow.

MAJOR THEMES

Provide flexible funding to support increased demand for a range of services and supports. Providers encouraged funders to increase funding available and to ensure that funding is flexible. The increased funding would allow case managers to better meet the increased demand for services and supports; the increased flexibility would support case managers in more efficiently and effectively supporting clients with emergent needs, while funding limits or caps provide significantly more constraints and obstacles to navigate.

Increase the overall availability of services. Providers identified a range of services that are currently cost-prohibitive and difficult to access, including housing, quality child care, and behavioral health services. They predict that a recession will further exacerbate a situation where providers are already seeing an increased demand and not enough resource.

Coordinated communications. Providers reported that the communications during the Federal government shutdown were helpful in responding to client questions about benefit status and applauded the development of a centralized web page that identified resources by region. They recommended scaling up this effort to include a centralized web page and phone bank, and decentralized strategies to promote the web page and phone bank, including bus ads, text campaigns, radio spots, and engagement with local employers.

Develop messages that reduce self-stigma. Providers were concerned that residents who may need services for the first time delaying access because of self-stigma. Providers recommended creating communication messages that promoted overall general resources for support like 211 or a centralized web page, as opposed to messages specific to help with food and housing.

Get workers retraining-ready. Providers talked about the mental and emotional shift needed by residents laid-off and looking for jobs in industries that moved out of the county and/or state. They requested job training, cross-training, and re-training supports that not only facilitate access to new employment opportunities, but help motivate people to look outside of their job function or field.

MOUNTAIN LAC

What we're seeing and what we're worried about:

Housing, employment, and medical and behavioral services: Housing costs continue to rise (including recent rent increases for affordable housing properties), medical expenses have risen faster than expected, and wages have not kept up with the increased cost of living. During the last recession, people were laid off from their jobs, they had difficulty paying their mortgage and rent, and needed assistance with food and health insurance coverage.

Food: The Nederland Food Pantry is providing supplemental food assistance to twice the number of people it served a year ago. It currently provides food assistance for nearly 600 people per month, most of whom are working, some at multiple jobs. The need for assistance grows monthly even though some former clients have moved to lower cost communities in other states. Providers are concerned that they may not have the funds to ensure sufficient food is available to meet the growing needs of the community.

Organizational Capacity: Increased demand for services has organizations stretched. The caseload of the Mountain Resource Liaison, a part-time Mountain-based case manager, has doubled over the past year. Additionally, the Nederland Food Pantry and Clothing Closet, which relies on volunteers to function, has identified that the work required to assist customers and keep the shelves stocked has become increasingly intense and demanding. While there are a sufficient number of volunteers to currently meet the need, in part due to the participation of Peak to Peak Counseling interns and people needing to complete court-ordered community service hours, there is fear that volunteers will burnout as the demand for assistance increases.

What we need:

Funding: Provide financial resources to support full-time Mountain Resource Liaison and increased demand for basic needs, including food, gas cards and transportation supports, and mortgage and rental assistance.

Communication: Communication during the recent Federal government shutdown, including the development of a singular web page that consolidated and linked to resources county-wide, was very helpful. Providers recommended scaling up this approach, increasing the reach of information about the availability of and access to services and supports for people in crisis. Communication should be broad and have the ability to reach new audiences, as some people will need help in ways and via paths they've never had to utilize before.

Access: Increase availability of mountain-based supports and services. Access should be safe and easy and may include co-locating medical and dental services, job training supports, housing assistance, transportation, and food.

EAST COUNTY LAC

What we're seeing and what we're worried about:

Housing: Housing crisis will deepen, more families will be housing/rent cost burdened and those that are already rent/cost burdened will see their situations worsen. During a recession, landlords are strained. They may request rent/mortgage assistance and be less willing to rent to some clients. During the Federal government shutdown, focus was on help with rent, mortgages, and utilities.

Food: Sister Carmen saw a small increase in use of food bank during the Federal government shutdown.

Transportation and Child Care: Federal workers couldn't afford gas or child care costs during the Federal government shutdown. Additional transportation costs, including bus passes and car payments, can become expensive. The lack of affordable child care impacts ability to apply and interview for jobs, report to work, and attend some medical appointments.

Employment: Case managers report participants are having a difficult time maintaining employment because of behavioral health issues. They also report that wages are not high enough to support rental needs and many participants are over-qualified for minimum wage jobs.

Seniors: Louisville Senior Services staff report increase in number of seniors who are homeless and number of seniors with behavioral health issues. Seniors are also experiencing job loss and loss of income, including financial portfolios that are affected as a result of a recession. Like other demographics, Seniors are increasingly housing cost burdened. The senior population is increasing dramatically and this increase has resulted in larger gaps in services.

Benefits: Concern identified that in event of a recession, there may be an increase in demand for services but may not be income eligible because incomes may still be too high.

Medical: Medical care, including prescription refills, may be neglected as people strive to cover costs of housing, food, etc.

Other: Provider shared that the costs associated with pet care can provide additional financial and emotional stress for clients. This includes the costs for pet food and supplies, veterinary care, and housing for pets should the client be evicted or homeless.

What we need:

Flexible Funding: Provide undesignated, flexible funding to support a range of services and supports that providers can access to keep families housed, people employed, and children in quality child care. The flexibility allows providers to more efficiently and effectively meet family needs. Providers identified that some needs – such as increased availability of affordable housing and expansion of quality, affordable child care – are long term goals that can be supported temporarily with short-term assistance that ensure people maintain housing and child care.

Housing: Increase availability of subsidized housing for a range of incomes. Communicate with landlords on available resources/assistance, importance of housing.

Medical and Behavioral Health: Increase availability of behavioral health services and provide funding for co-pays and medications for un- and underinsured.

Food and Clothing: Increase availability of food via food banks and ensure access to affordable clothing and shoes.

Benefits: Support a position to navigate SSI benefits. Review income eligibility parameters, or include analysis of projected income (within 1-2 months) in eligibility considerations—maybe income is too high to qualify right now, but projected lay-off, cut in pay, or other income/expense factors could be forthcoming or imminent.

Service Delivery: Increase planning and coordination between providers that results in less duplication, missed opportunities, and/or service gaps. Host an event like Broomfield’s “Show the Love Day,” a new bi-annual resource event coordinated by churches, nonprofits, and city government that encouraged residents to donate and pick-up donations.

Transportation: Increase availability of free or reduced-cost bus tickets.

Employment: Provide cross-training to people who are at a higher risk of losing their job so that they are able to transition to new employment opportunities. Provide info on child care resources for job seekers.

Communication: Coordinated communication and web page developed about the Federal government shutdown was helpful. Multiple providers reported clients were confused about benefit status and were asking for information about benefit programs including CCAP and SNAP. Group recommended building on and strengthening communication coordination and communication vehicles.

BOULDER LAC

What we’re seeing and what we’re worried about:

Communication: Fliers and brochures that are out-dated, phone numbers that go unanswered when called, and information not available in Spanish and other languages create barriers to accessing supports and services.

Medical and Behavioral Health: Housing, food, and other basic needs tend to be prioritized over medical care and prescriptions when financial resources are tight. Anticipate people will experience increased stress and anxiety that will exacerbate or trigger symptoms and result in increased demand on already strained behavioral health services.

Sustainability: Concern expressed about current demands on resources and how to ensure that should a recession occur, that there is an ability to respond to all “waves,” not just the first wave.

What we need:

Coordinated Communication: Providers identified the need for a communications plan that includes a centralized communications hub, a decentralized strategy for reaching diverse audiences where they naturally get information about the centralized hub, and messaging aimed at reducing self-stigma, particularly for those needing supports and services for the first time. A centralized hub might include the web page that was developed to promote resources available during the Federal government shutdown and/or 211 (providers stressed the importance of up-to-date resources that can be accessed via a phone bank that includes English and Spanish-speaking navigators).

Additional communication mechanisms to promote the centralized communications hub include radio spots, bus signage, community groups, text messaging, and Facebook, NextDoor, and other social media groups. Providers recommended communications be shared with large to small service providers, including educating local partners, businesses, and the community about accessing resources. Communication (web pages, texts, and other messages) should be in English and Spanish. It was also recommended that a checklist be created for providers that standardizes and outlines what information is needed about their services and supports.

Funding: Provide funding to support expansion of a variety of supports and increase caps including free or reduced-cost bus tickets, gas cards, and other transportation supports, housing supports (including help with rent, mortgage payments, and utilities), child care supports, and co-pays and medical costs.

LONGMONT LAC

What we're seeing and what we're worried about:

Housing: Housing costs continue to be too high and are forcing families to double-up or move out of the county. Wild Plum surveyed their staff and home visitors and found that 42 (19%) of their families are sharing homes with extended or non-related families and 13 (6%) have moved out of the county due to the high cost of living. Safe Shelter continues to report increase in demand for housing by survivors and people who are homeless.

Medical and Behavioral Health: Families continue to have difficulty accessing services because of limited services, long waitlists, and prohibitive costs. As a result, the search for treatment is delayed and/or put on hold. Salud staff reported that immigrants are delaying medical care because of fears related to proposed changes to the public charge rule.

Food: OUR Center reported that during the recent Federal government shutdown, they saw an increased demand for food. Regular Community Market participants reported fear that there would not be enough food for the Community Market's regular users because of increased need by furloughed Federal workers, so current participants were stocking up to meet the rush.

Child care: Not all child care centers provide services year-round, which requires families to find quality, short-term child care between June thru August.

Communication: Providers reported appreciation for communication about status of federal benefits, but shared that benefit recipients were unclear about communication explaining benefit status and providers received many requests from clients for clarification.

Organizational Capacity: During previous recessions, nonprofits reported that they lost employees (due to layoffs and lower wages and higher cost of living) and saw fewer financial resources (due to fewer donations and cuts to awards) at the same time they experienced higher demand for services and supports.

What we need:

Funding: Providers recommended establishing a Trust Fund. Financial support is necessary to expand case management staff and provide additional supports and services, including rental assistance, temporary housing supports, child care supports, and vaccinations.

Food and Clothing: Increase availability of food via food banks and ensure access to affordable clothing and shoes.

Worker Retraining: In the previous recession, providers reported that businesses moved out of the county and laid-off workers were “emotionally stuck.” Recommended partnering with Workforce Boulder County to provide retraining programs that help to mobilize people to seek opportunities in other industries, suggested modeling after “Reinventing Yourself” class for 55+.

Communication: Partner to develop messages that help providers respond to and support clients.

Early Childhood Council of Boulder County

What we’re seeing:

- Families who are feeling confused about where to find information on their benefits
Child care center directors who reach out to us when families approach them for information on their benefits
- Child care programs saw children staying home as their parents were not able to work (recent shutdown)
- Child care program directors struggled to keep staff engaged while on payroll (recent shutdown)

What we’re worried about:

- A resistance towards investing resources (\$) in training or quality improvement if child care programs are worried about the future of their business
- Unemployment means less children enrolled in licensed child care; lower enrollment means less staff needed; less staff means additional unemployment

- Child care programs may let staff go that they might otherwise keep on if they fear the worst; impacting continuity of care for children
- Stressed early childhood teachers/directors = stressed students/children
- Many early childhood professionals are already living “on the edge” - uncertainty will cause even more to leave the field where there is a shortage of qualified staff
- Other than school district or Head Start programs, child care providers typically operate on a narrow margin and are adversely affected by ripples in the economy that impact their business
- Parents who cannot afford child care are less likely to pursue employment and more likely to turn to public assistance such as TANF

What we need:

- Increased funding for free ongoing professional development to offset expenses of maintaining qualifications required by the state for early childhood teachers and directors
- Linkages to support for both business owners (family child care providers, small, private or non-profit centers, etc.) and professionals to encourage them to stay in the field
- Provider partnerships with organizations and businesses who can help offset the costs of child care so that children can stay enrolled and teachers employed
- Expansion of CCAP
- Provide parent education and support around the importance of continuity of care and the effects of stress on children, particularly long term

family driven

prevention oriented

holistic



Boulder County

2Gen Outcomes Framework

2Gen Supports



How- The FRN Road Map

Our destination

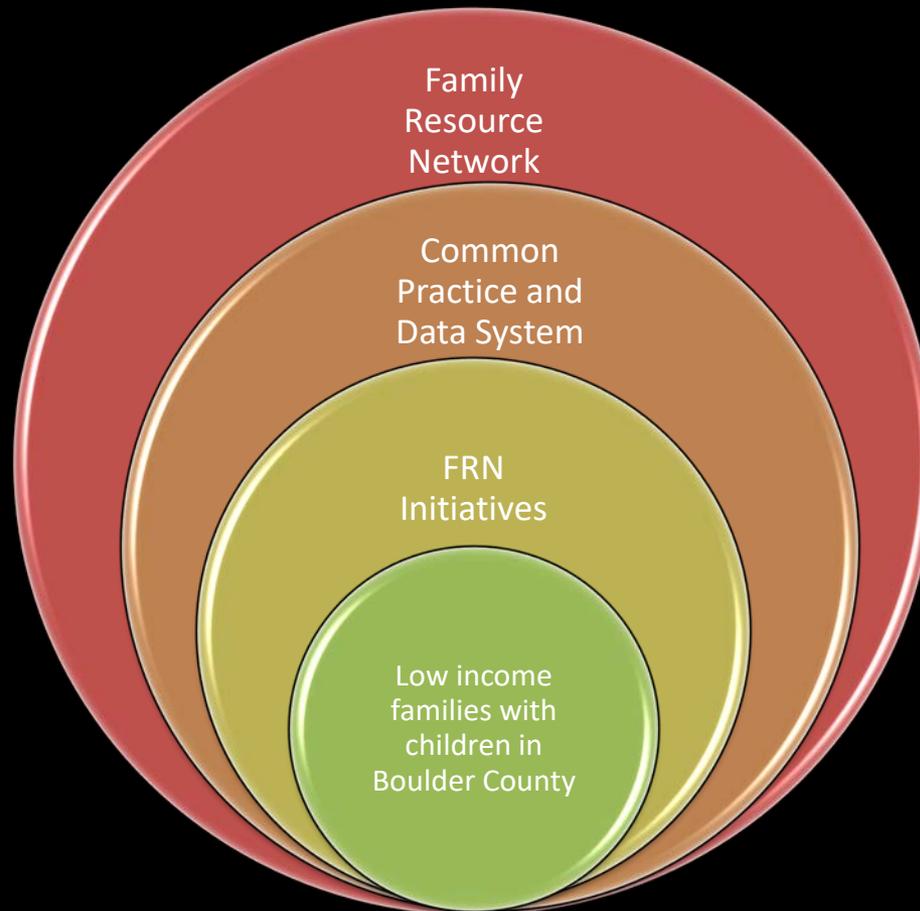
All FRN partners using the same screenings, assessments and planning processes with families.

Services/supports to which navigators and advocates/case managers are referring are well coordinated and effective.

We have common outcomes.

We are all using the same data and reports to measure progress and make improvements.

Testing Our Co-Created 2Gen Approach



Our Current Work (2019)

Currently under the FRN, we are:

- Bringing all central partners onto our **common data system (Boulder County Connect)**
- Training all key staff to our **common practice model (ISDMC)**
- Formalizing our **services matrix** and ensuring strong linkages between key service partners (via the **LACs**).
- Building out a **common outcomes framework** across partners grounded in 2Gen service delivery
- Testing our approaches through our **FRN Initiatives** and scaling across partnerships

Working Toward Common Outcomes



Navigator? Case Manager/ Service Coordinator?
Service Provider?

Clarifying roles and function of each

Navigators or Case Manager in the ISDMC Practice Model

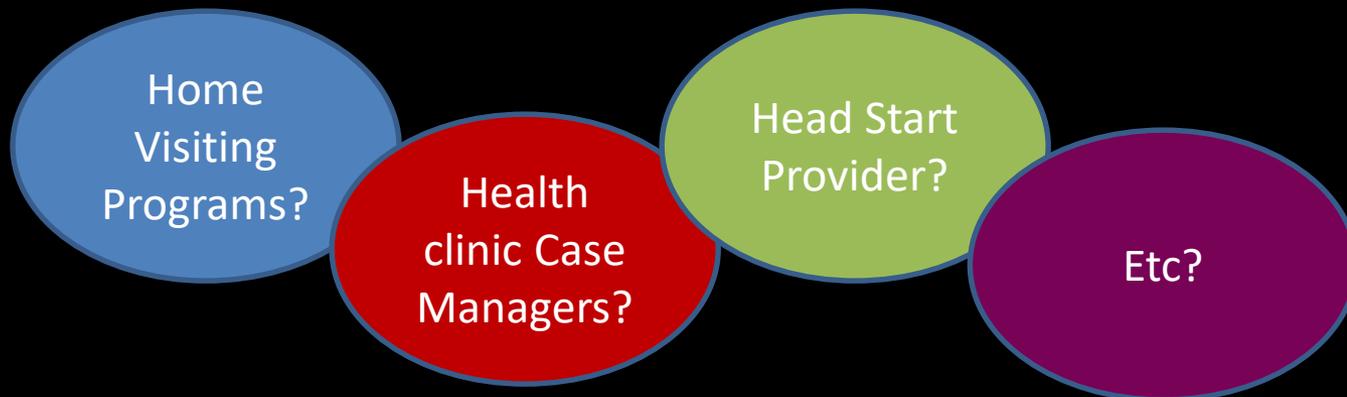
- **Navigator** - Provide one time or intermittent support to participants by using a screening tool and assisting with linkage to programs that provide the services needed.
- **Case Manager/Service Coordinator**- Uses a common assessment (i.e. CFSA), links to supports and provides ongoing assistance (at least once a month for 3 months or longer) to participants.

Navigator or Case Manager vs. Services Provider



Outcomes for Navigators or Case Managers

Short Term Outcome (lags)	Process Measures leads	Who
Navigation- Increase services and resources/referrals at first visit	X% of client goals/plans are tied to screen X% of referrals are made within the visit	-Eligibility staff -FRC Intake
Case Management- (mid-level) Move above the prevention line on core domains by program exit Increase in two or more protective factors by program exit	X% of client goals/plans are tied to an assessment score of 3 or lower X% of referrals are made within x days of assessment	-FRC Family Development Pathway workers -HHS Housing Case Managers -EIT Case Managers - CO Works CMs. etc.



Outcomes for Programs/Service Providers

- i.e. Early Childhood Providers
 - Improved school readiness by Kindergarten
 - Improved Maternal and Child Health

[Framework Crosswalk.docx](#)

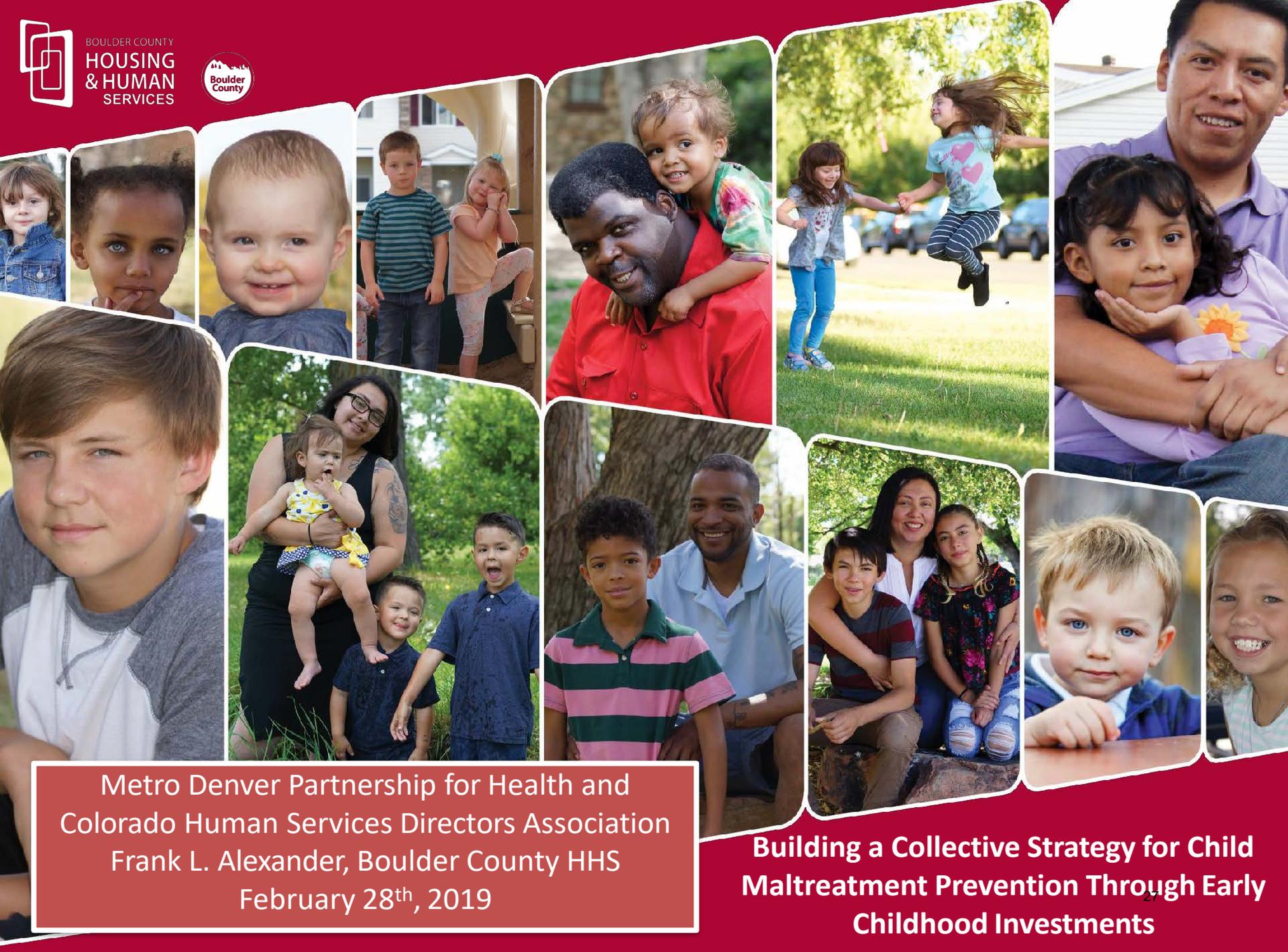
THE OPPORTUNITY FRAMEWORK

LIFE STAGES		INDICATORS ¹	
Planned pregnancy, born at healthy birth weight to a dual parent household without maternal depression	FAMILY FORMATION  Conception to birth	<ul style="list-style-type: none"> Rate of low birth weight Family income Maternal depression Single-or dual-parent household Intendedness of pregnancy Early screening and intervention - maternal 	LIVING WITH DISABILITIES³ <ul style="list-style-type: none"> Family-directed planning Living in the community Access to assistive technology Receiving needed services
School readiness, healthy social and emotional skills & family access to affordable, nutritious food	EARLY CHILDHOOD  Ages 0 - 5	<ul style="list-style-type: none"> % of parents concerned about child's emotions, concentration, behavior or ability to get along with others % of families relying on low cost food School readiness Early screening and intervention - child 	
Math/reading skills & healthy social-emotional skills	MIDDLE CHILDHOOD  Ages 6 - 11	<ul style="list-style-type: none"> Standardized test: math scores Standardized test: reading scores % of parents concerned about child's emotions, concentration, behavior or ability to get along with others 	
Graduates from high school on time, develops healthy social-emotional skills, not convicted of a crime, not a teen parent	ADOLESCENCE  Ages 12 - 17	<ul style="list-style-type: none"> High school graduation status Violent arrest & property arrest rates Teen parent status % of students who report ever feeling sad/hopeless or have considered suicide % of young adults who are currently depressed 	
Sustainably employed, attended post-secondary, education & good physical/mental health	TRANSITION TO ADULTHOOD  Ages 18 - 29	<ul style="list-style-type: none"> Employed status of population % FPL/family income Attending post-secondary training/education Avg. # of days poor physical/mental health prevented usual activities, like self-care, work or recreation 	
Employment status, good	EARLY ADULTHOOD 	<ul style="list-style-type: none"> Avg. # of days poor physical/mental health prevented 	

Amy's Story



QUESTIONS?



Metro Denver Partnership for Health and
Colorado Human Services Directors Association
Frank L. Alexander, Boulder County HHS
February 28th, 2019

**Building a Collective Strategy for Child
Maltreatment Prevention Through Early
Childhood Investments**

Why are we here?

Core Components, Principles and Data

- Develop a New Partnership Metro wide
 - Primary prevention, redefining safety
 - Strengthen Child and Family Well-Being
 - Technical Excellence in the work we do
- Core Principles
 - Adopt a public health approach to child maltreatment
 - Develop common strategies
 - Activate cross-sector partnerships
- Adopt a Compelling Goal
 - Significantly reduce child fatalities and child maltreatment for all children birth to five by positively and proactively supporting strong and healthy family formation



Social Determinants of Health

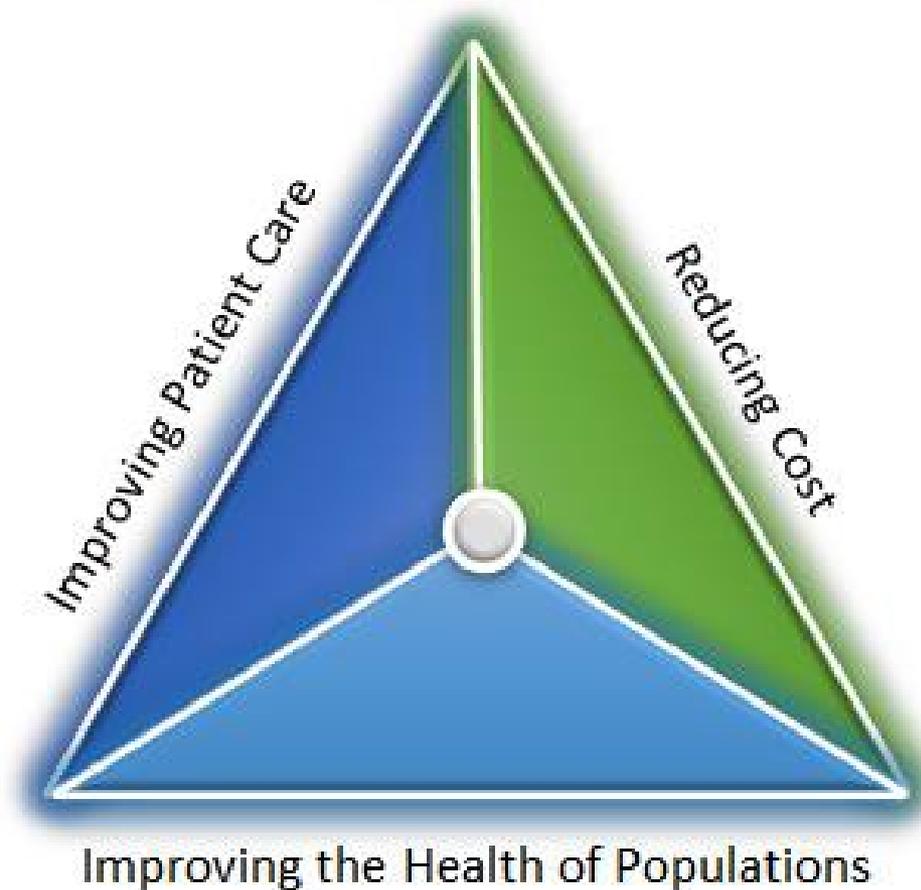


Underscores the relationships between social factors and health outcomes in communities.

Pushes for service frameworks and structures to align and function together on behalf of families and individuals.

Social Determinants of Health

Triple Aim

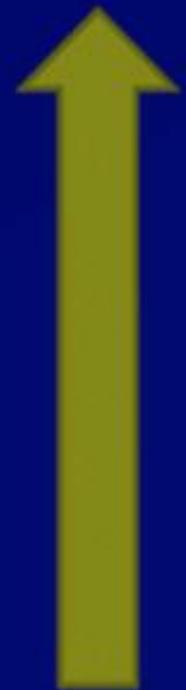


Achieving the Triple Aim is Essential across Health and Human Serving Systems

Population Health is dependent upon the integration and coordination of health and social care that collectively aim toward primary prevention

Increasing Population Impact

Increasing Individual Effort Needed



Counseling and Education

Clinical Interventions

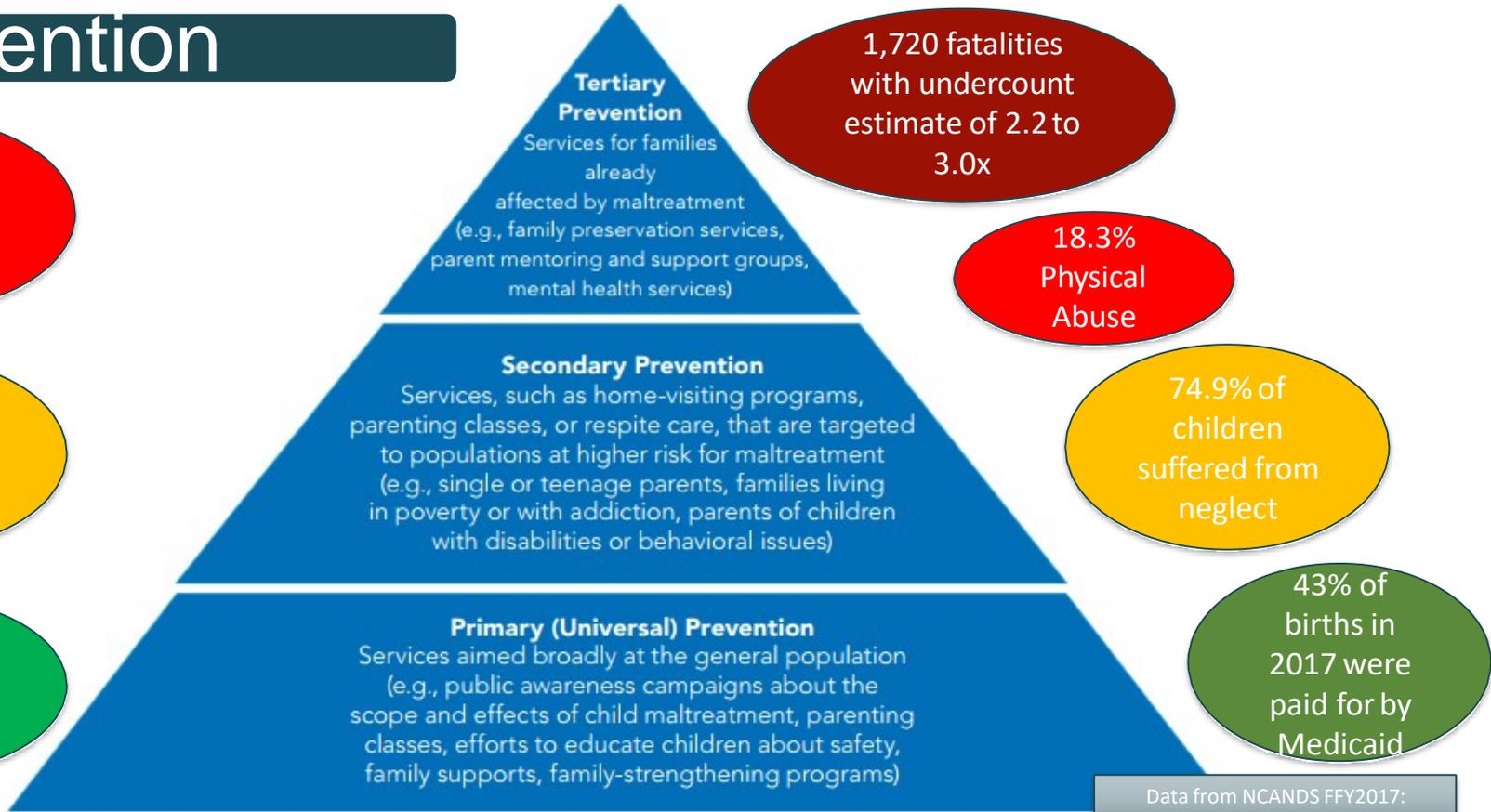
Long-lasting Protective Interventions

Changing the Context to make individual's default decisions healthier

Socioeconomic Factors

Prevention

Levels of Prevention Services



Source: Child Welfare Information Gateway. (n.d.). Framework for prevention of child maltreatment. Retrieved from <https://www.childwelfare.gov/topics/preventing/overview/framework/>

Data from NCANDS FFY2017: <https://www.acf.hhs.gov/cb/resource/child-maltreatment-2017>

Economic Burden of Child Maltreatment

\$484 billion to \$2.0 trillion annually

total lifetime economic burden incurred annually of substantiated child maltreatment per year to investigated incident nonfatal victims

Estimated cost per-victim of nonfatal child maltreatments is \$830,928 as compared to \$160K for stroke and \$253K for Type 2 diabetes or \$27.2 billion for the investigated cases last year in Denver metro area counties.

Estimated cost per-victim of fatal child maltreatment is \$16.6 M or \$614.2 million for the fatalities in 2018 in the Denver metro area.

The total lifetime economic burden of child maltreatment in the 12 metro Denver counties is \$27.814 billion for 2018 alone.

*Peterson, C., Florence, C., Klevens, J. (2018-National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC) Atlanta, GA, USA.) The economic burden of child maltreatment in the United States, 2015. Child Abuse & Neglect 86 (2018) 178-183.

Overall Births & Medicaid

Nearly 4 million babies are born in the US every year.

2 in 5

of those births
are paid for with Medicaid

43% of
US births
in 2017

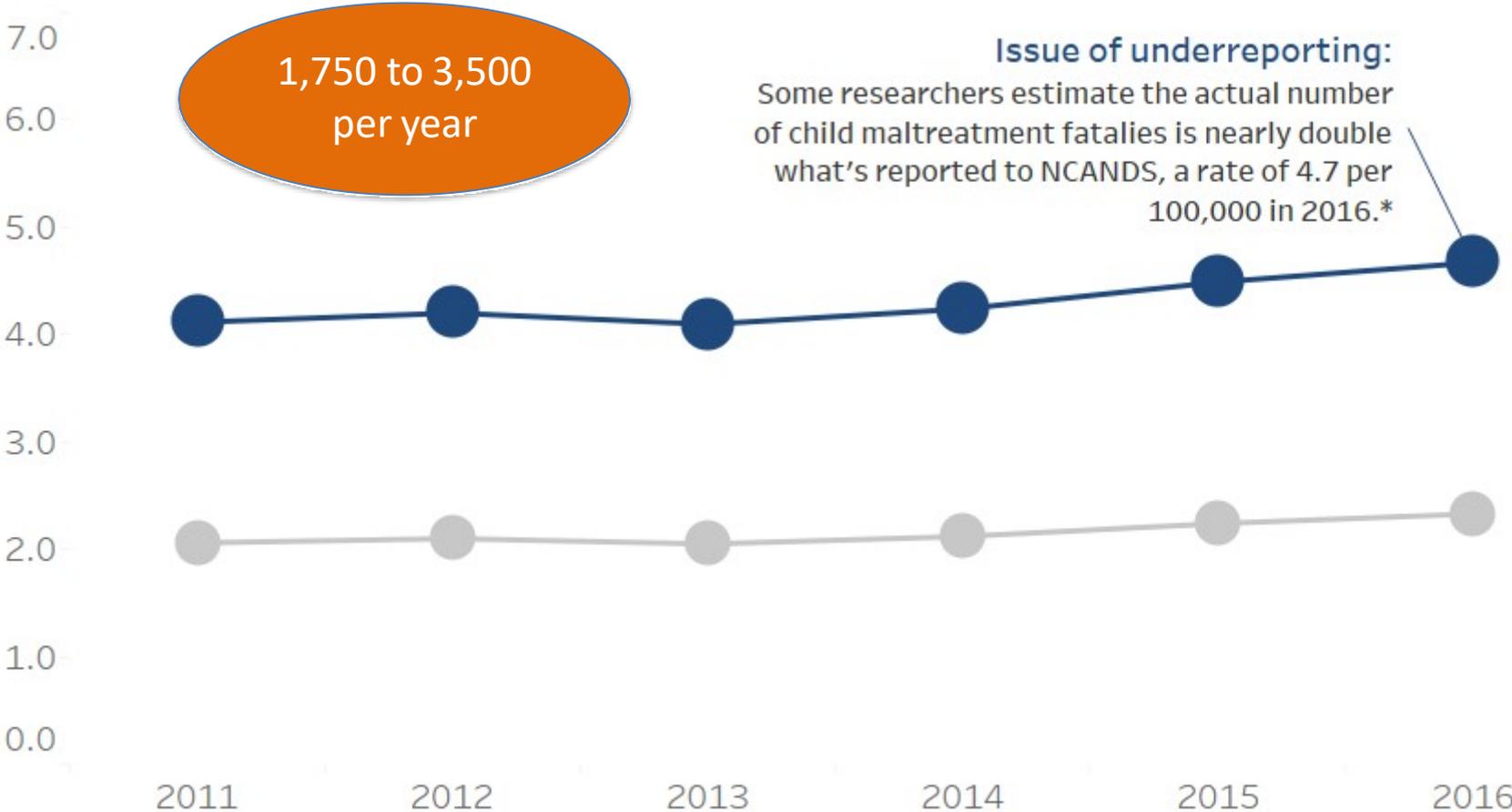
66,000
children
are born in
Colorado
every year

42% of CO
births are
paid for by
Medicaid



Rate of Child Maltreatment Fatalities in US

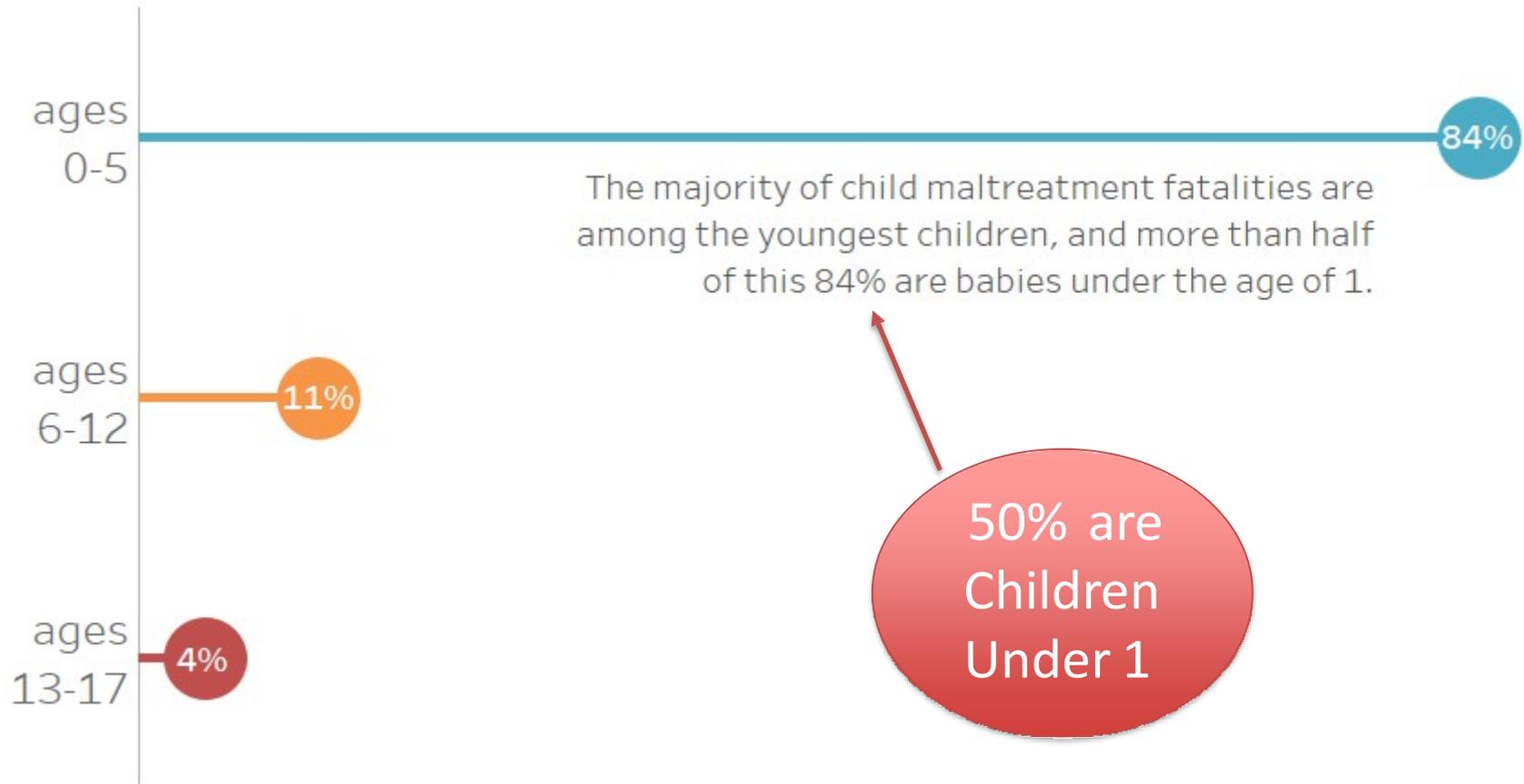
(per 100,000)



Data source: Child Maltreatment 2016

*Within our Reach: A National Strategy to Eliminate Child Abuse & Neglect Fatalities, page 25

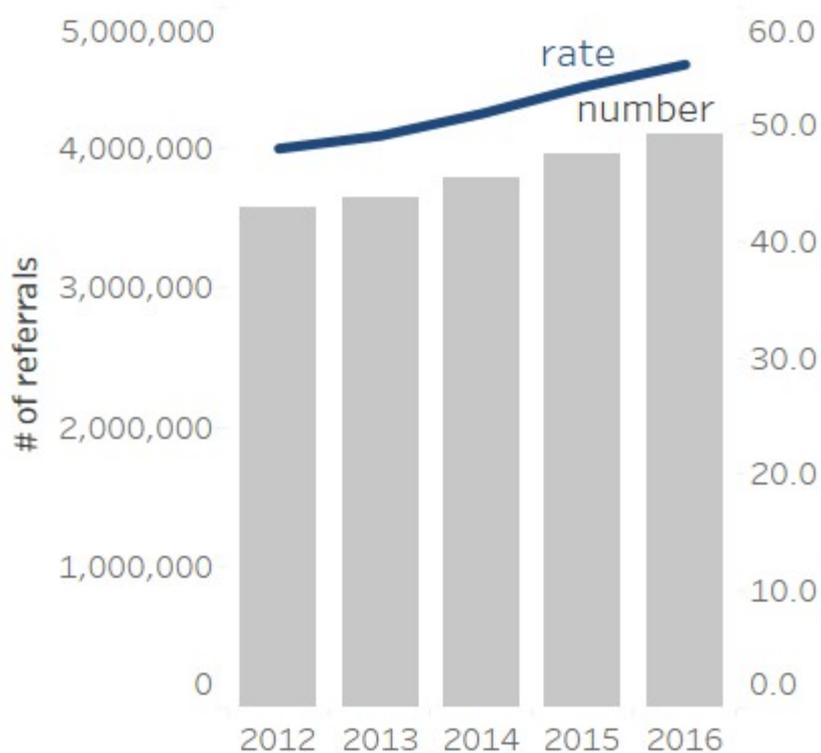
Child Maltreatment Fatalities US by Age Group



Data source: Child Maltreatment 2016

Referrals to Child Welfare

Referrals to child welfare increased 15% over the past 5 years



Annually 4.1 M referrals involving 7.4 M Children

over 11,000 referrals involving over 20,000 children are received each day



A call to the child protection hotline is a key indicator of a child's potential risk of injury death before age 5

We Know a lot About the Risk and Protective Factors to Guide Our Work

Risk

- › Child
 - › Younger than 4
 - › Special needs
- › Parental challenges
 - › Substance abuse and/or mental health issues
 - › Domestic violence
- › Parental characteristics
 - › Young age
 - › Low education
 - › Low-income
- › Family
 - › Social isolation
 - › Parenting stress
- › Community
 - › Community violence
 - › Concentrated disadvantage

Protective

- › Knowledge of parenting and child development and nurturing parenting skills
- › Parental resilience
- › Parental employment
- › Social and emotional competence of children
- › Stable family relationships
- › Social connections
- › Adequate housing
- › Access to health care and social services
- › Concrete support in times of need
- › Community support parents and shared responsibility for prevention

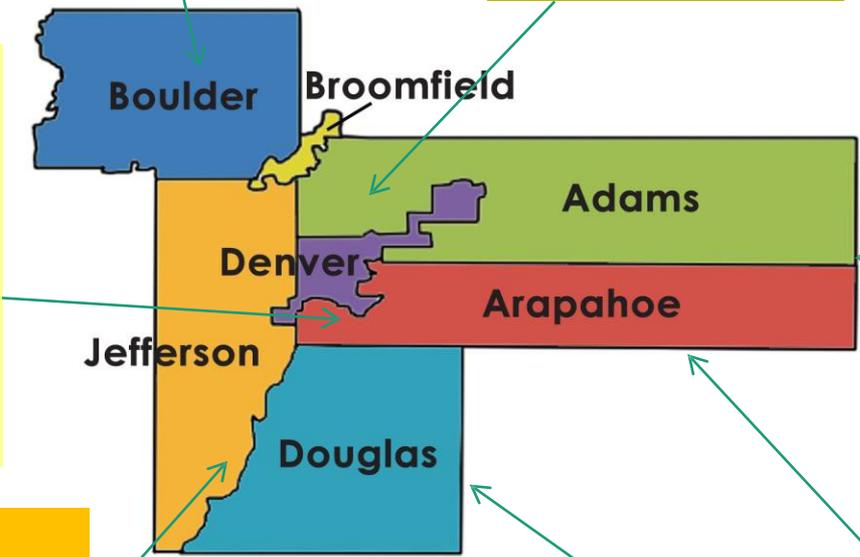
CO:
 Population-5.483M
 10.3% Poverty
 Child Pop-1.24M
 12.2% Child Poverty
 109,000 Referrals
 37,680 Assessments

Boulder County:
 Population-311,396
 12.6% Poverty
 61,904 Children
 9.8% Child Poverty
 5,030 Referrals
 1,774 Assessments
 40.1% < 5

Broomfield County:
 Population-67,896
 4.6% Poverty
 15,977 Children
 4.8% Child Poverty
 827 Referrals
 273 Assessments
 43.59% < 5

Total Lifetime Economic Burden for CY2018 for 12 metro counties fatal and non-fatal = \$27.8B

Denver County:
 Population-690,382
 12.5% Poverty
 137,388 Children
 17.4% Child Poverty
 13,243 Referrals
 4,755 Assessments
 45.70% < 5



Adams County:
 Population-497,506
 10.6% Poverty
 133,038 Children
 13.7% Child Poverty
 9,685 Referrals
 3,587 Assessments
 45.86% < 5

Jefferson County:
 Population-565,543
 7.6% Poverty
 113,033 Children
 8.3% Child Poverty
 9,295 Referrals
 3,421 Assessments
 44.08% < 5

Douglas County:
 Population-334,062
 3.2% Poverty
 88,400 Children
 2.7% Child Poverty
 4,023 Referrals
 1,366 Assessments
 37.77% < 5

Arapahoe County:
 Population-637,040
 7.8% Poverty
 150,629 Children
 9.0% Child Poverty
 11,345 Referrals
 4,641 Assessments
 42.58% < 5

***Source-SAIPE Census data 2017, Child Welfare data CY2017**

Maltreatment Prevention Through Early Childhood Investments



- Relentless focus on improving health and well-being for every child 0-5 years old
- Focusing on healthy births and family formation
- Support for families with risk factors, special focus on PN-1, PN-3
- Increased access to quality childcare
 - Investments in local access
 - Prioritizing access for 0-3 year olds
- Early intervention teams focus on referrals for children ages 0 to 5
- Coordination of care with community partners
- Statewide partnership between HHS and PH
- Building Universal Home Visitation Program with universal screening and risk mitigation
- Prenatal care, parental supports
- Social Determinants Supports

DRAFT AGENDA FOR DISCUSSION ABOUT BOCC VISIT IN JULY

Boulder County Family Resource Network – Regional Council Meeting

Thursday, July 11, 2019

3:00-5:00 p.m.

- 1) Welcome and Introductions- Suzanne (3:00-3:15)
- 2) Approval of Minutes – Suzanne (3:15-3:20)
- 3) Overview of FRN work to date and discussion (3:20-3:35)

Setting the stage for the conversation
 - a. The FRN and the Integrated Services Delivery Model of Care (ISDMC)- Suzanne/Melissa
 - b. Highlights of Local Area Collaborative work – Courtney/Whitney
- 4) How we are developing and Implementing a 2Gen Framework for Boulder County through the FRN- Melissa/ Suzanne (3:35-4:50)
 - a. Focusing on families with prenatal to eight
 - i. Service Enriched Housing Model – Betsey
 - ii. Early Childhood Focus on Prioritizing Vulnerable Families Prenatal-8
 - iii. 2GO
 - iv. Longmont Early Childhood Summit
 - b. Dream Big Under Family Resource Network
 - c. Developing a safety net for families experiencing homelessness
 1. Family Homelessness Subcommittee – Julie/Sarah
 2. Facilitated discussion on housing stability and homelessness – Julie
 - d. Identification of adjacent initiatives and additional discussion (20 min)
 - i. Integrating for Equity, Universal Home Visitation, Early Childhood and Childcare – Jeff/Andrea P./Danielle
 - ii. Additional discussion and summary – Suzanne

Solicit questions from the FRN RC. Here are the questions from last year.

- *Questions or thoughts from the BOCC on work of the FRN to date.*
- *Given that housing instability crosses all priorities of the FRN, what does the BOCC see for future local funding opportunities for affordable housing and how is the adoption of the Regional Affordable Housing Plan going to support any funding movement?*
- *Boulder County was a leader in establishing a living wage policy for Boulder County (organization). Does the BOCC have any ideas in mind about how they can continue to support this issue more widely, especially with regard to business engagement?*
- *Are the Commissioners hearing anything from their constituents (outside of organization and partnership agencies) with regard to any of our priorities – either concern about the issues, acknowledgement of the positive impact of the FRCs, etc. of which we should be aware?*
- *What are the thoughts of the BOCC in balancing the priorities of Boulder County and growth with the support and needs of vulnerable families?*

DRAFT

Public Health Improvement Process (PHIP)

Community Mental Health Initiative Project Charter

Project Sponsor Susan Motika
Project Manager Marcy Campbell

Brief Project Description

The Community Mental Health Initiative (2018-2022 Public Health Improvement Process, or PHIP) plan has two goals: 1) improve mental health for all Boulder County children and youth. This is accomplished by supporting evidence-based approaches in local schools to address access and enhance primary prevention, intervention, and treatment; and 2) expanding access to mental health services for all residents through policy.

Project Background- External

In 2017, Boulder County Public Health conducted a thorough assessment of health factors affecting county residents. Along with analysis of demographic and public health data, the assessment included conversations with groups of residents to ensure that the community perspective was included, particularly from those experiencing health inequities and disparities. Mental health was identified as Boulder County's public health priority for the next five years.

Project Background- Internal

The PHIP Planning Team conducted a root cause analysis in 2018 to identify the drivers of mental health needs in Boulder County communities. The primary themes identified in the analysis were: early childhood; populations cycling through the criminal justice system; and access to mental health supports. The team analyzed data and interviewed PHIP Executive Steering Committee members to review data and provide their expert perspective. Improving access to mental health supports was determined to be the key driver to address in order to generate positive and sustainable change in Boulder County.

Statutory Authority

The Colorado Public Health Act of 2008 (SB 08-194 CRS 25-1-501 et seq.) requires each public health agency to conduct an assessment of the health of their community and to develop a work plan to respond to those identified needs.

Project Objectives

- Increase evidence-based primary prevention practices, intervention, and treatment in Boulder County schools to improve mental health.
- Decrease complexity in accessing mental health supports in schools.
- Increase coordination, referrals, and common assessment in order to support students' mental health.
- Increase capacity to implement evidence-based practices and programs with fidelity.
- Increase capacity to measure outcomes of interventions and primary prevention practices.
- Decrease barriers to accessing mental health supports through policy change.

Project Scope

Boulder County Public Health will lead the project and will include relevant community partners and community members in both the planning and implementation phases. The project will improve mental health in Boulder County by:

- Enhancing access to mental health services and supports and improving mental health in Boulder County public schools.
- Implementing policy work that increases access to mental health services.
- Building community support for evidence-based practices and policies to improve mental health.

High-Level Requirements

State requirements for the work plan include:

- a. Examine data about health status and risk factors in the local community.
- b. Assess the capacity and performance of the county or district public health system.

- c. Identify goals and strategies for improving the health of the local community.
- d. Describe how representatives of the local community develop and implement the local plan.
- e. Address how county public health agencies coordinate with the Colorado Department of Public Health and Environment (CDPHE) and others within the public health system to accomplish goals and priorities identified in the comprehensive, statewide public health improvement plan.
- f. Identify financial resources available to meet identified public health needs and requirements.

BCPH Requirement: Consider the need to advance health equity at all stages.

Summary of Deliverables

YEAR 1

- Assess current best practices in local school districts, identify gaps, and develop multi-year implementation plan.
- Conduct a policy analysis to identify needs and opportunities for policy change to address mental health access.

YEAR 2-5

- Implement evidence-based primary prevention, intervention, and treatment programs and practices to improve mental health in local schools to reduce barriers to accessing mental health supports.
- Implement systems change through policy development and a coordinated school-based system of care to address mental health access.

Assumptions

- School districts are willing to partner and increase coordination.
- Partners can agree on a common assessment tool to identify mental health needs.
- Boulder County departments, including but not limited to Community Services and Housing and Human Services, will coordinate and collaborate on school-based efforts.
- School districts are willing to add evidence-based practices to the continuum of support to improve mental health.
- School districts and partners agree that increased evidence-based primary prevention and early intervention strategies will reduce risk factors and increase protective factors.
- To improve mental health for all students while advancing health equity, strategies to improve mental health for students facing health inequities and disparities outcomes must be included.

Project Requirements

The project must demonstrate clear and measureable progress and outcomes that demonstrate fidelity to the priority findings from the Community Health Assessment and adhere to a five-year action plan that includes goals, objectives, and strategies. The action plan will be a “living document”--modified, as needed, based on the principle of continuous quality improvement.

This project is authorized by:

Susan Motika, BCPH Strategic Initiatives Director

Date

Jeffrey J. Zayach, BCPH Executive Director

Date

Gregg Thomas, Boulder County Board of Health

Date

Colorado Department of Public Health & Environment

Date

Community Mental Health Initiative Plan- Year 1

Activity	Implementation Period
<i>Identify current mental health efforts provided by Boulder County Public Health (BCPH)</i>	
Review Strategic Budgeting materials	January-March 2019
Coordinate with BCPH Community Health Division which works most closely with Boulder County schools	February-April 2019
Provide opportunities for staff input	April-May 2019
<i>Identify current evidence based practices and gaps in Boulder County school districts</i>	
Develop framework to scan school district for current strengths and gaps in mental health supports	December-February 2019
Identify and review current assessments of evidence-based practices	December-March 2019
Identify evidence-based services delivered in schools by external partners	January-March 2019
Gather information about district-level evidence-based practices	December-March 2019
Gather information about school-level evidence-based practices	December-March 2019
Partner with Safehouse Progressive Alliance for Nonviolence (SPAN) to conduct hotspot mapping following review of school climate surveys	April-December 2019
Identify gaps and opportunities for additional evidence-based programs utilizing best practices frameworks identified as reference point	February-May 2019
<i>Conduct Community Readiness Assessment within school districts</i>	
Conduct key informant interviews with Boulder Valley School District (BVSD) and St. Vrain Valley School District (SVVSD) personnel to understand opportunities for collective action around access to mental health supports	February-April 2019
<i>Identify outcome and process measures</i>	
Select outcome measures to track progress of gaps analysis and plan	January-February 2019
Identify relevant data points of concern from Healthy Kids Colorado Survey (HKCS) and other available sources	March-April 2019
Draft outcome and process measures for implementation plan	June-August 2019
<i>Identify and review state and national best practices</i>	
Identify and review state models or frameworks for school-based mental health interventions or frameworks	December-March 2019

Identify and review national models or frameworks for school-based mental health interventions or frameworks	December-March 2019
<i>Conduct a policy analysis to identify needs and opportunities for policy change to address mental health access</i>	
Take an inventory of 2019 state legislative bills that address mental health and substance abuse; prioritize potential bills for action.	January-May 2019
Meet with Mental Health Colorado Policy Director on longer-term, complex policy initiatives to increase access to mental health supports.	December-January 2019
Inform key stakeholders of potential options and identify their priorities	April-July 2019
Decide on 2-3 long term policy priorities	August-December 2019
Conduct research, coalition- building, and negotiation on policy initiatives to increase access to mental health supports (over multiple years)	January- December 2019
<i>Establish interim governance structure</i>	
Plan transition of current Executive Steering Committee	January-March 2019
Identify core members of Year One Working Group to co-design first year planning and implementation	January-March 2019
<i>Manage process and build support</i>	
Plan and facilitate Executive Steering Committee and work group meetings	Ongoing
Support the Longmont Supporting Action for Mental Health (SAM) initiative	Ongoing
Identify opportunities for youth leadership in each stage of the process	Ongoing
Provide opportunities for community member and parent leadership in the process	Ongoing
Identify opportunities for cross-school district collaboration	Ongoing
Build support for policy change	Ongoing
Provide regular progress updates to BCPH staff and community partners	Quarterly

7. Kaelber DC, Jha AK, Johnston D, et al. A research agenda for personal health records (PHRs). *J Am Med Inform Assoc.* 2008;15(6):729–736.
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A Framework for Public Health Action: The Health Impact Pyramid

A 5-tier pyramid best describes the impact of different types of public health interventions and provides a framework to improve health. At the base of this pyramid, indicating interventions with the greatest potential impact, are efforts to address socioeconomic determinants of health. In ascending order are interventions that change the context to make individuals' default decisions healthy, clinical interventions that require limited contact but confer long-term protection, ongoing direct clinical care, and health education and counseling.

Interventions focusing on lower levels of the pyramid tend to be more effective because they reach broader segments of society and require less individual effort. Implementing interventions at each of the levels can achieve the maximum possible sustained public health benefit. (*Am J Public Health.* 2010;100:590–595. doi:10.2105/AJPH.2009.185652)

Thomas R. Frieden, MD, MPH

LIFE EXPECTANCY IN DEVELOPED COUNTRIES has increased from less than 50 years in 1900 to nearly 80 years today.¹ The greatest improvement occurred in the first half of the 20th century, when life expectancy in the United States and many parts of Europe increased by an average of 20 years,² largely because of universal availability of clean water and rapid declines in infectious disease,³ as well as broad economic growth, rising living standards, and improved nutritional status.⁴ Smaller gains in the latter half of the 20th century resulted primarily from advances in treatment of cardiovascular disease and control of its risk factors (i.e., smoking, high blood pressure, and high cholesterol).⁵

The traditional depiction of the potential impact of health care interventions is a four-tier pyramid, with the bottom level representing population-wide interventions that have the greatest impact

and ascending levels with decreasing impact that represent primary, secondary, and tertiary care.⁶ Other frameworks more specific to public health have been proposed. Grizzell's 6-tier intervention pyramid emphasizes policy change, environmental enhancement, and community and neighborhood collaboration.⁷ Hamilton and Bhatti's 3-dimensional population health and health promotion cube incorporates 9 health determinants (e.g., healthy child development, biology and genetics, physical environments, working conditions, and social support networks) and evidence-based actions to address them (e.g., reorienting health services, creating supportive environments, enacting healthy public policy, and strengthening community action).⁸ The maternal and child health pyramid of health services, developed by the US Health Resources and Services Administration, consists of 4 levels

of services used by states to allocate resources for mothers and children.⁶ Infrastructure building (e.g., monitoring, training, systems of care, and information systems) is at the bottom of the pyramid, followed by population-based services (e.g., newborn screening, immunization, and lead screening) and enabling services (e.g., transportation, translation, case management, and coordination with Medicaid), with direct health care services at the top.

All of these models, however, focus most of their attention on various aspects of clinical health services and their delivery and, to a lesser extent, health system infrastructure. Although these are of critical importance, public health involves far more than health care. The fundamental composition, organization, and operation of society form the underpinnings of the determinants of health, yet they are often overlooked in the development frameworks to

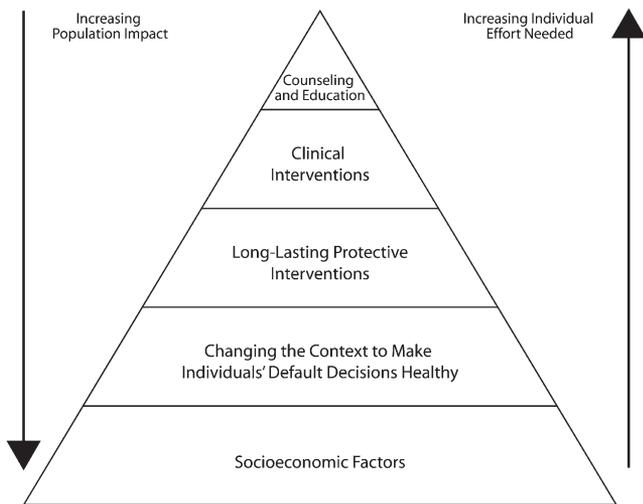


FIGURE 1—The health impact pyramid.

(e.g., poverty reduction, improved education), often referred to as social determinants of health, that help form the basic foundation of a society.^{11,12} Socioeconomic status is a strong determinant of health, both within and across countries.¹³ Although the exact mechanisms by which socioeconomic status exerts its effects are not always apparent, poverty, low educational attainment, relative deprivation, and lack of access to sanitation increase exposure to environmental hazards.¹⁴ Educational status is also tightly correlated with cardiovascular risk factors, including smoking.^{15,16}

Although poverty increases ill health within a society, economic development can also increase illness and death from noncommunicable disease. As living standards and life expectancy improve, risk for cardiovascular disease and some cancers increases.¹⁷ Much of this increase results from modifiable risk factors related to overconsumption of tobacco, unhealthy food, and alcohol, with a concurrent decrease in physical activity. Greater wealth can also lead to more roads and an increase in motor vehicle use, which can result in increased outdoor air pollution and more injury and death from traffic crashes.

A third of the world's urban population lives in slums.¹⁸ Substantial health improvements in high-poverty areas will require improved economic opportunities and infrastructure, including reliable electric power, sanitation, transport, and other basic services.¹⁹ Clean water and improved sanitation introduced in the United States in the late 19th and early 20th centuries may have been primarily responsible for reducing mortality rates by about half and child mortality rates by nearly two thirds in major cities.²⁰

Still, more than 900 million people worldwide have no access to clean drinking water and about 2.5 billion have no access to adequate sanitation.²¹ As the World Health Organization's Commission on Social Determinants of Health reported, "Social injustice is killing people on a grand scale."^{11(p26)}

Changing the Context to Encourage Healthy Decisions

The second tier of the pyramid represents interventions that change the environmental context to make healthy options the default choice, regardless of education, income, service provision, or other societal factors. The defining characteristic of this tier of intervention is that individuals would have to expend significant effort not to benefit from them. For example, fluoridated water—which is difficult to avoid when it is the public supply—not only improves individual health by reducing tooth decay,²² but also provides economic benefits by reducing health spending and productivity losses. In countries without either adequate natural or added fluoridation, health authorities are limited to counseling interventions, such as encouraging toothbrushing.

Other contextual changes that create healthier defaults include clean water, air, and food; improvements in road and vehicle design; elimination of lead and asbestos exposures; and iodization of salt.²² The potential societal impact of decreasing cardiovascular risk factors by changing from saturated to unsaturated cooking oils was demonstrated in Mauritius²³; eliminating artificial *trans* fat in food is another way to prevent cardiovascular disease.²⁴ Strategies to create healthier environmental contexts also include

describe health system structures. As a result, existing frameworks accurately describe neither the constituent elements nor the role of public health.

A FIVE-TIER PYRAMID

An alternative conceptual framework for public health action is a 5-tier health impact pyramid (Figure 1). In this pyramid, efforts to address socioeconomic determinants are at the base, followed by public health interventions that change the context for health (e.g., clean water, safe roads), protective interventions with long-term benefits (e.g., immunizations), direct clinical care, and, at the top, counseling and education. In general, public action and interventions represented by the base of the pyramid require less individual effort and have the greatest population impact. However, because these actions may address social and economic structures of society, they can be more controversial, particularly if the public

does not see such interventions as falling within the government's appropriate sphere of action.

Interventions at the top tiers are designed to help individuals rather than entire populations, but they could theoretically have a large population impact if universally and effectively applied. In practice, however, even the best programs at the pyramid's higher levels achieve limited public health impact, largely because of their dependence on long-term individual behavior change.⁹ As Rose writes,

Personal life-style is socially conditioned. . . . Individuals are unlikely to eat very differently from the rest of their families and social circle. . . . It makes little sense to expect individuals to behave differently than their peers; it is more appropriate to seek a general change in behavioural norms and in the circumstances which facilitate their adoption.^{10(p135)}

Socioeconomic Factors

The bottom tier of the health impact pyramid represents changes in socioeconomic factors

designing communities to promote increased physical activity; enacting policies that encourage public transit, bicycling, and walking instead of driving; designing buildings to promote stair use; passing smoke-free laws; and taxing tobacco, alcohol, and unhealthy foods such as soda and other sugar-sweetened beverages.

Cardiovascular disease risk factors (e.g., hypertension) are currently addressed at the individual level through screening and medication. But even assuming perfect treatment, this approach fails to prevent almost half of the disease burden caused by elevated blood pressure; cardiovascular risk increases with systolic blood pressure above 115 mm Hg, a level at which medical treatment is not recommended currently.^{25,26} Changing the environmental context so that individuals can easily take heart-healthy actions in the normal course of their lives can have a greater population impact than clinical interventions that treat individuals.

For example, modern diets contain many times the minimum daily requirement of sodium—mostly from packaged foods and restaurant meals—making it difficult for individuals to control their intake.²⁷ Reducing dietary sodium can reduce hypertension at the population level.^{28,29} A healthier food environment can be created by decreasing salt in packaged foods. This is happening in the United Kingdom, which introduced four-year sodium reduction targets,³⁰ and in Finland, where dietary sodium intake decreased approximately 25% in the past 30 years.³¹

Long-Lasting Protective Interventions

The third level of the pyramid represents 1-time or infrequent

protective interventions that do not require ongoing clinical care; these generally have less impact than interventions represented by the bottom 2 tiers because they necessitate reaching people as individuals rather than collectively. Historic examples include immunization, which prevents 2.5 million deaths per year among children globally.³² Another example is colonoscopy, which can significantly reduce colon cancer and is only needed every 5 to 10 years for most people. Smoking cessation programs increase quit rates; life expectancy among men who quit at age 35 is almost 7 years longer than for those who continue to smoke.³³

Male circumcision, a minor outpatient surgical procedure, can decrease female-to-male HIV transmission by as much as 60%.³⁴ Scale-up could potentially prevent millions of HIV infections in sub-Saharan Africa.^{35,36} A single dose of azithromycin or ivermectin can reduce the prevalence of onchocerciasis, a major cause of blindness.³⁷

Clinical Interventions

The fourth level of the pyramid represents ongoing clinical interventions, of which interventions to prevent cardiovascular disease have the greatest potential health impact. Although evidence-based clinical care can reduce disability and prolong life, the aggregate impact of these interventions is limited by lack of access, erratic and unpredictable adherence, and imperfect effectiveness. Access can be limited even in systems that guarantee health coverage for all³⁸ and is a much greater problem in the United States and other countries without universal health care coverage.^{39,40} Nonadherence is especially problematic for chronic conditions that are

usually asymptomatic, such as hypertension, hyperlipidemia, and diabetes. At least a third of patients do not take medications as advised, and nonadherence cannot be predicted from socioeconomic or demographic characteristics.^{41,42}

Rigorous accountability, incentives for meaningful outcomes (e.g., blood pressure and cholesterol control), and systems to enable improved performance are all essential to improve health care system performance. Electronic health records have the potential—if and only if they are implemented with prevention and accountability as guiding principles—to facilitate greatly improved preventive and chronic care.⁴³ This goal is more likely to be attained if electronic record keeping is implemented along with changes in both financial incentives and physician practices to proactively support preventive care and control of chronic diseases.⁴⁴

Counseling and Educational Interventions

The pyramid's fifth tier represents health education (education provided during clinical encounters as well as education in other settings), which is perceived by some as the essence of public health action but is generally the least effective type of intervention.⁹ The need to urge behavioral change is symptomatic of failure to establish contexts in which healthy choices are default actions. For example, counterbalances to our obesogenic environment include exhortations to increase physical activity and improve diet, which have little or no effect. More than one third of US adults, or 72 million people, were obese in 2006, a dramatic increase over

1980.⁴⁵ Two thirds of these individuals were counseled by a health care provider to lose weight,⁴⁶ yet daily calorie and fat intake continues to rise.

Counseling, either within or outside the clinical context, is generally less effective than other interventions; successfully inducing individual behavioral change is the exception rather than the rule. For example, although clear, strong, and personalized smoking cessation advice, even in the absence of pharmacological treatment, doubles quit rates among smokers who want to stop and should be the norm in medical care, it still fails to help 90% of those who are motivated to quit.^{47,48}

Nevertheless, educational interventions are often the only ones available, and when applied consistently and repeatedly may have considerable impact. An example of a successful evidence-based educational intervention is trained peer counselors advising men who have sex with men about reducing HIV risk.⁴⁹

PROGRAM IMPLEMENTATION

Comprehensive tobacco control programs, which contain elements that work at all levels of the pyramid, illustrate the potential application of this paradigm and the synergies among different levels of intervention. People with low incomes and low educational attainment have higher rates of smoking than do people with higher incomes and education.⁵⁰ Interventions that address social determinants of health, such as increasing a population's educational and economic status, should therefore reduce smoking rates. However, because these changes often require fundamental social

TABLE 1—Structural Approaches to Health Promotion for Communicable Disease, Noncommunicable Disease, and Injury Prevention

Approaches to Prevention	Communicable Disease	Noncommunicable Disease	Injuries
Counseling and educational interventions	Behavioral counseling to reduce sexually transmitted infections	Dietary counseling Counseling to increase levels of physical activity Public education about avoiding lifestyle-mediated disease	Counseling and public education to avoid drinking and driving and encourage compliance with traffic laws School-based programs to prevent or reduce violent behavior
Clinical interventions	HIV treatment to decrease viral load and reduce transmission Treatment of tuberculosis, resulting in decreased spread of infection	Treatment of hypertension and hyperlipidemia Aspirin therapy for people with coronary heart disease	Methadone and buprenorphine treatment to decrease opiate overdose Screening and treatment of women older than 65 years for osteoporosis to reduce fractures
Long-lasting protective interventions	Immunizations Male circumcision in countries with high HIV prevalence and significant female-to-male transmission Mass antibiotics to prevent or treat tropical diseases (e.g., onchocerciasis)	Colonoscopy Treatment of tobacco addiction Surgical sterilization, intrauterine device insertion, or other long-acting contraception to reduce maternal mortality Dental sealants	Brief behavioral counseling to reduce alcohol consumption Home modification, such as installation of grab bars and handrails, to prevent falls among the elderly
Changing the context	Clean water Reduced indoor smoke pollution from biomass cooking Ubiquitous condom availability	<i>Trans</i> fat elimination in processed food to reduce cardiovascular disease Sodium reduction in packaged foods and food served in restaurants to reduce cardiovascular disease Fluoridation of water to prevent dental cavities Elimination of lead paint and asbestos exposures Increased unit price for tobacco, alcohol, and sugar-sweetened beverages Smoke-free workplaces Community and transit design to promote greater physical activity	Road and vehicle design requirements to reduce crashes and protect pedestrians and bicyclists Laws prohibiting the sale of alcohol to minors and increased alcohol price Laws prohibiting driving at even low blood alcohol levels Effectively implementing laws to mandate helmet use by motorcyclists and motorcycle passengers Occupational safety requirements
Socioeconomic factors	Reduced poverty to improve immunity, decreased crowding and environmental exposure to communicable microbes, and improved nutrition, sanitation, and housing	Reduced poverty, increased education levels, and more nutritional options to reduce cardiovascular disease, some cancers, and diabetes	Reduced poverty levels to reduce drug use and violence, improved housing options, and lowered vulnerability to extreme weather conditions

change, they are generally not within the traditional purview of tobacco control or public health programs.

Context-changing interventions, such as increasing tobacco taxes, establishing smoke-free workplaces, and changing the social norms regarding smoking through hard-hitting antitobacco campaigns and elimination of advertising and promotional cues to smoke, are highly effective in reducing tobacco use.⁵¹ Hard-hitting

ad campaigns, particularly as part of a comprehensive tobacco control program, not only reduce tobacco use by changing the social context of smoking⁵² but also provide in effect a social immunization against smoking that persists over time. Clinical care that includes cessation medications can triple quit rates in individual smokers, but even the best systems treat only a small proportion of smokers, and only one third of those who are

motivated to quit and are treated will succeed.⁴⁸ Education about the harms of smoking provides people with information to help them change their behavior. Other examples of this 5-tiered framework applied to communicable disease, chronic disease, and injury prevention are given in Table 1. Inevitably, some programs blur the distinctions between tiers. For example, mass media campaigns for tobacco control could be viewed as an educational

intervention (tier 5), but if done effectively, such actions can change the context by altering the social norms related to tobacco use (tier 2).

PRACTICAL APPLICATION OF THE HEALTH IMPACT PYRAMID

The health impact pyramid, a framework for public health action, postulates that addressing socioeconomic factors (tier 1, or

the base of the pyramid) has the greatest potential to improve health. Interventions that change the context for individual behavior (tier 2) are generally the most effective public health actions; 1-time clinical interventions (tier 3), such as immunizations, can be more effectively applied than those requiring ongoing care; and clinical interventions (tier 4) are generally, although not inevitably, more effective than counseling and education (tier 5).

Although the effectiveness of interventions tends to decrease at higher levels of the pyramid, those at the top often require the least political commitment. Achieving social and economic change might require fundamental societal transformation. Contextual change is often controversial, as evidenced by disputes over smoke-free laws, restrictions on artificial trans fat, and water fluoridation.^{53,54} One-time interventions tend to be less controversial, although immunization programs that attempt to reach all members of a society often meet resistance arising from suspicion and disbelief.⁵⁵

Although the structure and financing of health care systems can be controversial, clinical care itself rarely is. While exceptions exist, health education usually requires minimal political backing. Hence the greater popularity of school-based antismoking programs (despite consistent evidence they provide little to no benefit⁵⁶) than of proven tobacco control interventions such as taxation, smoke-free environments, and comprehensive marketing bans. Similarly, exhorting people to exercise more and eat less is politically popular, but taxation of soda and other sugar-sweetened beverages,⁵⁷ bans on marketing junk food to

children, and community redesign to encourage walking and bicycling, although far more effective, are also politically more difficult.

Interventions that address social determinants of health have the greatest potential public health benefit. Action on these issues needs the support of government and civil society if it is to be successful.⁵⁸ The biggest obstacle to making fundamental societal changes is often not shortage of funds but lack of political will; the health sector is well positioned to build the support and develop the partnerships required for change.⁵⁹

To say that social and contextual changes are more effective at improving public health is not to imply that other interventions should be ignored. For different public health problems, different interventions may be the most effective or feasible in any given context. Education to encourage condom use, although of only limited effectiveness, can reduce HIV transmission and save lives. Changing the context to make condoms ubiquitously available and acceptable makes education about their use more effective. Comprehensive public health programs should generally attempt to implement measures at each level of intervention to maximize synergy and the likelihood of long-term success. ■

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This article was accepted December 8, 2009.

Acknowledgments

The author thanks Kelly Henning for valuable insight and input and Drew Blakeman, Cheryl de Jong Lambert, Leslie Laurence, and Karen Resha for assistance with article preparation and research.

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DISTRICT OVERALL

ACADEMIC SCORECARD - *ADVANCING EXCELLENCE*

Last updated
2019-01-07
09:00:27



CELEBRATIONS



ENGAGEMENT



SECURITY & SAFETY



ACADEMICS



DISTRICT SCORECARD

SCHOOL INFO

SUPT:	Don Haddad, Ed.D.
ADDRESS:	395 South Pratt Parkway Longmont, CO 80501
WEBSITE:	https://www.svvsd.org
PHONE:	(303) 776-6200

TOTAL ENROLLMENT: 32639

36.5%	11.1%	13.7%	27.1%
MINORITY STUDENTS	SPECIAL EDUCATION STUDENTS	ENGLISH LANGUAGE LEARNERS	FREE & REDUCED LUNCH

CELEBRATIONS

ADVANCING EXCELLENCE FOR EVERY STUDENT



Home to 70 high-quality instructional focus programs, including the state's first P-TECH program, that are giving our students a strong competitive advantage that will propel them in the globalized 21st-century economy.



Last year, student had the opportunity to earn 15,534 college credits, saving families a potential \$9 million dollars in in-state tuition costs at a four-year university.



In the 2016-2017 academic year, St. Vrain Valley Schools had our highest levels of student achievement, with the highest SAT scores and school accreditation ratings in the district's history.



STUDENT ENGAGEMENT

	15-16 - Baseline Data	17-18 - Current Data	18-19 - New Target	Progress to 2020 Goal	2020 Goal
Chronically Absent	14%	15.6%	14%		12.5%
Dropout Rate	1.2%	1.5%	1%		0.5%
Graduation Rate	89%	90%	90.5%		90.7%
Participation in Co-Curricular and Extra-Curricular Activities	N/A	75%	77%		80%



SAFETY & SECURITY

	15-16 - Baseline Data	17-18 - Current Data	18-19 - Target (as a % reduction)	Progress to 2020 Goal	2020 Goal (as a % reduction)
Expulsions	8	5	25%		50%
Out-Of-School Suspensions	1273	1326	5%		10%



	15-16 - Baseline Data	17-18 - Current Data	18-19 - New Target	Progress to 2020 Goal	2020 Goal
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ACADEMICS

3rd Grade CMAS ELA	42%	42%	47%	51%
Advanced Course Participation	62%	59%	65%	70%
CMAS ELA Elementary	45%	48%	54%	59%
CMAS ELA Elementary Growth Percentile	51	51	54	56
CMAS ELA Middle	42%	44%	52%	59%
CMAS ELA Middle Growth Percentile	52	50	53	56
CMAS Math Elementary	39%	39%	43%	47%
CMAS Math Elementary Growth Percentile	51	50	53	56
CMAS Math Middle	35%	37%	39%	41%
CMAS Math Middle Growth Percentile	53	49	52	55
PSAT 10 (Average Composite)	951.4	957.4	980	1000
PSAT 9 (Average Composite)	N/A	917	932	947
PSAT/SAT Growth Percentile EBRW	N/A	52	55	57
PSAT/SAT Growth Percentile Math	N/A	49	55	57
SAT (Average Composite)	N/A	1037	1052	1052
School Readiness (TS Gold Assessment PK)	96%	96%	97%	98%

DEPARTMENT OF ASSESSMENT & CURRICULUM

[Description of Elements](#)

Academic scorecards are managed by the Department of Assessment & Curriculum.

Contact:
 Tori Teague
 teague_tori@svvdsd.org
 303-682-7242



Academic Scorecard Descriptions

Chronically Absent = # of Students Chronically Absent/Total Students

Chronically absent students have been absent (excused or unexcused) the equivalent of 10% or more of the school year.

Graduation Rate = Number of on-time Graduates / Cohort Base

Cohort Base is all students that were ultimately St. Vrain's responsibility throughout the 4 years of high school. Legitimate transfers out of St. Vrain are removed from the denominator, legitimate transfers into St. Vrain are added into the denominator and dropouts are left in the denominator as well, all over the course of 9th-12th grade. (Graduation data is reported one year behind the actual year of completion. Data will not be reported until midyear, the following year)

Dropout Rate = # of Dropouts / 7th-12th Grade Membership

7th - 12th grade membership is any student enrolled in that grade span over the course of the school year.

By Colorado law, a dropout is a "person who leaves school for any reason, before completion of a high school diploma or its equivalent, and who does not transfer to another public or private school or enroll in an approved home study program."

A student is not a dropout if he/she transfers to an educational program recognized by the district, completes a G.E.D. or registers in a program leading to a G.E.D., is committed to an institution that maintains educational programs, or is so ill that he/she is unable to participate in a homebound or special therapy program. Students who reach the age of 21 before receiving a diploma or designation of completion ("age-outs") are also counted as dropouts.

Co-Curricular and Extra-Curricular Participation = # of Students Participating/Total Students

Students count as participating in co-curricular or extra-curricular activities if they participate in: elective music classes such as band and choir that require outside of the school day commitments such as concerts and performances, school athletics including cheerleading, and school clubs such as student council, chess club, art club GSA, etc.

Advanced Course Participation= # of students enrolled in an advanced level course/ total students

A student qualifies if they are enrolled in any honors or advanced level course. (see list below)

-HS advanced level courses: Honors, AP, Pre-IB, IB, CU Succeed, and/or Concurrent.

-MS advanced level courses: Honors, Advanced, Accelerated, IB-MYP, Algebra, and/or Geometry.



Family Resource Network Regional Council Meeting

July 11, 2019

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

July 11, 2019

Kaiser Large Conference Room, Boulder

Meeting Objectives

- 1) Gain clarity on linkage between the FRN goal and the FRN initiatives
- 2) Discuss FRN successes and lessons learned and identify next steps to strengthen our collective work
- 3) Finalize content for September FRN meeting with Board of County Commissioners
- 4) Continue to clarify FRN alignment opportunities with key partners

Decision Points for Today:

- 1) Approval of minutes from May
- 2) Finalize agenda for September

1. Welcome and Introductions- Suzanne (3:00-3:05)
2. Review of Agenda and Consent Items- Suzanne (3:05- 3:10)
3. Mid-Year Check In- Review and discussion of current FRN work and plans for the balance of 2019 (3:10- 4:30) - Melissa
 - a. Overview of work to date
 - i. Linkages of the FRN initiatives to the larger FRN goal
 - b. Successes, lessons learned and opportunities to focus and strengthen our work
 - c. Next steps
4. Overview for FRN meeting with Board of County Commissioners in September (4:30- 4:50)- Melissa and Suzanne
5. Review of meeting schedule for balance of year (4:50-5:00) - Monica
6. Adjourn (5:00)



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BCDHHS Advisory Committee/Family Resource Network Advisory Council Meeting Minutes

Thursday, May 9, 2019, 3:00-5:00pm
655 Aspen Ridge Road, Lafayette, CO

Members Present: Frank Alexander, Betsey Martens, Robin Bohannon, Rebecca Alderfer, Lori Canova, Edwina Salazar, Courtney Schwartz (proxy for Julie Van Domelen), Olga Bermudez (proxy for Christina Pacheco Sims), Diana Lauer, Wendy Schwartz (proxy for Kurt Firnhaber), Karin Stayton, Suzanne Crawford, Betsey Martens

By phone: Janette Taylor

Staff Present: Melissa Frank-Williams, Monica Serrato, Whitney Wilcox, Susan Caskey, Angela Lanci-Macris, Daphne McCabe, Jim Williams

1. Welcome and Introductions

Suzanne Crawford welcomed the group and led introductions.

2. Child Maltreatment Prevention Strategies

Melissa Frank-Williams introduced Frank Alexander's presentation on child maltreatment, which will give a foundation for the work moving forward with the FRN. Frank presented his PowerPoint on child maltreatment. After the presentation the group discussed several points:

- Betsey Martens asked if housing is considered a protective factor, and if so, what is the measure- is it stability, affordability and quality or something else? Frank was unsure if measures have been researched and quantified at the level that this group would want to get to, however at a minimum the measure would be access to and stability within housing.
- Edwina Salazar asked if this will be presented to the state legislature? She said that resources are lacking on the prevention side and government intervention is needed to support that. There is not currently a plan to present this to the state legislature. It has been presented to the state Medicaid agency, the Colorado Department of Human Services and the Metro Denver Partnership for Health. The Department of Human Services and Department of Healthcare Policy and Financing have been asked to use their Medicaid authority to approve new evidence-based interventions on the front end such as evidence-based substance use and mental health treatment, better prenatal care, home visitation coordination, and more coordination on maternal/child health outcomes that are coming out of the State Department of Public Health and Environment.
- Frank shared that there is a 5-year, \$550,000 grant from the Children's Bureau that the [Metro Denver Partnership for Health](#) is applying for, and that Early Milestones is helping to write. The primary purpose of the grant is to develop collaborations to connect with and engage families differently to prevent child maltreatment through a multi-regional partnership.
- Melissa would like to ensure that the outcomes framework the FRN is developing is in alignment with the Metro Denver Partnership. Frank shared that some of the

conversation has been around reduction of negative outcomes such as child maltreatment, but also looking at key performance indicators such as maternal, child and infant health, infant birth weight, and kindergarten readiness. Now that universal kindergarten has been passed, children need to be prepared for kindergarten through a universal preschool framework with childcare providers that seamlessly partner with school districts.

- Diane Lauer said the statistic that 42% of births in Colorado are Medicaid funded is powerful, and noted that there are still many people that don't understand that they qualify for Medicaid and communicating that is important.
- Diane also noted that school districts have been tasked with identifying students ages 0-3 with special learning needs. That may be shifting to the Colorado Department of Human Services, would that be a part of this work? Frank said it hasn't been discussed yet, however it makes sense. Some states that are successful at tracking this information generate a student ID at birth. The group briefly talked about privacy concerns.
- Karin Stayton asked percentage of recurrence of open cases in child welfare, Frank said that it's 99.3% of NON-recurrence. Boulder County has an early intervention team that provides outreach families who are screened out from opening a child welfare case.
- Betsey asked what the average time in Out of Home (OOH) placement is. Susan Caskey said the goal is 90 days or less, but right now it's closer to 6-9 months. There were 105 removals for ages 0-5 from 2016-2018, the median number of days of removal was 208. Filtered for housing, neglect, and substance use that number increases by about 20 days. The number of children includes children that were removed from their home prior to 2016 but were still living out of their home during that 2-year period. The intensity of cases with removals is much higher because there are fewer removals. If they are to be removed for just a few days children are exposed to additional trauma- instead provide intense supports and focus on protective factors.
- Frank concluded that there has never been a partnership like this and that there has never been a statewide definition of child maltreatment as a public health issue before, which is amazing progress.

3. Updates and Discussion on FRN Initiatives in the Context of the Child Maltreatment Prevention Strategies

- 2GO Update
Melissa reviewed the 2GO pilot- About 140 pregnant women from Clinica will be screened and matched with the appropriate referral, with an emphasis on home visitation. The Colorado Office of Early Childhood is providing an additional \$25,000 to be directed toward building social capital and family voice. This will fund an additional Family Support Advisor (FSA) position from the Boulder area to join the two current FSAs from Longmont and East County. It will also ensure that families are truly being engaged in giving their feedback and create opportunities to formalize their participation. Melissa also shared an overview of the 2GO statewide convening held in Colorado Springs on May 7 which gave an opportunity for all the awardees to learn about the various 2GO projects happening around the state. Highlights include a mobile health clinic, a mobile day care, and learning more about the Family Voice Council that provides feedback to directly to the state directors on services being provided.
- Service Enriched Housing Update
Betsey provided an update on the work the Service Enriched Housing work group. They

have mapped the as-is state BHP/EFAA partnership and defined a to-be flow through age 6 and are currently working on data linkages and a replication pilot to start in July.

- LAC Updates

Whitney Wilcox updated the group on the Local Area Collaborative groups (LACs). All three LACs have been working on understanding what housing resources are available in their communities, mapping current state of housing referrals, and how and where housing supports are accessed. This will lead to understanding of where there are gaps and needs, which will be presented to this group with some recommendations. If you know of existing efforts of mapping in the county, please let Whitney know.

- i. In the mountains a need emerged that there is a lack of access to healthcare (medical, dental, behavioral). Janette Taylor has been engaging with mobile health units to bring services to the mountains, and is exploring the possibility of Clinica bringing services to the mountains.

- Tungsten Village Update

Frank shared that they are working on closing the tax credits in the hopes of breaking ground this summer.

4. Plan for July FRN Meeting with Board of County Commissioners

The group reviewed the proposed agenda that Melissa presented. Some suggestions included having the partners present highlights, avoiding being too presentation-heavy, and connecting FRN work with the BOCC Strategic Priorities. Monica Serrato will send out an invite to a planning phone call for anyone who wishes to continue discussing.

5. Key Partner Updates and Alignment Opportunities with FRN

Community Mental Health Initiative-CMHI (formerly Public Health Improvement Plan) and Substance Use Advisory Group (via email from Jeff Zayach)

- CMHI staff met with Boulder Valley School District (BVSD) senior leadership to discuss short- and long-term strategies for improving student mental health. In the short-term, BVSD requested staff capacity building and training; long-term needs focused on implementing an equity agenda and developing a “menu” of evidence-based practices for principals, based on students’ needs. The CMHI coordinator and BVSD staff are developing a working group to operationalize the work, solidify a plan for BVSD staff training and capacity building, and conduct a follow-up meeting with Superintendent Rob Anderson to be held at the end of the school year.
- CMHI staff completed an assessment of BCPH programs and interventions that support mental health in schools. In identifying its current mental health efforts, BCPH is striving to ensure that CMHI does not duplicate current work and that BCPH expertise will be able to support the CMHI.
- Deeper collaboration is being forged with St. Vrain Valley School District (SVVSD). In a meeting with SVVSD senior staff, the CMHI coordinator shared best practices, identified resources that BCPH can provide, and discussed areas of opportunity to help improve students’ mental health. Next steps include compiling research on best practices, identifying areas of expansion for SVVSD mental health initiatives, and meeting in June to discuss training and capacity building for SVVSD staff.
- The CMHI Executive Steering Committee will meet on May 15 to discuss progress, next steps, and confirm a governance structure to continue CHMI work.

Coordinated Entry Update

Robin Bohannon shared the Coordinated Entry Annual Report (year one) with the group. More people were housed in the first year of Coordinated Entry than in the previous 10 years. This is due to the support of community leadership and elected officials that manage resources prioritizing Permanent Supportive Housing (PSH) units. A SAMSHA award is funding supportive services around mental health and substance use. Boulder Housing Partners, Boulder County Housing Authority, and Longmont Housing Authority are all prioritizing units for people coming through the Coordinated Entry System.

6. Honoring and Celebrating Edwina

Suzanne presented Edwina with an award from the FRN Regional Council and letter of recognition from the Board of County Commissioners celebrating her years of service to Boulder County and Longmont.

7. Adjourn

Next meeting will be July 11 3:00 at the Kaiser building at 2525 13th Street in Boulder.

DRAFT AGENDA FOR DISCUSSION ABOUT BOCC VISIT IN JULY

Boulder County Family Resource Network – Regional Council Meeting

Thursday, July 11, 2019

3:00-5:00 p.m.

- 1) Welcome and Introductions- Suzanne (3:00-3:15)
- 2) Approval of Minutes- Suzanne (3:15-3:20)
- 3) Overview of FRN work to date and discussion (3:20-3:30)
Setting the stage for the conversation – Suzanne/Melissa
- 4) Alignment of FRN work with BOCC Strategic Priorities 2019-2023 Discussion (3:30-4:45)
 - a. Affordable living (30 minutes)
 - i. Family Homelessness Subcommittee and Results Lab Recommendations – Julie/Sarah
 - ii. Facilitated discussion on housing stability and homelessness – Julie
 - iii. Service Enriched Housing Model and its role in the Regional Affordable Housing Plan- Betsey
 - iv. Facilitated discussion on the Regional Affordable Housing Plan- Regional Housing Partnership 2020 ballot- Jim Williams
 - b. Equity and Justice (30 minutes)
 - i. Family Voice Work
-2GO- Melissa
-FRC Participant Advisory Committee and FLTI- Suzanne or Marc
 - ii. Facilitated Discussion on Mental Health and Early Childhood (Home Visitation and 2Gen work) – Melissa and Jeff/Andrea
 - c. Facilitated discussion on alignment efforts through LACs on all priorities (15 minutes) – Whitney and Marc
- 5) Next Steps and Adjourn (4:45-5:00) – Suzanne

Commented [SM1]: Get input from BOCC on the topics and their interest/priorities.

Guiding Questions to Aid Facilitation (if needed)

- *Questions or thoughts from the BOCC on work of the FRN to date.*
- *Given that housing instability crosses all priorities of the FRN, what does the BOCC see for future local funding opportunities for affordable housing and how is the adoption of the Regional Affordable Housing Plan going to support any funding movement?*
- *Are the Commissioners hearing anything from their constituents (outside of organization and partnership agencies) with regard to any of our priorities – either concern about the issues, acknowledgement of the positive impact of the FRCs, etc. of which we should be aware?*
- *What are the thoughts of the BOCC in balancing the priorities of Boulder County and growth with the support and needs of vulnerable families?*

DRAFT



Family Resource Network Regional Council Meeting

November 14, 2019

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

Thursday, November 14, 2019
2525 13th Street, Kaiser Large Conference Room, Boulder
3:00-5:00 p.m.

Meeting Objectives

- 1) Shared learning between the Board of County Commissioners and the FRN Regional Council
- 2) Identify opportunities to bolster our collective work

Decision Points for Today:

- 1) Approval of minutes from July

1. Welcome and Introductions- Suzanne Crawford (3:00-3:10)
2. Review of Agenda and Consent Items- Suzanne (3:10- 3:15)
3. Overview of FRN and work to date- Suzanne (3:15- 3:30)
 - a. Setting the stage for the conversation
4. Alignment of FRN work with BOCC 2019-2023 Strategic Priorities (3:30- 4:55)
 - a. Affordable Living-Julie Van Domelen and Kristin Hyser (40 minutes)
 - i. Overview (15 minutes)
 - ii. Discussion (25 minutes)
 - b. Regional efforts around Early Childhood- Danielle Butler and Christina Pacheco-Sims (30 minutes)
 - i. Overview (15 minutes)
 - ii. Discussion (15 minutes)
 - c. Equity and Justice- Suzanne (15 minutes)
 - i. Family voice work overview- Suzanne (5 minutes)
 - ii. Discussion (10 minutes)
5. January Meeting Confirmation-Monica Serrato (4:55-5:00)
6. Adjourn-Suzanne (5:00)



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BCDHHS Advisory Committee/Family Resource Network Advisory Council Meeting Minutes

Thursday, July 11 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, Andrea Pruett (proxy for Jeff Zayach), Kristin Heyser, Marc Cowell, Danielle Butler, Frank Alexander, Betsey Martens, Lori Canova

By phone: Janette Taylor, Suzanne Crawford, Diane Lauer

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

1. Welcome and Introductions

Christina Pacheco-Sims opened the meeting with introductions. Marc Cowell is the new Executive Director at OUR Center and joined the group for the first time. Kristin Heyser is replacing Kurt Firnhaber from the City of Boulder as its representative. Andrea Pruett is filling in for Jeff Zayach from Public Health.

2. Review of Agenda and Consent Items

The meeting with this group and the Board of County Commissioners (BOCC) is scheduled for November 14. Melissa Frank-Williams has proposed adding an agenda item to discuss a half-day strategic planning meeting that would replace the September meeting to include preparing for the November meeting with the BOCC. Simon Smith moved to approve the additional agenda item and the minutes and Karin Stayton seconded. Everyone approved.

3. Mid-Year Check In- Review and discussion of current FRN work and plans for the balance of 2019

• Overview of work to date

In preparation for the BOCC attending the meeting in November, Melissa Frank-Williams prepared an overview document highlighting the progress the Family Resource Network (FRN) has made thus far for the group to review and discuss. This conversation will direct the strategic planning session. Discussion highlights include:

• School Districts

- Susan Caskey said that IMPACT has worked with both school districts on using the Child and Adolescent Needs and Strengths (CANS) assessment with their students involved in truancy. St. Vrain Valley School District has adopted using that screener earlier in their process with truancy work. There have been conversations with Rob Anderson, Superintendent at Boulder Valley School District, on where there are opportunities for connection.
- Robin Bohannon said that Public Health is working with both school districts on mental health assessments through the Public Health Improvement Plan (PHIP). Andrea said the Public Health has a contract

- with OMNI to map the behavioral health services in Boulder County and make recommendations for improvement.
- Julie Van Domelen noted that the McKinney-Vento liaisons from both school districts sit on the Family Homelessness Subcommittee and two of the Local Area Collaboratives (LACs).
 - Danielle Butler noted that there is a fragmented system within early childhood and that when the time comes, the Early Childhood Council of Boulder County (ECCBC) will need to pause and evaluate it. Melissa asked what assessments are used to assess kindergarten readiness and how can the FRN align with those efforts? Danielle said that there may be an opportunity to bring awareness to the measures of readiness in 0-3 and kindergarten readiness.
 - FRN Initiatives and Related Work
 - 2-Generation Opportunity (2GO)/Home Visitation Coordinated Entry System- The first phase of the project is going to start in August 2019 and is a coordinated entry system for pregnant individuals at Clinica where already existing information is collected to match families to the best home visitation program for them. Betsey Martens asked if housing stability will be one of the data points collected. Andrea confirmed that it will be and that there are currently significant differences between what the data says about the need and what is reported to Clinica staff. The pilot will examine that difference and look to correct how questions are asked to ensure accuracy in the data. Ultimately the electronic health record data will be available to a broader group of workers and will help ensure service linkages are being made.
Community Forums- Funds were awarded from the 2GO grant and the Office of Early Childhood to support work of two Family Support Advisors and a consultant to develop community forums. They will be leading the planning of two forums in August where families can provide direct feedback about what is and isn't working in terms of services and supports for families in Boulder County. This information will be combined with the feedback from the community forum in March and used to make recommendations for system improvements in the home visitation coordinated entry pilot.
 - Service Enriched Housing (SEH) workgroup- The SEH approach uses the Bringing School Home model that Boulder Housing Partners and EFAA developed to increase educational opportunities while providing affordable housing to families with young children. The group's charge is to make that the model for housing authority sites throughout Boulder County. Betsey sees the potential to knit together 2GO and SEH to link housing with services and services with housing. It would mean radical changes. Andrea noted Boulder County would be a leader in the nation if housing vouchers were priorities for pregnant women and families with young children. Robin remarked that 2-3 years ago ISDMC, Coordinated Entry and a common data system seemed out of reach so perhaps this isn't so radical. Moving forward the SEH pilot will be mapping where family resource centers and Dream Big need to take on the work to make it scale able and examine how to link SEH with the Regional Housing Partnership work.

- Family Homelessness- Julie reported that the group is currently working on recruiting more hotels to take vouchers to provide rooms for families experiencing homelessness. One of the biggest efforts has been mapping a system design. Results Lab was contracted to do that work and just presented the results to the Family Homelessness Subcommittee. A final report is forthcoming. Future work includes filling in the gaps and cracks in the system and incorporating family voice to find out what families want and prefer when it comes to homeless services for families.
- Boulder County Connect- The data system has been integral in the successes thus far. It will play a key part once collective outcomes are identified to show the progress in achieving those collective outcomes. Kristin said that the City of Boulder is moving their online case management systems to a Salesforce platform. The City of Boulder and City of Longmont's systems are not currently "speaking" with Boulder County Connect.
- Denver Metro Partnership On Reducing Child Maltreatment is now known as the Colorado Partnership for Thriving Families as it has expanded statewide. Frank Alexander shared that the partnership recently submitted a grant for federal funding to support their work. The partnership involves a range of entities including human services and public health agencies in Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson Counties. More information can be found [here](#).
Governor Polis submitted a letter on the group's behalf. It will be a couple of months before notification of whether the grant is approved, but the partnership will move forward regardless and has begun to do so.
- **Next steps**
The group discussed the format and content for the strategic planning session. The Regional Housing Partnership Steering Committee recently had a successful strategic planning session using the Liberating Structures model, Angela suggested using that as a model. The group selected October 4, 2019 as the date.

4. Overview for FRN Meeting with Board of County Commissioners in September

This will be discussed at the strategic planning meeting.

5. Review of meeting schedule for balance of year

The September meeting will be cancelled and replaced with the October 4 strategic planning meeting. The November meeting will be held as scheduled with the BOCC in attendance on November 14.

6. Adjourn

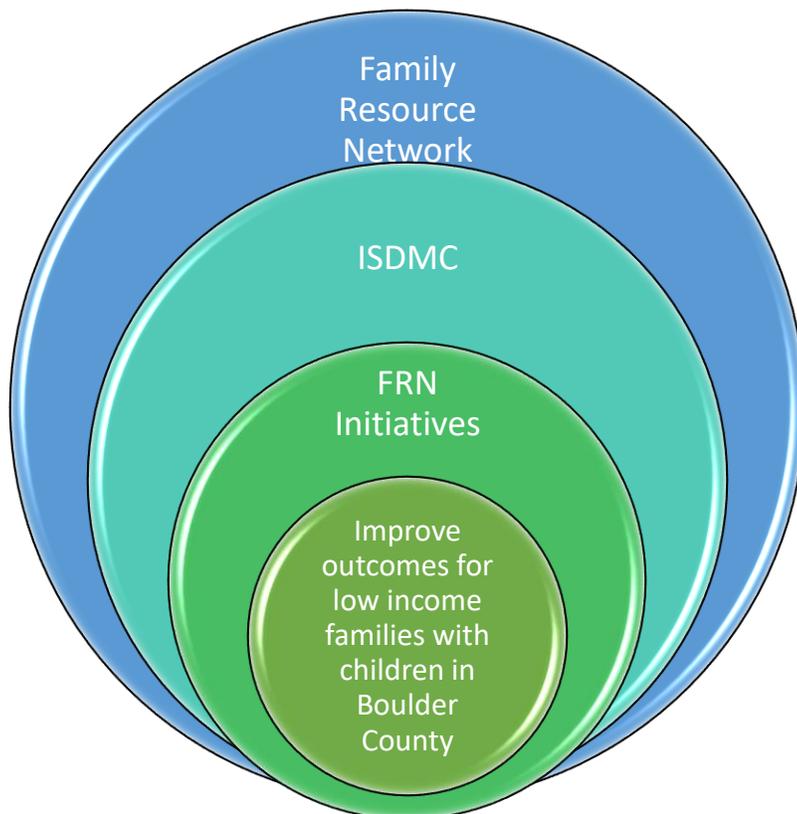
Boulder County Family Resource Network



Overview and Work to Date

September 20, 2019

The **Boulder County Family Resource Network (FRN)** serves as the **governing body** for integration of services and supports across multiple sectors- schools, county/city, clinics and our non-profit partners. There are two levels of governance, the FRN Regional Council and Local Area Collaborative groups.



The primary role of the FRN Regional Council is to:

- Set policy, provide guidance and direction on FRN priorities and to stay informed on joint community initiatives;
- Approve our FRN Outcomes Framework and remain current of progress and inform resource allocation for forward movement on projects; and
- Promote and act as lead key stakeholders in our mission across the community and within each individual member agency.

The primary role of the Local Area Collaborative (LAC) groups is to:

- Identify gaps in service provision which prevent families and individuals from actualizing their Social Determinants of Health (SDOH) need;
- Provide recommendations to the Regional Council on improvements to service delivery, service coordination, and service access by community;
- Use data and LEAN processes to ensure services are well coordinated between the FRN-LAC members, and in alignment with the Integrated Services Delivery Model of Care (ISDMC) practice model (through routine analysis); and
- Ensure that a strong family voice is incorporated into our practice and service delivery systems across the spectrum of programming.

Our LACs are working on our FRN goal 2 which is to “Ensure that services/supports to which navigators and advocates/case managers are referring across our FRN agencies are well coordinated and effective.”

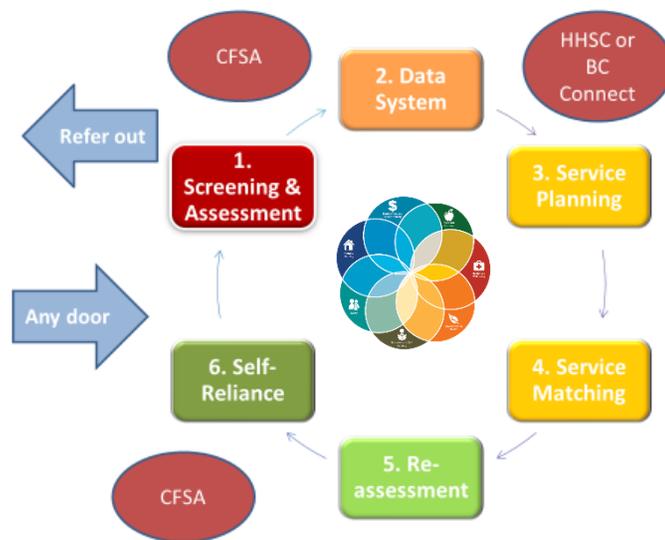


Each of the four LACs has identified needs as they relate to access of services across the SDOH (see visual to the left). Work plans for addressing these needs have been created for each LAC, and implementation has begun. Work plans include mapping the current and to-be states for the top identified SDOH. If another group outside the LAC is already doing work in these areas, then the LAC leadership is reaching out to these entities to ensure alignment and non-duplication of effort. This has been essential to the functioning of ISDMC.

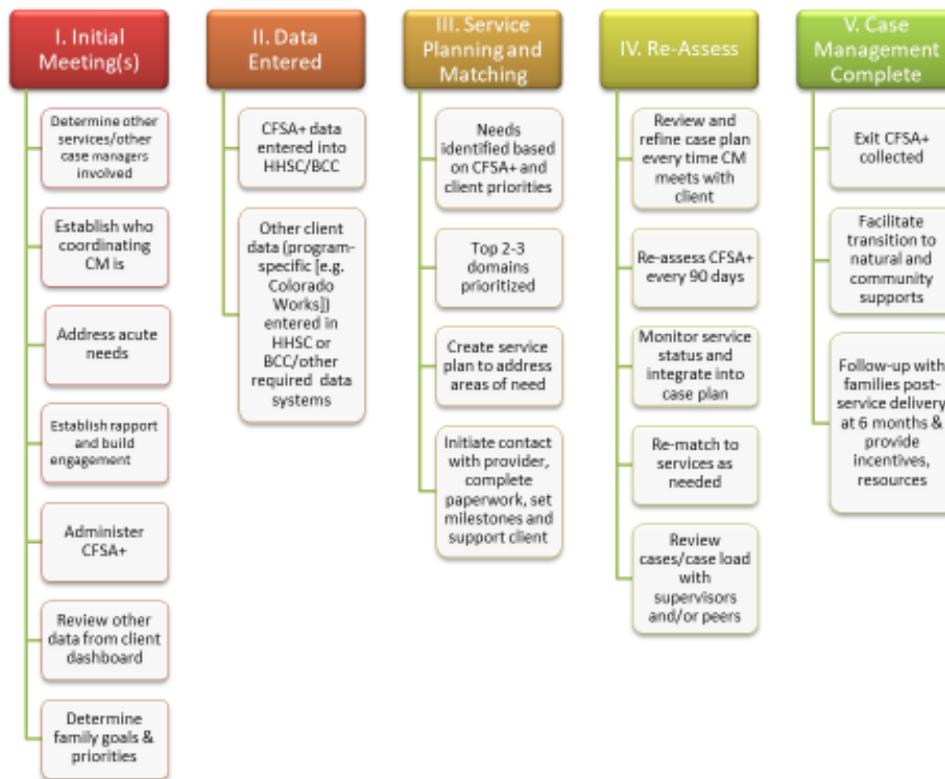
ISDMC is the “operating system” for the work done by service coordinators and navigators (and the like) across our agencies. Our ISDMC work serves as the foundation to achieving FRN goal 1, which is: “Support FRN partners to use same or similar SDOH screenings and assessments and to match services appropriately.” The intent is to provide a common practice for helping people get the assistance they need as efficiently and accurately as possible, at the earliest point and to shift families from high acuity systems to lower level supports. The three levels of ISDMC practice are: navigation, mid-level, and high acuity whereas 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; and high acuity refers to practices with families in child welfare or juvenile justice system (and the like) which require more intensive supports.

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

The Model in Action



Flow of the Practice Model



Our FRN work focuses primarily on navigation and mid-level ISDMC and service coordination across the SDOH. Our goal is that all staff across our agencies who provide a navigation or case management type of role will all be using similar screenings and assessments (i.e. the Colorado Family Support Assessment 2.0) to determine SDOH need and linking families to partner agencies to obtain those resources. Furthermore, the vision is that partners providing those services (many of whom are part of the FRN) are equipped to provide best practices programs and supports to help families stabilize and thrive.

An interdisciplinary team of staff from across Boulder County Department of Housing and Human Services (BCDHHS) and the three Family Resource Centers (FRCs) has been testing this work primarily through the County’s Housing Stabilization Program. The project has moved through the Development, Exploration, and Installation Phases and is now in the [Initial Implementation Phase](#) (see graphic on the next page).

Our Data System - Community Connect (aka Boulder County Connect)

Community Connect is a user-friendly data interface that, among other functions, incorporates client level data from multiple sources (referred to as the “data warehouse”) to provide a comprehensive, real time picture of services being accessed by individuals, assessment data, and demographics. Key functions important to FRN partners includes, shared access to common clients/participants, common assessments built into the system (Colorado Family Support Assessment 2.0) and universal reporting functionality. [FRN goal 4](#) is addressed here.

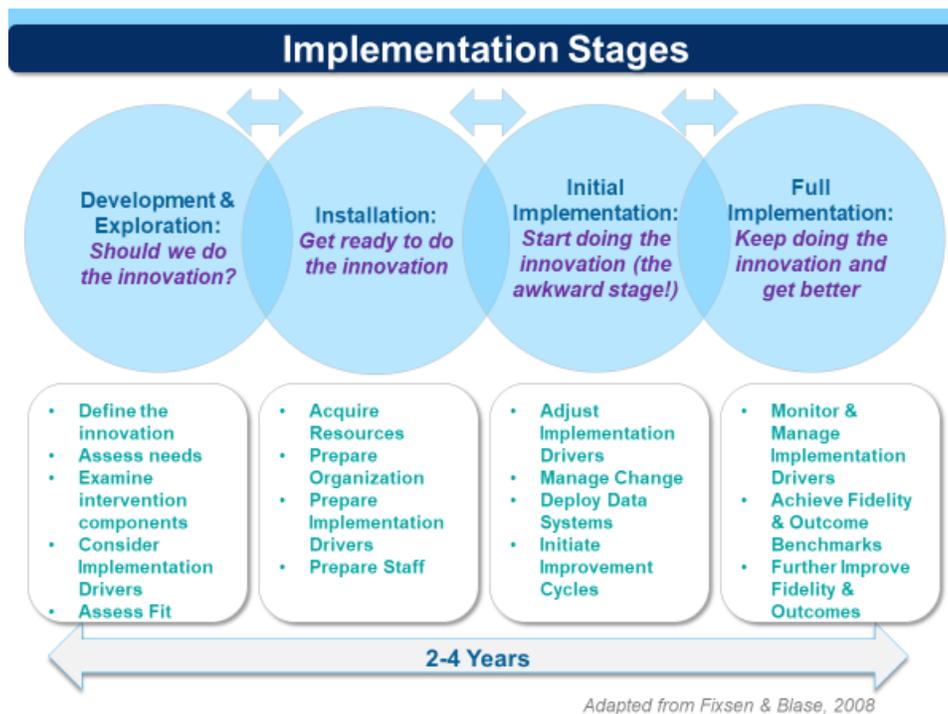
Additionally, teams are working to onboard all FRN agencies to Community Connect over the next two years.

The FRN Outcomes Framework

The FRN Outcomes Framework addresses **FRN Goal 3** which is to: “Establish common process measures and 2Gen outcomes across the life stages with emphasis on families with children birth to eight.” Our Framework is currently being built and will allow us to test systems, program and client level impacts through our FRN Initiatives. See Appendix A for a draft which integrates the work of multiple entities and marries several frameworks including the Child Maltreatment and Prevention Framework, the Colorado Opportunities Framework, and the Strengthening Families framework used by the Family Resource Center Association and our local FRCs. The Framework is still in progress and will serve as the guiding outcomes for all of our FRN Initiatives.

FRN Initiatives (and related initiatives) seek to test our collaborative work. Each initiative holds the core components of ISDMC and works to achieve the overall FRN goal of improving social, emotional and academic outcomes for children and youth and self-reliance outcomes for families. These initiatives fall under **FRN goal 5** to: “Test all of the above through a set of agreed upon pilot projects through rapid cycle learning.” Additionally, there is ample opportunity to knit initiatives together to achieve better outcomes for families. This should be more deeply explored moving forward as the FRN Outcomes Framework development matures.

These initiatives are listed below and include an indication of the current implementation stage for each.



The primary initiatives currently functioning under the FRN are:

- **Service Enriched Housing** - The goal of this project is to implement an integrated service delivery model grounded in common assessment, data, and linkage to best practice for families entering housing through our local housing authorities to improve family self-reliance, and social, emotional and educational outcomes of children and youth. The scope for this year is to improve, implement and test through a cohort the Boulder County Service Enriched Housing (SEH) model at EFAA and Boulder Housing Partners (BHP) to include enhanced child education supports and the ISDMC practice model to create a robust 2Gen approach. We will then scale this model to other Boulder County Housing Authority (BCHA) properties in 2020/21. **This project is currently in the [Development and Exploration phase](#).**
- **Family Homelessness Subcommittee** - Modeled on efforts of the Homeless Solutions for Boulder County (HSBC) board serving single adults, the goal of this project is to identify current needs and implement coordinated supports to improve our system and outcomes for families experiencing homelessness. A consultant, ResultsLab, recently completed a needs assessment to identify gap areas for families experiencing homelessness in Boulder County, and to provide recommendations to the FRN on systems improvement. A work plan will be completed. **This project is currently in early [Development and Exploration phase](#).**
- **The 2GO Project/Home Visitation Coordinated Entry** – Our long-term 2Gen (Two Generation) community vision for this project is that every child, their immediate caregivers, and every pregnant individual in Boulder County has 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.

Toward that end, our goal for 2019 is to pilot a coordinated entry system using an ISDMC foundation for home visitation and 2Gen supports through which Clinica, one of our local Federally Qualified Health Centers (FQHCs), will use social determinants of health screening questions with approximately 140 pregnant individuals in Boulder and Lafayette to match needs across the 2Gen domains. This information will then be provided to a Coordinated Entry Specialist (CES) who will aggregate the data and make high-quality referrals to home visitation programs and community supports for families to access services to meet the identified needs using a strengths-based, equity-informed lens.

In 2020/21, a second pilot including families with young children age birth to five and other entry points including a second FQHC and FRCs will be conducted. With this, we anticipate expansion to Longmont and the surrounding area.

This project is currently in the [Initial Implementation phase](#).

- **Bridging the Achievement and Opportunity Gap** - Boulder County is currently working with Boulder Valley School District (BVSD) to align efforts across our sectors toward a common goal

of eliminating the achievement and opportunity gap among school age youth and strengthening family self-reliance through effective, integrated primary prevention and secondary intervention strategies which focus on family formation and early childhood and continue through post-secondary education. Focus is on Kindergarten readiness and reading at grade level by the end of third grade. We also envision partnering more deeply with the St. Vrain Valley School District (SVVSD) to the same end.

Also, the Dream Big Steering Committee has transitioned its strategic level work on bridging the achievement and opportunity gap to the FRN. As a part of this effort we envision leveraging our collective work to create a replicable model, in partnership with BVSD and SVVSD, which targets areas of Boulder County showing high degrees of disparities, including the catchment area for Sanchez Elementary and sections of Longmont. **This work is currently in the (very early) [Development and Exploration phase.](#)**

Developing effort that will shape the direction of the FRN initiatives above

The Colorado Partnership for Thriving Families (CPTF) works collaboratively across the Metro Denver area to create the conditions for strong families and communities where children are healthy, valued, and thriving (this is the work Frank Alexander and Jeff Zayach are doing regionally). Most recently, the CPTF strategized to plan and implement the Strengthen and Preserve Families Project, which will enable a seven-county collaborative of human services and public health partners to implement a cohesive integrated approach that significantly reduces child fatalities and child maltreatment for all families prenatal to age five by positively and proactively supporting strong and healthy family formation. The project will target the Colorado counties of Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson, collectively referred to as the Metro Denver service area. These seven counties are home to the largest concentration of families and children in Colorado, totaling over 3 million residents (60% of the state population). The service area has also accounted for over half of all child maltreatment referrals, assessments, and fatalities in the state. The approach created by the group will have the potential to be scaled across the state.

In several respects, the project is a “macro-level” version of our **2GO Project/Home Visitation Coordinated Entry** work and is founded on the core concepts of the Colorado Child Maltreatment Prevention Framework for Action, research on and experience implementing effective approaches to primary prevention, data on disparities in the wellbeing of Colorado’s children and families (all of which may be addressed through effective 2Gen interventions), and an understanding of the barriers to integrated systems.

In all of the counties implementing the CPTF, FRCs, FQHCs, childcare providers and other FRN members are core partners. Feedback loops between the FRN and the coordinating entity at the CPTF will be critical to the success of our collective work.

Integrating for Equity: This effort is primarily being led by the data team at BCDHHS with support from a consultant to dramatically improve sharing of data between health and mental health service providers and human service providers (including FRCs). It is getting significant traction and will involve transitioning Community Connect to a state hosted platform.

Appendix A: 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	



BOARD OF COUNTY COMMISSIONERS



2019-2023

STRATEGIC PRIORITIES

Adopted Dec. 11, 2018

THE PRIORITIZATION

PROCESS

Boulder County serves our community and protects our natural environment through a myriad of services and programs each day. As Boulder County responds to key issues affecting our communities, departments and offices have continued to develop in-depth and complex strategies to address societal and environmental needs. Some of these strategies involve regional partnerships, collaborations with other community organizations, or integration of programs across multiple departments and offices in the county. Often these larger projects require the investment of Board of County Commissioners (BOCC) time and resources alongside time from staff and resources from across the county organization.

In May 2018, in response to requests from employees and partners to understand the BOCC's priorities and goals, and to help better identify and support key initiatives across the county the BOCC - in collaboration with Boulder County's key leadership - implemented a process to define the Board of County Commissioners' five-year strategic priorities.

Setting and communicating the priorities of leadership within an organization is considered a best management practice, and the BOCC will utilize priorities to provide clarity around the Board's decision-making process in budgeting and other county management decisions. The process is intended to identify priorities that go above and beyond the statutory and core services and functions that we are proud to deliver in Boulder County. And while the priorities identified are important, they will not – and are not intended to – cover the full breadth nor depth of services that the county provides and will continue to provide.

The five priority areas identified align with existing programs and projects within departments, work that has been developed using community input and feedback via the Boulder County Comprehensive Plan, Regional Affordable Housing Plan, Public Health Improvement Process, Transportation Master Plan, Parks & Open Space Vision2020, and Sustainability Plan among other planning efforts.

The BOCC collaborated with leadership and staff from across the county in a streamlined process to identify priorities that are future-focused while considering past successes and current leadership goals. Moving forward, over the next five years, the BOCC in collaboration with leadership and staff at Boulder County and others across the community, will implement strategies to achieve goals identified in each priority area, reviewing progress annually and refining approaches as necessary to ensure success.

2019-2023 BOCC STRATEGIC PRIORITIES

Affordable
Living

Climate
Action

Equity &
Justice

Land & Water
Stewardship

Organizational
& Financial
Stewardship

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PRIORITIZATION

In the spring of 2018, leadership from across the county organization worked with the BOCC and Commissioners' Office staff to develop a timeline and structure for the prioritization process. Departmental leaders and other elected officials weighed in on the design of an interview template, ensuring agreement on the questions that the strategic priority process was intended to answer.

During the summer of 2018, Commissioners' Office staff interviewed each Commissioner, directors of each department, and county elected officials using the template. These leaders were asked to look at past successes, address key barriers and challenges, and identify areas where Boulder County's actions could significantly improve social and environmental conditions in our communities.

Responses from interviews were analyzed and coded (by category and by frequency) with key themes emerging from across the county organization. Many of the key themes aligned with priority areas from the 2018 Boulder County resident poll where residents were asked, "What do you consider the single most important issue facing Boulder County today?"

Data were organized and vetted by leadership from each department in the county and organized into priority and goal areas. The Board of County Commissioners then reviewed the data from interviews, the residents poll, and the recommended priorities from department heads, leading to the Board's identification of a final set of priority areas and goals.

Throughout the fall of 2018, Commissioners' Office staff worked with department directors, staff, leaders, and elected officials to further define and identify objectives to achieve the goals outlined in each priority area. The strategic priorities document presents the priority areas, goals, and objectives, and as the work continues moving forward, additional strategies, action steps, and resources needed to achieve objectives will continue to be identified. Over the next five years, Commissioners' Office staff will work with the BOCC, departments, elected offices, and partners to review progress on an annual basis, celebrate successes, and adjust strategies as needed to ensure achievement of the outlined goals.

IMPLEMENTATION

PRINCIPLES

During the development of the strategic priorities, the BOCC and department leaders identified principles that cross-cut each of the priorities and that will be used to best achieve goals related to each priority:



Data Driven Decision-Making

The BOCC and leaders at Boulder County utilize data whenever available to identify priorities and how best to utilize resources to address challenges impacting the county. Data utilized by leadership comes in many formats: published research studies, geo-spatial data related to the county's public land, aggregated input from constituents, comparative analysis of program results, and more. Data, science, and an empirical approach underpin the county's decision-making processes and operations.



Focus on Prevention

Boulder County invests early within the continuum of interventions available to achieve goals within a priority area. For example, providing mental health treatment and supportive services for young children and their parents can prevent or lessen the need for more expensive services for those children later on in life.



"Stake in the Ground" Leadership

In the era of ever-increasing competing demands, the BOCC provides clear leadership in the priority areas they have identified, especially when their leadership and ability to tackle political challenges related to implementation can further support successful outcomes with the priorities.



Equity - Internal & External

Boulder County defines equity as all people having full and equal access to the opportunities they need to survive or succeed. The County is committed to increasing opportunities and equity within each priority area.



Using Best Practice Tools

This principle aligns with the first principle of data-driven decision-making. The BOCC is committed to utilizing evidence-based practices when available and utilizing data to develop new practices, when evidence-based practices have not yet been developed.

AFFORDABLE LIVING

Economic inequality has been growing steadily in the United States over the past 30 years. America's top 10% of income earners now average nine times more income than those earning in the bottom 90%. In Boulder County, disparities in wealth and income are as significant as across the U.S. In addition, Boulder County's high cost of living has seen median home prices in Boulder County rise 5.6% over the past year to \$529,000, while estimated self-sufficiency wages for a family of four living in Boulder County are more than \$75,000 per/year. These factors make it much harder for families and individuals with lower and middle incomes to make ends meet.

Boulder County, a leader in increasing access to both affordable housing and transportation, supports strategic and collaborative interventions at the local, regional, state, and federal levels to address the accessibility and preservation of affordable housing and all modes of transportation. Boulder County is a part of the Boulder County Regional Housing Partnership, which has established a goal of 12% of all homes (18,000) being affordable to a diverse mix of families and individuals with low and middle-income by 2035. Boulder County recognizes the importance of statewide efforts in achieving its regional housing goals and is committed to working with the Colorado legislature and other stakeholders to achieve those goals.

Setting specific targets for permanently affordable housing, improving regulatory processes to support affordable and accessible housing, and focusing on innovative approaches to ensure affordable and sustainable transportation for all community members are strategies the county will continue to implement over the next five years.

GOAL 1

Increase access to a diverse stock of workforce housing and affordable housing for Boulder County's residents and employees with lower and middle incomes by implementing and supporting Boulder County's Regional Affordable Housing Plan.

Objective 1a

Establish a Boulder County Affordable Housing Trust Fund by 2020 to raise \$5 million in five years toward the creation and preservation of affordable housing.

Objective 1b

Commit through the Boulder County Housing Authority to build or acquire, at minimum, 500 permanently affordable housing units in five years.

Objective 1c

Land bank three parcels of land for new affordable housing developments within 5 years.

Objective 1d

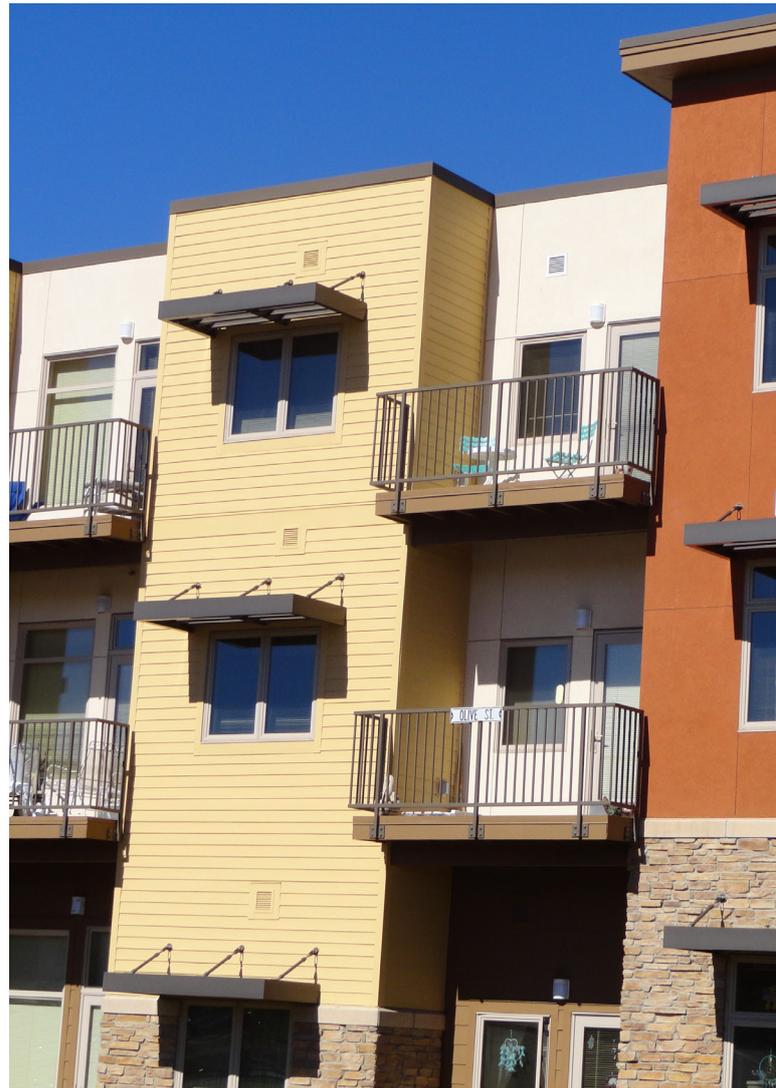
Preserve the affordability of existing affordable housing stock, provide support services to maintain housing stability, and support the rights of mobile home owners and low and middle income renters.

Objective 1e

Establish regulatory processes that help facilitate the creation and preservation of diverse housing options and program, policy, and regulatory frameworks that boost affordable housing preservation and creation in areas of unincorporated Boulder County that are suitable for development.

Objective 1f

Explore Employer-Assisted Housing Programs to provide options for supporting public sector and community service employees in obtaining housing within Boulder County. Conduct research on options including employer-assisted programs that increase the affordable housing supply as well as programs that create and extend loans and grants to help employees purchase or rent housing in Boulder County.



GOAL 2

Increase access to all modes of transportation.

Objective 2a

Increase access to transit via pass pilot program and other programs for people with lower incomes.

Objective 2b

Ensure transportation affordability through long-term transit and mobility planning efforts.

Objective 2c

Advocate for bus rapid transit and affordable mobility on major Boulder County transportation corridors.

| CLIMATE ACTION

Boulder County has long understood the importance of local and regional climate action. Boulder County residents and businesses were among the first in the country to implement programs like EnergySmart, BuildSmart, Colorado Commercial Property Assessed Clean Energy (CoPACE) financing, solar and electric vehicle (EV) bulk purchasing programs, and a host of other energy efficiency and clean energy initiatives. Despite local success and replication of these programs across the county, the scale of the climate crisis is even greater than we originally understood and demands greater response.

Scientists now tell us that we need to reduce greenhouse gas (GHG) emissions by at least 80% by 2050 to stop the trend of warming (and to limit the impacts already underway). Indeed, there is widespread consensus that human-caused emissions of GHG are impacting Earth's climatic system, causing potentially unprecedented, large-scale, adverse health, social, economic, financial, security, and ecological effects. The risks associated with climate change have driven many counties and cities to plan for a different future. Boulder County has been at the forefront of this effort for more than a decade.

Recent analyses have expanded our knowledge of the impacts of climate change in Boulder County, increasing awareness of the challenges that residents will face in the near future. Boulder County and other Colorado communities are already experiencing the impacts of a warming climate in the form of reduced snowpack, earlier snowmelt, increased risk of high intensity wildfires, extreme weather events, and an increased number of "high heat" days. Average annual temperatures are already more than 1° Celsius (2° Fahrenheit) warmer. If significant emissions reductions are not achieved, more than 20 days each year in Boulder County could be hotter than 95° in the next 15 years. By 2050, these temperatures could exist for nearly half of the summer. As temperatures continue to increase, so will unpredictable precipitation and extreme weather events. In fact, Boulder scientists recently uncovered that the severe effects of the 2013 Flood were enhanced by human-caused climate change. Climate change will clearly alter our natural landscape, and many species currently native to the area will no longer find suitable conditions for survival.

In addition to the human health and wildlife impacts, there are also significant economic costs associated with future climate conditions. The estimated total cost of mitigating only some of the potential effects of climate change across the geographic area of Boulder County through 2050 is conservatively placed at \$96 million to \$157 million for the median- and high-impact scenarios. Undoubtedly, the human health and economic costs of climate change pose great challenges to our community and beyond. Successfully addressing these challenges will require bold, broad measures. This is a critical time for our environment and our community—and we are well positioned to be a leader in facing these challenges.

GOAL 1

Reduce Boulder County's internal energy consumption and meet all of Boulder County's electrical needs with 100% renewable energy by 2024.

Objective 1a

Undertake an analysis to better understand energy efficiency opportunities within all county buildings and annually track building energy intensity.

Objective 1b

Using the analysis, make investments to increase energy efficiency within Boulder County owned buildings and facilities.

Objective 1c

Require that all existing, eligible county buildings achieve ENERGY STAR recognition by 2020.

Objective 1d

All newly constructed county-owned buildings shall be constructed to a minimum Gold level as defined by the U.S. Green Building Council's (USGBC) Leadership in Energy & Environmental Design (LEED) for New Construction, while striving to attain all the available points under the Energy and Atmosphere category.

Objective 1e

Continue the cross-departmental solar task force, which works to address land use code challenges siting renewable energy and other sustainability facilities in the county.

Objective 1f

Expand capacity of on-site solar electric and solar thermal generation.

Objective 1g

Where possible, build solar onsite. Where solar is not possible onsite, purchase solar energy through utility offerings, subscribe to solar gardens or virtually net meter if legislation allows.



GOAL 2

Boulder County is a GoEV County and pledges to develop a transportation electrification plan and implementation strategies.

Objective 2a

100% of new light duty vehicles purchased by the county will be electric vehicles when the technology accommodates the needs of the vehicle use. All new sedans will be electric starting in 2020, all new SUVs will be electric by 2025, and all new pickup trucks will be electric by 2030.¹

Objective 2b

Support the electric vehicle charging station infrastructure needed to accommodate the transition to county electric fleet vehicles.

¹ Decisions will be made based on budget availability, yet there is recognition that while initial costs may be greater than carbon-based fuel vehicles, life cycle and fuel costs will offset many of the upfront expenses.

CLIMATE ACTION

GOAL 2 continued

Objective 2c

Transition to medium and heavy duty zero emission vehicles and off-road equipment as these vehicles become available in Colorado.

GOAL 3

Boulder County prevents and mitigates negative impacts to Boulder County's community, economy, and environment due to climate change and other shocks and stresses.

Objective 3a

Integrate resilience into policy, plans, regulations, decision-making, processes, and budgets across all departments.

Objective 3b

Boulder County departments, systems, and programs respond effectively and reduce long-term impact of disasters and shock events, including but not limited to floods and wildfires.

Objective 3c

Increase community resilience by building capacity, increasing connectedness, and fostering cooperation.

GOAL 4

Boulder County continues and expands support for statewide policy, administrative, and regulatory efforts to reduce climate change;

Objective 4a

Boulder County is an active member in statewide organizations to combat climate change and promote renewable energy such as Colorado Communities for Climate Action (CC4CA) and other climate-focused organizations.



| EQUITY & JUSTICE

Equity can be defined as all people having full and equal access to the opportunities they need to survive or succeed. The Boulder County Commissioners have identified equity both as one of the five priority areas and as a guiding principle for implementing each of the priorities over the next five years.

Included in this Equity & Justice priority area are three high level goals:

- Implement the Boulder County's Cultural Responsiveness and Inclusion Roadmap.
- Implement criminal justice reform actions alongside other partners in the criminal justice system.
- Improve access to mental health services.

GOAL 1

Increase equity, diversity, and inclusion at Boulder County by implementing Boulder County's Cultural Responsiveness and Inclusion Roadmap.

Inequities in social and political power have been a part of the formation, development, and current fabric of society in the United States. From the relocation and assassination of indigenous people, enslavement of people from Africa, lack of basic human rights of people who were not white, male, or landowners during the formation of the U.S. constitution and political structure, the U.S. population has been in a continual and challenging process of recognizing inequities and repairing and improving the sharing of power. Of specific importance is the recognition of the impact of racism on our society and the need for intentional efforts towards eliminating racism, as this recognition is foundational to transformational equity work.

Boulder County understands addressing equity as individuals, as a government organization, and in the county's intersections with its constituents is a major undertaking, necessary of significant investment of time, resources, energy, and at times, discomfort as shifts of cultural understanding and practices change. The BOCC also recognizes that improvement in equity, responsiveness, and inclusion within the organization is a continual and on-going process with no finite end.

The BOCC and members of Boulder County's Cultural Responsiveness and Inclusion Team have identified major milestones to improving equity, diversity, and inclusion over time at the organization. From 2014-2016, a diverse leadership board of employees supportive of and with expertise in cultural responsiveness and inclusion developed a mission, vision, and concrete goals and objectives for increasing cultural responsiveness and inclusion at Boulder County. These goals and objectives are defined in the Boulder County Cultural Responsiveness and Inclusion Roadmap which was adopted by the BOCC in 2016. As part of the BOCC's 2019-2023 strategic priorities, the BOCC is re-emphasizing its support and investment in this Roadmap and those implementing the Roadmap. As significant progress has been made in implementing the Roadmap and lessons have been learned, updates and revisions will be made as necessary to continue improvement in realizing equity, as prioritized by the Cultural Responsiveness and Inclusion Advisory Committee, Diversity and Inclusion Manager, and BOCC.

Objective 1a

Ensure accountability for supporting and sustaining equity, cultural responsiveness, and inclusion.

Objective 1b

Ensure leadership within the Boulder County organization has the tools and resources to support and sustain equity, cultural responsiveness, and inclusion efforts.

Objective 1c

Ensure policy supports and sustains equity, cultural responsiveness, and inclusion, and efforts are sustainable over time.

Objective 1d

Ensure recruitment, hiring, and retention activities within the organization support and sustain equity, cultural responsiveness, and inclusion.

Objective 1e

Ensure Boulder County employees have the training and tools they need to support and sustain equity, cultural responsiveness, and inclusion activities, including training to address oppression.



GOAL 2

Implement criminal justice reform best practices to decrease recidivism and crime, diverting people with low criminal justice involvement risk to appropriate programming and utilizing incarceration for people with high criminal justice risk to ensure public safety.

In 2016, the Board of County Commissioners commissioned a study to determine causes and potential remedies for the unmanageable growth of the jail population. Crime had steadily decreased in Boulder County since 1985, but the incarceration rate had nearly tripled, growing faster than both Colorado and the nation as a whole. Boulder County still has a relatively low incarceration rate compared to national and state averages, and Boulder County has seen an increase in individuals with high-risk criminal behaviors entering the justice system. The study identified that policy and practice changes – not solely changes in criminal activity – were influencing the increased incarceration rate and the jail’s overcrowding problem.

The study made recommendations that fell into four main categories: coordinate the efforts across the county addressing the justice involved population, provide high fidelity evidence-based practices that are proven to reduce recidivism, decrease the use of the jail and other justice system interventions for those struggling with behavioral health disorders, and evaluate interventions to determine effectiveness. Boulder County is fortunate to have the necessary support from system partners as well as county leadership to tackle these reform practices and will work alongside partners in the Criminal Justice Management Board and the Criminal Justice Operating Board to implement reforms and ensure public safety.

EQUITY & JUSTICE

Ultimately, with the proper implementation of these objectives, especially in light of the construction of the 2018 voter-approved alternative sentencing facility, the county will see a reduction in recidivism as well as reduced costs associated with this population, allowing configuration of the jail to address high-risk criminal justice involved people, and diverting low-risk justice involved individuals to appropriate services and programs.

Objective 2a

Focus Boulder County funding in criminal justice services on reducing recidivism through data-driven decision making, fidelity monitoring, and financial accountability.

Objective 2b

Implement best, risk-based practices in sentencing and criminal justice programming to ensure long-term public safety.

Objective 2c

Support behavioral health and criminogenic programming by diverting low-risk justice-involved clients with behavioral health needs from the criminal justice system, utilizing jail beds for high-risk offenders, and providing appropriate criminogenic programming for moderate-to-high risk justice-involved clients.

GOAL 3

Increase access to effective mental and behavioral health services in Boulder County

Mental and behavioral health are areas of health equally important to well-being as physical health. In the U.S., 18% of adults and 12% of youth have a diagnosed mental health condition. Mental health includes our emotional, psychological, and social well-being; behavioral health includes not only ways of promoting well-being by preventing or intervening in mental illness, but also has an aim of preventing or intervening in substance abuse or other addictions.

One key element to improving mental and behavioral health is access to timely, affordable, and effective care. Boulder County is committed to improving access to affordable mental and behavioral health services via its current contracts for behavioral health services for Boulder County's clients, improving Colorado's legislative and administrative policies to increase access, improving access to services in Boulder County schools, improving access to appropriate in-home services for families with young children, and addressing access to necessary behavioral health services for justice-involved clients.

Objective 3a

Ensure Boulder County financial and programmatic investments directed to mental health and behavioral health services result in positive outcomes for those receiving services.

Objective 3b

Support statewide legislative, regulatory, and administrative strategies that improve access to mental health and behavioral health services.

Objective 3c

Support increasing access to mental and behavioral health services and prevention services for children and youth in Boulder County.

LAND & WATER STEWARDSHIP

Sound stewardship of public lands and natural resources provides a legacy for future generations and is increasingly important as our community is impacted by climate change and a growing human population. As such, there remains a critical need for the preservation and stewardship of open space lands in the county, with preserved open space being a fundamental shared value of the people in Boulder County. Boulder County acquires and manages land and water resources to support a variety of purposes including recreational use, biodiversity, and sustainable agriculture. Resources are dedicated to managing the wildland urban interface for both fire preparedness and healthy forests, improving soil health and carbon sequestration, and protecting water resources to ensure sustained environmental health and agricultural productivity.

GOAL 1

Acquire interests in real property that significantly protect natural areas for flora and fauna, maintain buffers that preserve community identity, preserve important agricultural lands, and contribute to the creation of a recreational trail system.

Objective 1a

Refine and continue to implement a dynamic acquisition strategy that targets key remaining properties to fulfill open space goals.

Objective 1b

Continue collaborating with federal land management agencies to create desirable exchange projects that will be prioritized for implementation by federal agencies.

GOAL 2

Demonstrate excellent stewardship of open space, including protection of natural resources, community access, and quality of life, through improved planning, engagement, and implementation on Boulder County Parks & Open Space land.

Objective 2a

Develop and begin implementation of a Cultural Responsiveness and Inclusion Strategic Plan that guides Parks & Open Space's engagement with underserved populations in Boulder County.

Objective 2b

Collaborate with the Transportation Department and municipalities to create more trail connectivity among municipal neighborhoods, local open spaces, and regional trails through a Regional Plains Trail Connectivity Plan.

Objective 2c

Complete high priority management plans on Parks & Open Space land that advance Boulder County open space values.

GOAL 3

Expand and maximize utilization of Boulder County's water portfolio to support sustainable agriculture and healthy riparian and aquatic ecosystems.

Objective 3a

Refine and implement an acquisition strategy that targets key additional water interests that fulfill open space goals.

Objective 3b

Collaborate with municipalities and other stakeholders to identify opportunities where cooperative use arrangements and operational modifications can improve use of water portfolios for the benefit of agriculture, the environment, and human health in our local watersheds.

Objective 3c

Research and identify the most cost-effective areas for achieving greater water efficiency across water uses in the county.

Objective 3d

Identify and advocate for changes in state and regional water policy that ensure water efficiency gains can be used directly within the community towards identified community values.

GOAL 4

Enhance soil health and increase carbon sequestration using the best available science and technology to improve agricultural production and protect native ecosystems.

Objective 4a

Support implementation of practices that reduce carbon emissions and enhance soil carbon on agricultural land including cover crops, compost addition, windbreaks, slow release fertilizers, and reduced tillage farming.

Objective 4b

Complete the 5-year carbon sequestration pilot study initiated with Colorado State University, review results, and recommend next steps for broader implementation.



Objective 4c

In collaboration with Boulder County Colorado State University Extension Office, continue educational efforts such as the Soil Revolution conferences to improve local farmer understanding of soil health and carbon sequestration best practices.

Objective 4d

Quantify expected carbon sequestration from applicable practices (e.g., compost addition, riparian vegetation planting) in natural ecosystems (including riparian, grassland, and forest areas) and implement three demonstration projects on Parks & Open Space land that increase carbon sequestration in these areas.

ORGANIZATIONAL & FINANCIAL STEWARDSHIP

Boulder County is committed to the effective use of taxpayer funds through efficient and sustainable organizational and financial practices. We provide and manage essential and impactful services, resources, and programs in a fiscally responsible manner through the transparent and best use of these funds.

Boulder County is updating its financial and administrative management tools and practices to allow more public access to county financial information and to mitigate administrative costs and burdens associated with county programs, services, and management.

Boulder County recognizes that our innovative and dedicated employees are essential in providing these services and programs. As costs of housing and transportation rise, Boulder County's ability to recruit and retain employees is also impacted. Boulder County is committed to supporting our employees' well-being and ensuring equity in the recruitment and retention of an effective and talented workforce, especially in the face of these economic challenges.

GOAL 1

Ensure adequate and sustainable resources and appropriate scaling of county government for effective public services.

Objective 1a

Identify and implement a strategy to increase the county's emergency and disaster reserve fund to address increasing climate change and natural disaster risks.

Objective 1b

Continue to support state-level advocacy to address the impacts of TABOR and the Gallagher Amendment.

Objective 1c

Explore additional, sustainable revenue and cost-saving opportunities.

ORGANIZATIONAL & FINANCIAL STEWARDSHIP

GOAL 2

Ensure a thriving, effective, inclusive, and diverse county workforce to provide public services.

Objective 2a

Ensure equity in recruitment, hiring, retention, and compensation practices.

Objective 2b

Invest in Boulder County employees by providing learning opportunities, tuition assistance, a pathway for 21st century skill enhancement, growth potential, and the ability to increase compensation within the organization.

Objective 2c

Continue to address recruitment and retention challenges due to increased cost of housing, transportation, and other costs of living and working in Boulder County.

Objective 2d

Strive to compensate employees at a level that allows them to live and thrive self-sufficiently.

GOAL 3

Increase efficiency and transparency of the county financial system and process through online access to Boulder County's budget, expenditures, and financial management system.

Objective 3a

Successfully implement an efficient and streamlined county financial management system.

Objective 3b

Provide self-service functions for public-facing county services.

Objective 3c

Ensure financial transparency and demonstrate the value of county services through communicating how and why county funds are budgeted and spent.

Objective 3d

Link county financial data to programmatic outcomes.



GOAL 4

Administrative functions are consistent, equitable, and efficient across county departments.

Objective 4a

Identify areas of inconsistencies and inequities in county administrative functions.

Objective 4b

Identify and prioritize best practices per impact on county functions.

Objective 4c

Empower the Administrative Managers Collective to standardize administrative best practices across the county to ensure consistency.

MANY THANKS TO
BOULDER COUNTY
CONSTITUENTS FOR
THEIR SUPPORT OF
PROGRESSIVE COUNTY
SERVICES AND TO
COUNTY STAFF FOR THEIR
DAILY CONTRIBUTIONS TO
DELIVER THESE SERVICES.



ACKNOWLEDGMENTS

Special thanks to the following individuals for their contributions in identifying and refining the 2019-2023 strategic priorities:

Barb Halpin | Ben Pearlman | Bill Hayes | BJ Lambden | Bob Lamb | Brad Smith | Carrie Inoshita | Christy Wiseman | Chuck Leyden | Cindy Braddock | Courtney Jurischk | Courtney Prusmack | Dale Case | Dana McCune | David Hatchimonji | Dea Wheeler | Emma Hall | Eric Lane | Frank Alexander | Gabi Boerkircher | Garry Sanfacon | George Gerstle | Hillary Hall | Jana Petersen | Janis Whisman | Jeff Zayach | Jeffrey Moline | Jim Williams | Joe Malinowski | Joe May | Joe Pelle | Julia Yager | Julie McKay | Katharina Booth | Kim Sanchez | Lea Yancey | Leslie Irwin | Maciel Leon

| Mackenzie Sehlke | Mark Ruzzin | Michael Dougherty | Michelle Krezek | Monica Rotner | Nicole Wobus | Norrie Boyd | Paul Weissmann | Ramona Farineau | Robin Bohannan | Ron Diederichsen | Ron Flax | Scott McCarey | Stacey Proctor | Summer Laws | Susan Caskey | Susan Motika | Susie Strife | Sydney Power | Therese Glowacki | Varda Blum

Mayor's Early Education Summit
April 27, 2019

Informal - Family, Friend, Neighbor Care



Provide transportation
Provide financial support for certifications; subsidize training; more support for education for the providers
Provide more information; coordinate resources; more space for training
Passes to cultural events (e.g. museum)

Formal - SVVSD



Tax relief for local bus, day care /subsidies
Denver preschool program model - tuition support
Provide transportation
More training opportunities (SVVSD, FRCC)
Scholarships for professional development

Formal – Large Center, Family Child Care, Preschool, Private, Federal



Subsidize child care
Incentives to retain staff
Provide local training/professional development
Provide more flexible child care hours for parents that work non-traditional schedules
Need space to provide services

What are the challenges and strengths of this early learning delivery system and what can be done to improve it?

Informal- Family, Friend, Neighbor, 4 or less children, private arrangements, Parents (Home School)	Strengths	Challenges	Action
Accessibility/Affordability	<ul style="list-style-type: none"> *Lower cost near by *Can be exempt from State requirements * 0-5 ages *State Wide Parent Provider training Spanish, English & African language *Can help access services/special needs *Basic care, love, stable care *There are centers In the community that can support home schoolers *Parks 	<ul style="list-style-type: none"> *Marketing *No standardization *Transporting kids safely *School preschool program is not transporting ½ day kids at FCC Homes 	<ul style="list-style-type: none"> * Council / can help with marketing *Send dual languages information *Support grants/ applied for more grants *Outreach to community clinics/primary care *Put rotating events in community parks *Make a trolley (like Brew hop) to take kids in informal care to community resources *Use other transportation options (City RTD Via, etc) *Community CO-Ops/ village concept ● Public education about changing the public conversation ● Required parenting course in high school
Availability	<ul style="list-style-type: none"> *Space is there slots available *Flexible Hours *More flexible with hours *More inter-generational learning 	<ul style="list-style-type: none"> *Dissemination *Help for parents education for FFN caregivers *No children’s museum in Longmont 	<ul style="list-style-type: none"> *Support these types of providers to increase supply * Childhood evens in the city (like ArtWalk) * Support passes to community resources (cultural facilities) like Denver does (pass for whole family) explore how this was funded Enterprise zones in Longmont. Use this resource to expand child care. *Coordinating resources for parents and grandparents City role

			*Financial/ support for training certification (cost by ?)
Quality	<ul style="list-style-type: none"> *PASO + EL PASO *Higher interaction *Lower adults/ ST ratio *People can provide Quality experience without being a professional *More experiential learning *Potential for more individualized learning *PASO exists to support these providers 	<ul style="list-style-type: none"> *No licensing is a challenge *Grandparents may not know what to do *Undocumented providers not mean to be involved with government/ fear *Not subject to licensing- possible unqualified *Cost to train providers is high 	<ul style="list-style-type: none"> * Subsidize training *Education and resources for providers *Support for ongoing education *More support for education for these providers (like PASO) and engage *Support English expansion of PASO SCFD *Financial Support for training Certification (Cost ?) *Coordinating Resources for Parents & Grandparents – City Role • Make trainings available, accessible and provide incentives
Other	<ul style="list-style-type: none"> *Library 	<ul style="list-style-type: none"> *Many people providers not state licensed *Fewer eyes on development/issues for these children *Trust/inclusion how to build this *Inadequate branch *How to engage different Communities *Info over load 	<ul style="list-style-type: none"> *Longmont Library passes – expand *Can we use public access TV for training, community, resources, etc. (relevant – meaningful) *Publicize Channel 8 *Utilize social media more/newsletters *Make 1 Place – Engage Longmont *Provide info on care licensure for special needs kids/parents – Medicaid *Get the word out to “Community influencers” *Support with space for training *Support for organizing *Respect the work *More education for parents as teachers and provide support *Value parents as teachers & provide supports #1 Item Broad Community-Private Support (not just from foundations, grants) • Make trainings available, accessible and provide incentives

What are the challenges and strengths of this early learning delivery system and what can be done to improve it?			
Formal - SVVSD	Strengths	Challenges	Action
Accessibility/Affordability	*More affiliation than private care – CPP, IEP. Priority bussing available for IEPs.	*Transportation *Communication *Application deadline process	* Tie into early care providers *Preschool round ups
Availability	*Special needs care *Neighborhoods schools	*Not enough slots hours & days *Space	*Legislative action
Quality	* Meeting licensing requirements *Preschool teachers are paid on same scale as regulars	*Finding care professionals ECE qualified *Availability of training	* Incentivize, subsidize and provide scholarships for professional developments • Make trainings available, accessible and provide incentives
Other			*Workforce childcare *SVVSD and business communication • Incentivize partnerships between Businesses and Child Care Providers • • Create a partnership with providers and build supportive relationships • What is business proposition? • Message to businesses • Talent recruitment can't happen if there isn't child care for their employers

			<ul style="list-style-type: none"> ● On-site childcare (especially for low-income, single parents) ● Need public perception (shouldn't need child care) to catch up to economic reality ● Look at early childhood at birth to 9 years old ● EPIC (Executives Partnering to Invest in Children) Group is a good example www.coloradoepic.org ● United Way Involvement ● Chamber and Rotary Involvement ● Talking point for businesses: "You become natural leaders when you become parents." ● Research on maternity leave ● Natural Partnership – Hospitals with on-site child care (City of Santa Monica example of hospital childcare for workers) ● State tax credit is there if you contribute. Business could get together and contribute to sponsor a child care center. <p>*Tax relief for local bus? That provide day care and/or subsidies</p>
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What are the challenges and strengths of this early learning delivery system and what can be done to improve it?

Formal – SSVSD And charter schools	Strengths	Challenges	Action
Accessibility/Affordability	<ul style="list-style-type: none"> *Special education students/services *Credibility – same location as elementary school *Family resources staff to help parents 	<ul style="list-style-type: none"> *4 days a week *9 months a year *But where to find info? *Confusing to outsiders. 	
Availability		*Transportation	<ul style="list-style-type: none"> *New! Mill Levy for full day preschool, 5 days per week, all year too! *Coordinate with available spots in drop in care centers *Transportation collaboration between centers, opportunity to consolidate into sharing –one stop shop
Quality	<ul style="list-style-type: none"> * Can as a district get Co. Shines – designation *Teachers have a Bachelors degree and paid as elementary school teachers 		
Other	<ul style="list-style-type: none"> * Preschool is an early intervention – saves money \$ later *Public Health screenings –identify learning issues, Vaccinations, 	<ul style="list-style-type: none"> * Do parents know all info of District Resources? *Community partner to access CPP family for teacher training 	<ul style="list-style-type: none"> *Use training by school district at no cost to staff and community providers *#1 item – <ol style="list-style-type: none"> a. clever on structure within CP Providers b. Better collaboration better all providers c. lobby state rule makers to serve student needs Goal of increase quality.

	<p>hearing/vision screenings. * Facts – Blended Funding Sources *4 Day – Co-Preschool Program requires 5th day for teacher planning *Mill Levy override funds \$200,00 for scholarships (there is a waitlist)</p>		<p>d. support and professional development to support teachers e. TS Gold requirements too complex, minimize assessments</p> <ul style="list-style-type: none"> • Make trainings available, accessible and provide incentives
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What are the challenges and strengths of this early learning delivery system and what can be done to improve it?

Formal – SSVSD Elections matter	Strengths	Challenges	Action
<p>Accessibility/Affordability</p>	<ul style="list-style-type: none"> *In neighborhood schools *OCHS center for teen parents 	<ul style="list-style-type: none"> *Before and after care are very expensive, limited access to CPP *infant to toddler *waitlist for scholarships *how to subsidize middle income families 	<ul style="list-style-type: none"> *Universal preschool ● Create Early Childhood Special District to Fund Birth - Three ● Senate Bill 1052 ● Create special district and tax levy to pay for child care ● Sell by... <ul style="list-style-type: none"> ○ Recruiting companies ○ Build community ○ Continuum of Educational Excellence ● or re-zoning ● Impact on talent recruitment <ul style="list-style-type: none"> ● Messaging of High Quality ECE is not Babysitting = Brain Development Fund ● Where is the disconnect between cost and compensation? ● Keep costs low, plus care good and compensation high ● High Cost of Care Solutions: <ul style="list-style-type: none"> ● Toy/book van county program ● School lunch program (to get food from schools) ● Offer respite care ● Get state support for supplemental income to providers ● Tax on development ● Work to change TABOR

			<ul style="list-style-type: none"> Public education about changing the public conversation
Availability		<ul style="list-style-type: none"> *Scheduling hours (part time, part day) *Some schools have waitlists 	
Quality	<ul style="list-style-type: none"> * ECE? At CDE? *Choices of modalities *Teachers trainings *Teachers paid better 	<ul style="list-style-type: none"> *Concern that it is formal not play-based *school district – pulls best staff from private sector because they pay better 	<ul style="list-style-type: none"> Make trainings available, accessible and provide incentives
Other	<ul style="list-style-type: none"> * Special needs classrooms and teachers *McKinney Vento program for homeless families 	<ul style="list-style-type: none"> * SVVSD has a hard time finding para’s *School funding varies depending on where you live 	<ul style="list-style-type: none"> *Get more people to look at and understand the demographic and economic information available from CDE and SVVSD Revamp licensing <ul style="list-style-type: none"> different rules for drop-in how many seconds to wash hands? need to be functional supported by research AND practice Revamp fees <ul style="list-style-type: none"> If you make a change, need to relicense Subsidies for smaller centers and homes Cost more to work in this industry because of background checks Make fees cheaper and easier (tie to person versus license) Licensing needs to look at what truly defines quality and honor diversity It is feels almost impossible to address all components of regulations.

			<ul style="list-style-type: none">• Regulations feel imposed rather than collaborative and mutually developed• The state should provide supportive, solution focused training for Licensing Rules and Regulations (and other regulations)
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What are the challenges and strengths of this early learning delivery system and what can be done to improve it?

Formal – Large Center, Family Child Care, Preschool, Private, Federal	Strengths	Challenges	Action
Accessibility/Affordability	<ul style="list-style-type: none"> *Full day care for working families *Year round (some) *CCAP *Birth to 3 *Choice in model: size, learning models, sliding scale *Choice options - philosophy 	<ul style="list-style-type: none"> *Not enough slots, some not year round *Costs *Info sent to Medicaid families * How do families find supportive funding CCAP pays less and impacts money available for quality programs to keep quality high *Cost of quality staff *Respect for teachers *90,000 for 1 child care 0-5years 	<ul style="list-style-type: none"> * Subsidize childcare for ECE students. *Council can advocate for state to adopt Denver’s preschool program *Build Co-ops *Create a city donor fund *Fundraising/concerts – community events *Sliding Scale *Incentive program to retain individual staff
Availability	<ul style="list-style-type: none"> *Some businesses provide subsidies *School district training students on ECE *Funding is higher in BoCo for CCAP 	<ul style="list-style-type: none"> *Slots for children *Hours and days (training days) *Infant and toddler care *limited capacity and hours *hours of operation *hiring very difficult *no substitutes *open positions are hard to fill *high risk – legal *low pay *off hour care – weekends & nights 	<ul style="list-style-type: none"> *Partnership with FRCC *Provide local training/Professional Development *College credit for training *Partnership with workforce Boulder County *Expand high quality programs *Require developers to incorporate community space for childcare *more ECE training Programs *How can we subsidize teachers *Tax credits/loan forgiveness *Where will new state funds go? Identify who benefits? • How can the city support businesses to help sponsor child care provider? • Make trainings available, accessible and provide incentives • Employers care about the stability of the workforce

			<ul style="list-style-type: none"> • Who/where is the working group at the business level? • Where are the employers in these discussions? • Return on investment
Quality	<ul style="list-style-type: none"> * Family resource staffing *Professional development helps retention *Improving money from county to increase 	<ul style="list-style-type: none"> *Time for training/home visits *Finding qualified staff *Lack of numbers *Cost outweighs finding qualified staff *Licensure requirements require time and money *increasing education requirement for staff *Retention *raising quality costs *Rating process expensive and accomplish *Staff involved – no pay to cover costs 	<ul style="list-style-type: none"> * Subsidize teacher wages to equal school district *Advocate at state level for increased CPP reimbursement *Tax relief for businesses that subsidize childcare slots (Employee vs. Everyone) = increase incentives for incoming companies *Seek grants to pay for quality *incentives training for staff *adopt a classroom (YMCA tried this) *community groups – come for activities • Creating villages for families, not just children. • Incentive programs to pay for trainings • PASO for FFN providers (\$300 per person for a \$3K value – 1/3 PD by SVVSD) • FFN Training • Opportunities not barriers • Make trainings available, accessible and provide incentives
Other	<ul style="list-style-type: none"> * Home visiting programs *Child Find *Where will new state money go? Uncertainty 	<ul style="list-style-type: none"> * Licensing *Look at Denver preschool model *Special needs funding *Livable wages *educating community *Hard to get into the press/get coverage *more infant care *staff turnover means constant cost to train *Respect for children who are cared for by staff/providers 	<ul style="list-style-type: none"> *Positive press *Council can use their influence role of families *HB1052 create special distrust *continuing education for government/business on ECE *Kyle Clark 9NEWS *Shared messages bank ECCP *Next door app/social media *ECE is a political issue *Connect to CDE because they are in process of updating strategic plan *Bring on champions – 1. chamber of commerce

			<p>2. Longmont econ. development council</p> <p>3. fill gap for CCAP students</p> <ul style="list-style-type: none"> ● Plan for ECE programs in New Development Projects A DPP (Denver Preschool Program) for 0-3 Here! In Our Community ● \$800K for child in child welfare system versus cost of early childhood education ● Any parent (universal) credit/voucher to provider - sliding scale , \$700 per child, parent choice (vs CPP \$290 per child) ● Revamp licensing <ul style="list-style-type: none"> ○ different rules for drop-in ○ how many seconds to wash hands? ○ need to be functional ○ supported by research AND practice ● Revamp fees <ul style="list-style-type: none"> ○ If you make a change, need to relicense ○ Subsidies for smaller centers and homes ○ Cost more to work in this industry because of background checks ○ Make fees cheaper and easier (tie to person versus license) ● Licensing needs to look at what truly defines quality and honor diversity ● It is feels almost impossible to address all components of regulations. ● Regulations feel imposed rather than collaborative and mutually developed ● The state should provide supportive, solution focused training for Licensing Rules and Regulations (and other regulations) ● Denver Preschool Program type funding for 0-3 and expanding to unlicensed care
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			<ul style="list-style-type: none"> • Tax that goes directly to childcare providers with a structure that puts it directly to provider pay (tied to education). Include homes, centers and FFN providers. Need education campaign to convince people of its importance. • Rewards for education • Fund by slot, not attendance • Money AND Respect (both are needed) • Employer sponsorships <p>*#1 item</p> <ol style="list-style-type: none"> a. free childcare for staff b. community outreach and education c. living wage for staff d. support legislation for education tax credit <ul style="list-style-type: none"> • Communication about Child Care Tax Credit
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<p><u>Business Development and Training Challenges:</u> *denotes highest priority areas</p> <ul style="list-style-type: none"> ● *How do we keep prices for parent’s low while fully and fairly compensating trained, talented professionals? [Third highest priority area across buckets] ● *Some providers (without training) can’t identify children with special needs or they are afraid to tell the health/referral system about these kids because they do not have a license. ● *Not every family needs full time care – part time/drop in care options ● Some providers are evicted for having family childcare in their rentals ● HOAs ● Providers are alone. Isolation is a big factor. ● Parents who find out the facility is unlicensed leave without paying and there is not authority that protects providers ● Low pay and lack of respect for what is a very hard and stressful job ● No care for sick children. No sick leave for parents. = All children at the facility get sick and many parents have to take time off from work. ● No weekend care that is licensed ● Access to training for parents ● Talent recruitment – LEDP ● Transportation/Car Seats ● CCCAP Rates – FFN even less ● Lack of transportation to childcare ● No Summer Care ● High cost of housing ● Lack of After Hours options ● Need care outside of normal hours ● Provider burnout 	<p><u>Licensing and Other Regulatory Challenges:</u> *denotes highest priority areas</p> <ul style="list-style-type: none"> ● *Overkill on Rules and Regulations - [Second most highly prioritized area across all buckets] ● *Fees Have Tripled. Cost to providers of constant “upgrading” of regulations is prohibitive and they give up. Costs have tripled for changes, visits, upgrades to keep up with the regulations. ● *1 - 5 star ratings do not fully (or adequately) reflect quality. Also, there are no truly meaningful incentives for pursuing the 3-5 levels. ● Transportation regulations are unattainable ● ECT requirements are a barrier ● Lack of understanding of the process (i.e. PDIS, QRIS, Early Childhood Councils, \$ money) ● Interrater reliability seems poor and inconsistent ● Punitive and costly regulatory enforcement causes misallocation of resources and disincentivizes investment from the private sector ● Constant “upgrading” of requirements makes people give up ● No readily available information for parents to evaluate quality. Many parents assume that a license means 	<p><u>Misc/Other Perception Challenges:</u> *denotes highest priority areas</p> <ul style="list-style-type: none"> ● *How do we keep prices for parent’s low while fully and fairly compensating trained, talented professionals? [Third highest priority area across buckets] ● *Some providers (without training) can’t identify children with special needs or they are afraid to tell the health/referral system about these kids because they do not have a license. ● *Not every family needs full time care – part time/drop in care options ● Some providers are evicted for having family childcare in their rentals ● HOAs ● Providers are alone. Isolation is a big factor. ● Parents who find out the facility is unlicensed leave without paying and there is not authority that protects providers ● Low pay and lack of respect for what is a very hard and stressful job
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<ul style="list-style-type: none"> • Help (\$\$\$) for middle income families • Perspective providers lack of knowledge to access money to support start up and doing/sustaining the work • PASO providers are well trained • Long Waitlists 	<p>that people have a BA in early childhood.</p> <ul style="list-style-type: none"> • Day care centers always have qualified employees, the director is educated but not all employees • CCCAP restrictions and many barriers for parents • Houses are not big enough to meet licensing • Mobile housing • Rules for licensing are too complicated • Immigration status of providers is a barrier • Providers take care of relatives and have no additional spots • The stance is of “getting you” on regulations that aren’t met instead of support, teaching, growth • Love is what they need – not all of these regulations. • Licensing visits bring up varying violations each time. It seems like those that visit change the rules. • Who has time to read all of the regulations? • Regulations can be about management, Quality can be about child/caregiver relationship • Zoning shouldn’t be an issue for a daycare home • Fire extinguishers should come (for free) from the fire department 	<ul style="list-style-type: none"> • No care for sick children. No sick leave for parents. = All children at the facility get sick and many parents have to take time off from work. • No weekend care that is licensed • Access to training for parents • Talent recruitment – LEDP • Transportation/Car Seats • CCCAP Rates – FFN even less • Lack of transportation to childcare • No Summer Care • High cost of housing • Lack of After Hours options • Need care outside of normal hours • Provider burnout • Help (\$\$\$) for middle income families • Perspective providers lack of knowledge to access money to support start up and doing/sustaining the work • PASO providers are well trained • Long Waitlists
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	<ul style="list-style-type: none">● Where can I get car seats? What about transporting to and from?● Providers not knowing what they need and how to access what they need.● Regulations are too long – what if I don't read? What if I can't write?● Spaces are so small that the guidelines don't apply: no backyards, there's only one door● Most facilities are rented apartments – not allowed to install a fence or to have toys outside● Unfunded mandates● Are these regulations a service to children and families or an “agency of the state”● Too many sinks required	
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Public Will & Public Perception Challenges:

*denotes highest priority areas

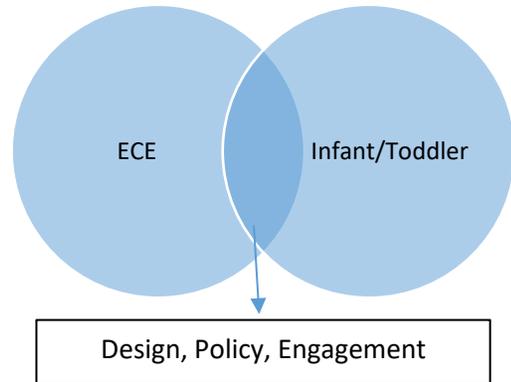
- *No understanding of brain science and the importance of early experience (when resilience is built, serve and return, prosperity for all – it’s everybody’s responsibility, shared messaging). Public doesn’t understand how expensive and challenging it is to offer infant/toddler care.
- * Early childhood years need only love and play. Lack of understanding about “investing early”.
- *Misconceptions of Family, Friend and Neighbor Care
- Perception: It’s just babysitting.
- Perception: I raised my kids, why is this an issue?
- Perception: Kids are safer in homes than in day cares.
- High quality is wanted, but is cost prohibitive for families.
- People unwilling and unable to pay for training early childhood educators. Many, many parents unable to pay for quality day care – especially single parents
- Lack of awareness of cost of care (e.g. self-sufficiency standard = 60K/yr income for one adult with an infant in Boulder County)
- Apathetic public officials
- Lack of knowledge of public officials

Workforce Challenges:

*denotes highest priority areas

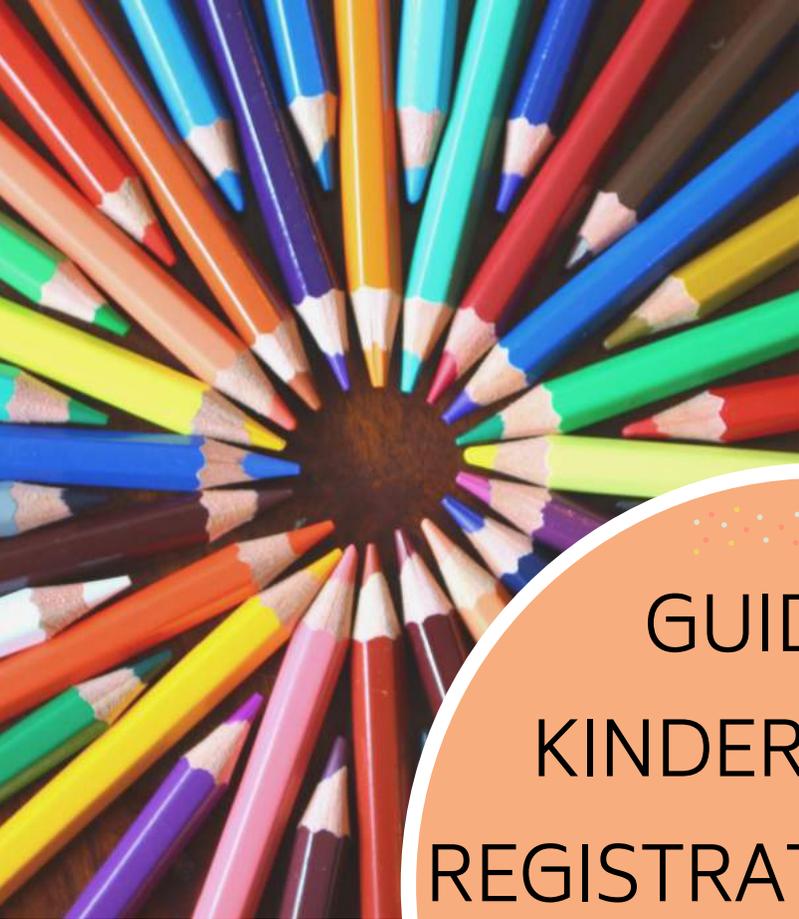
- *Low wages - low wages for teachers; low wages for parents, makes it all impossible except for upper-middle class and 2 parent households. [Most highly prioritized area across all buckets]
- *Quality – High expectations around training, expensive and inaccessible training, language barriers for trainings, lack of funds for higher education and professional development
- *Professionalism – Lack of respect for the profession/work of caring for young children and knowledge of all that providers do during the earliest years.
- Suitable, affordable settings for home care providers, housing
- Lack of understanding and access to R&R system (resources and referrals)
- Number of people needed to operate
- Moms who might be interested in opening in-home care are burnt out already
- Support system for in-home providers. It gets lonely.
- Organized field trips from home care
- Need for quality providers for children with therapy and other special needs
- No incentives to do an extraordinary job. Lack of bonus and reward for higher pay.
- No current workforce providing weekend and/or 3rd shift care/10 hour schedules

- High quality



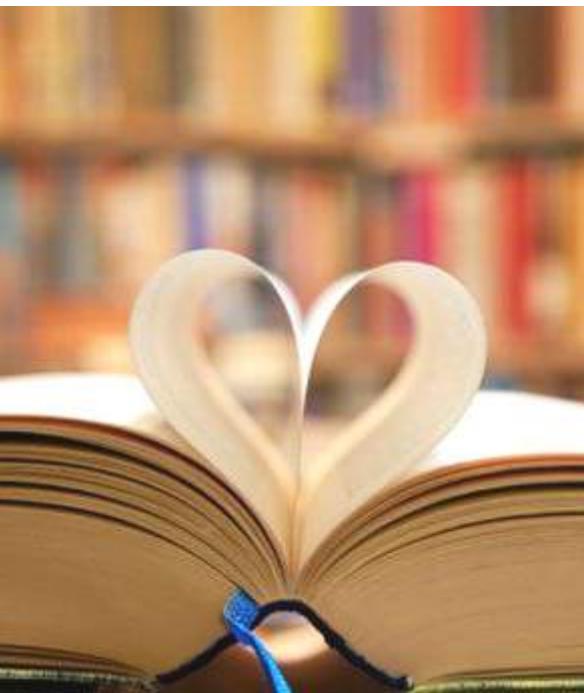
- Not just for women – father’s too
- Too many hours (7 am to 6 pm)
- Fear of the childcare rules and regs
- If kids are sick, they can’t attend
- Lack of true understanding/value of childhood
- Children are ‘cute’ not complex, competent

- Lack of benefits like sick time, maternity leave, nothing at all
- Some providers can’t get licensed because of immigration status and/or fears



GUIDE TO
KINDERGARTEN
REGISTRATION IN THE
ST. VRAIN VALLEY
AREA





LAUNCHING TO KINDERGARTEN



October - December

Collect information about Kindergarten

- We have looked at different schools, including our neighborhood school, to find a kindergarten that works best for our child and our family.
- We know about visiting schools or open houses so we can ask questions and look around the different schools.
- We have talked to our preschool teacher and our child care provider or learned ourselves about what will be expected of our child as he or she starts kindergarten.
- We know what documents are needed to register for kindergarten.

December 1 - January 10

- Register in person at the school.
- Bring your child's birth certificate (child must be age 5 or older on or before October 1).
- Bring proof of immunizations.
- Bring proof of address such as a utility bill or driver's license.

January - May : Get to know your school

- We have registered for kindergarten and know what to expect.
- We know if this school has a welcome visit or other chance for families to visit, look around, and ask questions about the school.
- We have a copy of "8 Ways to be Ready for K," and we use the suggestions when we play or interact with our child.
- We have found out about opportunities over the summer for kindergarten parents and students to get to know each other.

Summer

Get ready to start Kindergarten

- We are planning to visit the Longmont Public Library this summer.
- We are working on creating a smooth transition for our child – helping him or her make friends with new classmates, meeting other parents, and using ideas from "8 Ways to be Ready for K."
- We know about our local "Jump Start" kindergarten program.

8 WAYS TO BE READY FOR KINDERGARTEN

This resource for parents and caregivers includes the top suggestions made by a committee of preschool teachers, kindergarten teachers, administrators, parents, and community programs from the St. Vrain Valley School District area – and why they are important.

READ, READ, READ... LISTEN, LISTEN, LISTEN

The biggest academic learning children do in kindergarten is reading. By reading with your child, you will help him or her learn how books work: we read words from left to right, words are separated by spaces, and every story has a beginning, middle, and end. Discuss this story with your child. This develops their receptive and expressive language.

DEVELOP INDEPENDENCE

Building independence will help your child feel more confident entering the kindergarten classroom and help the school day go more smoothly.

Your child should be able to:

- Put on coats, hats, gloves by themselves.
- Manipulate zippers, buttons and snaps.
- Take on small bits of responsibility.
- Go to the bathroom alone.
- Make choices with a limited number of options ("Would you like an apple or an orange for snack?").

"CREATION STATION"

Set up a special area for your child to create, build and explore. As they begin kindergarten this can be their "go-to" place to complete homework or practice skills learned at school. Provide a variety of materials – paper, glue, scissors, crayons, tape, etc.

COOPERATIVE LEARNING

Learning how to work with others will help your child interact successfully in larger groups.

- Practice taking turns.
- Practice sharing.
- Help your child use words instead of actions to communicate feelings.

"FIRST ... THEN" RULE

Help your child follow directions and begin learning how to delay gratification. "FIRST we'll clean the dishes, THEN we'll read this book."

CREATE ROUTINES

- Children crave consistency. When they know what to expect, they feel more secure.
- A consistent bedtime is a good place to start. Kindergarten-age children need between 9 and 12 hours of sleep per day that might include a regular nap/ quiet time at home.
- Greatly limit screen time.

TALK, TALK, TALK

Talk with your child about the world around them, including their inner world (dreams, feelings, imagination).

Developing verbal vocabulary will help your child in many ways:

- Being able to express needs and feelings with others.
- Create a larger word bank to draw from when reading and writing.
- Improves personal interactions.



If you have concerns regarding your child's development, please visit <http://svvsd.org/about/departments/child-find>



PRACTICE, PRACTICE, PRACTICE

These skills are the building blocks for learning in kindergarten:

- Writing their name using upper and lower case letters.
- Counting small objects such as beans, pennies and beads.
- Drawing pictures to tell a story.
- Name letters in the environment (the M in McDonald's, S-T-O-P signs, etc.).
- Cutting with scissors and gluing things using glue sticks and bottle glue.

ENCOURAGE...

LANGUAGE DEVELOPMENT

Use complete sentences following grammatical rules: "I went to the store yesterday" vs. "I goed to the store yesterday."

Follow directions with two or more steps: "Brush your teeth and put on your pajamas."

Understand and use vocabulary related to opposites: like/different, top/bottom, big/little, up/down, first/last.

Say or sing familiar songs and nursery rhymes: "Itsy Bitsy Spider," "Hickory Dickory Dock."

Recognize when words rhyme: cat/hat, top/hop.

Recognize when beginning sounds are the same: ball/bat/big.



SOCIAL/EMOTIONAL DEVELOPMENT

Wait for a turn in a group of 3 or 4 children without getting upset.

Follow familiar routines:

- Cleaning up.
- Getting ready for bed.
- Arriving at school (put away coat and backpack, go to meeting area)
- Helping with meal time (setting table, clearing dishes).

Play cooperatively with other children for an extended period of time without intervention or adult support.

Pay attention and actively participate in a group setting for an extended period of time.

Control strong emotions when challenges arise. Ask for what he or she wants instead of hitting, yelling, tattling.

Cope with separation from familiar adults.

Demonstrate confidence in meeting his or her own needs:

- Use restroom independently.
- Wash hands unassisted.
- Use belts, zippers, and buttons independently.

PHYSICAL DEVELOPMENT

Hold and use scissors correctly to cut on straight and curved lines.

Use crayons, pencils and markers using a tripod grip.

Put on and zip or button his or her coat and put on shoes.

Use classroom materials appropriately:

- Removes and replaces marker lids.
- Controls flow of glue from bottle or stick.

Coordinate basic movement skills: run, hop, skip, kick, throw, catch, balance, gallop through active play.



ENCOURAGE...

READING

Knows the letters in his or her name and can recognize own first name in print.

Knows and names at least 15 upper and lowercase letters in addition to letters in his or her own name.

Knows letter sounds of at least 10 to 15 letters he or she can identify: letter B-b with the sound /b/.

Associates letter sounds with letters in print: letter b with the /b/ sound (as in bat).

Can retell a familiar story in sequential order identifying major events and characters.

Can hold and look at books right side up, turning pages one at a time from front to back.

Recognizes names and small, frequently used words: a, I, is, am, the, it, go, can, see, my, do, in, to, up, me, like, you, not, look, and.

NUMBERS AND COUNTING

Count at least 10 objects with 1-to-1 correspondence.

Count from 1 to 10 in the correct order. Identify and put written numbers in order from 1 to 10.

Understand that a written number is associated with a quantity: 3 equals three bears. Use the words "more" and "less" correctly.

Understand that adding (+) means putting things together and subtracting (-) means taking things away.

Recognize and name basic shapes: circle, square, triangle, rectangle.

Recognize primary and secondary colors: red, blue, yellow, green, orange, black, brown, purple, white.

WRITING

Use crayons, pencils and markers using a tripod grip.

Write his or her name moving toward upper and lower case: MARY SMITH -to- Mary Smith.

Express ideas through pictures he or she draws.

"When we treat children's play as seriously as it deserves, we are helping them feel the joy that's to be found in the creative spirit. It's the things we play with and the people who help us play that make a great difference in our lives."

-Fred Rogers





LAUNCHING TO KINDERGARTEN

To learn more about
Bright Eyes' coalition and partners,
please visit:
<http://bit.ly/L2Kguidehome>

For more information contact:
Children, Youth and Families
303.651.8580
cyr@longmontcolorado.gov

Last revised on: September, 2019
Created by: Stephanie Loera Corral



ALL ABOUT ME!

Place a photo of
your child here

Child

Birth day: _____

Allergies: _____

Is afraid of: _____

Parent or Guardian

Name: _____

Phone: _____

Email: _____

Best time to contact me: _____

Name: _____

I am proud that my child knows:

My child enjoys it when we read
this book or sing this song:

My child really likes:

I am excited for my child to learn:

I think my child is good at:

My child really dislikes:

I would like to be involved in my
child's education in these ways:

These people live with my child:

My child and/or our family
could use help with:



LET THE ADVENTURE BEGIN!

Starting kindergarten is exciting time for children and families! It is a time of change and of new beginnings. For your child, the world will become bigger and full of new things. For you, you will be watching your child become smarter, more independent and in need of good parenting. You are your child's first teacher and now your child will have additional teachers that will help you to develop the reader, the scientist, the thinker, the friend and the future. It is a time of amazing growth and learning.



Here is a checklist of things to do to make your child's kindergarten adventure a great one.

- I have talked to my child about kindergarten and I have listened to what my child is saying about starting school.
- I have maintained a positive, supportive outlook about school that shows to my child. If I have child that has already gone to kindergarten, I involve that child in creating a positive experience for the new kindergartener.
- I have looked into the school options and how they best work for my family.
- I have visited the school with my child informally to see the building, kindergarten area, playground, bus stop or pickup point.
- I have used the "8 Ways" list to prepare during the summer.
- I have attended an open house or information session about kindergarten.
- I have enrolled my child in school using all my current information including up to date immunization records and contact information.
- I have checked into any of the activities the school may have for summer gatherings for new kindergarten students.
- I have attended kindergarten orientation and learned how get information from the school and from the teacher.
- I have gotten the supplies my child may need for school.
- I have talked to my child about what to expect the first day. We have talked about getting to school and coming home. We have talked about meeting the teacher and then going to class.
- We are looking forward to an excellent year!

LET THE ADVENTURE BEGIN!



Draw a picture of yourself for your parents/guardians.

Name: _____

Date: _____

LET THE ADVENTURE BEGIN!



Draw a picture of yourself for your kindergarten teacher.

Name: _____

Date: _____



GUÍA PARA EL
REGISTRO DE
KINDERGARDEN
EN LA ZONA DE
ST. VRAIN VALLEY



MAPA DE LAS ESCUELAS DE KINDERGARTEN

ST. VRAIN VALLEY SCHOOLS
academic excellence by design

St. Vrain Kindergartens, Charters & Private Schools



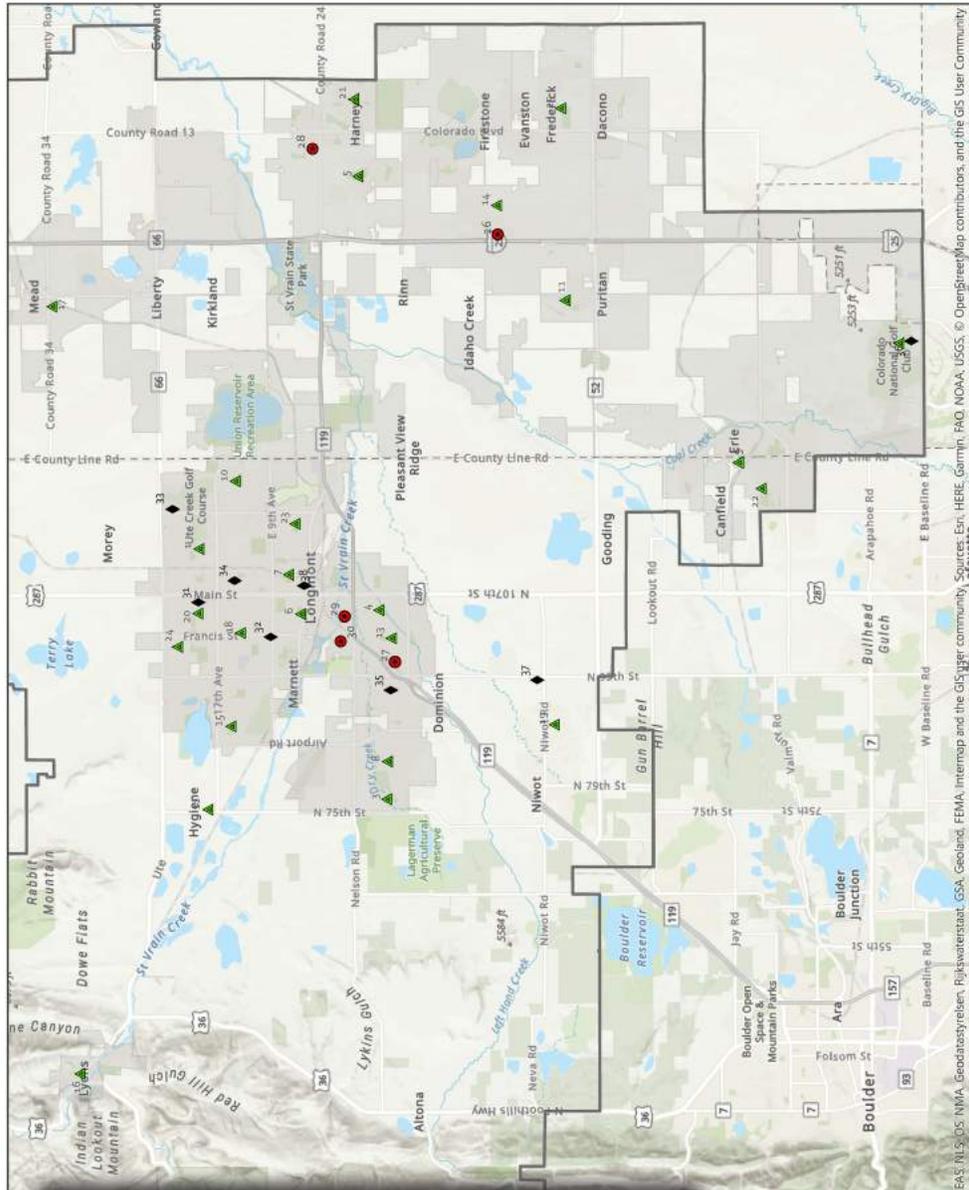
St. Vrain Kindergartens Charters

- 1. Alpine
- 2. Black Rock
- 3. Blue Mountain
- 4. Burlington
- 5. Centennial
- 6. Central
- 7. Columbine
- 8. Eagle Crest
- 9. Erie (K-5)
- 10. Fall River
- 11. Grand View Elem.
- 12. Hygiene
- 13. Indian Peaks
- 14. Legacy
- 15. Longmont Est.
- 16. Lyons (K-5)
- 17. Mead (K-5)
- 18. Mtn. View
- 19. Niwot (K-5)
- 20. Northridge
- 21. Prairie Ridge
- 22. Red Hawk Elementary
- 23. Rocky Mtn.
- 24. Samborn
- 25. Spark Discovery Preschool

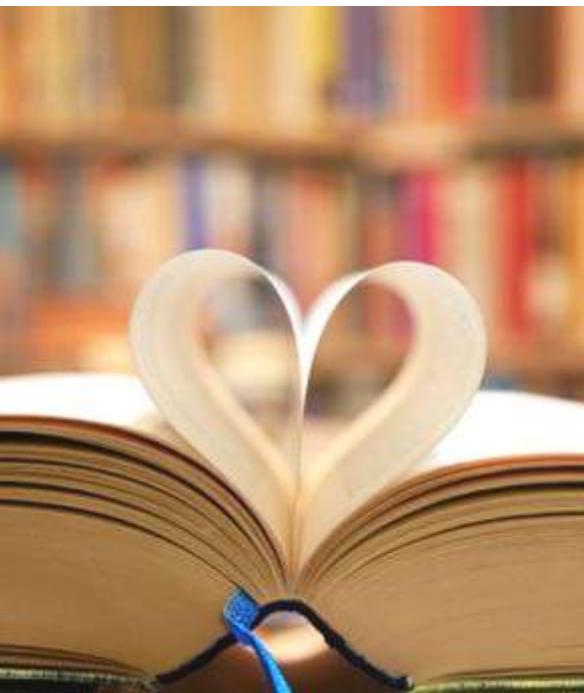
Private Schools

- 31. The Cottage School
- 32. Gateway Montessori School
- 33. Goddard School
- 34. Longmont Christian School
- 35. Primrose School of Longmont
- 36. Primrose School of Erie
- 37. Rocky Mountain Christian Academy
- 38. St. John the Baptist Catholic School

Town Boundaries
 St. Vrain Schools' Boundary



2019-2020



LANZAMIENTO A KINDERGARDEN



Octubre - Diciembre

Recopilar información sobre Kindergarden

- Hemos examinado diferentes escuelas, incluidas las escuelas de nuestro vecindario, para encontrar un kindergarden que funcione mejor para nuestros hijos y nuestra familia.
- Sabemos acerca de visitar escuelas o casas abiertas para que podamos hacer preguntas y observar las diferentes escuelas.
- Hemos hablado con nuestra maestra de preescolar y nuestro proveedor de cuidado infantil o hemos aprendido sobre lo que se espera de nuestro hijo cuando comience el kindergarden.
- Sabemos qué documentos se necesitan para inscribirse en kindergarden.

1 de Diciembre - 10 de Enero

- Regístrese en persona en la escuela.
- Lleve el certificado de nacimiento de su hijo (el niño debe tener 5 años o más el 1 de octubre o antes).
- Traer prueba de inmunizaciones/vacunas.
- Lleve comprobante de domicilio, como factura de servicios públicos o licencia de conducir.

Enero - Mayo:

Conoce tu escuela.

- Nos hemos registrado para el kindergarden y sabemos qué esperar.
- Sabemos si esta escuela tiene una visita de bienvenida u otra oportunidad para que las familias visiten, miren a su alrededor y hagan preguntas sobre la escuela.
- Tenemos una copia de "8 maneras de estar listos para K", y usamos las sugerencias cuando jugamos o interactuamos con nuestro hijo.
- Hemos descubierto oportunidades durante el verano para que los padres y estudiantes de kindergarden se conozcan entre sí.

Verano

Prepárate para empezar Kindergarden

- Estamos planeando visitar la Biblioteca Pública de Longmont este verano.
- Estamos trabajando para crear una transición sin problemas para nuestros hijos como ayudarlos a hacer amigos con nuevos compañeros de clase, conocer a otros padres y usar ideas de "8 maneras de estar listo para K".
- Sabemos sobre nuestro programa local de kindergarden "Jump Start".



8 MANERAS DE ESTAR LISTO PARA EL KINDERGARDEN

Este recurso es para padres y cuidadores incluye las principales sugerencias hechas por un comité de maestros preescolares, maestros de kindergarden, administradores, padres y programas comunitarios del área del Distrito Escolar del Valle de St. Vrain, y por qué son importantes.

LEER, LEER, LEER... ESCUCHAR, ESCUCHAR, ESCUCHAR

El mayor aprendizaje académico que hacen los niños en el kindergarden es la lectura. Al leer con su hijo, lo ayudará a aprender cómo funcionan los libros. Por ejemplo: leer las palabras de izquierda a derecha, como las palabras están separadas por espacios, y cada historia tiene un principio, una mitad y un final. Platique la historia con su hijo. Esto también desarrolla su lenguaje receptivo y expresivo.

DESARROLLAR LA INDEPENDENCIA

Construir independencia ayudará a su hijo/a a sentirse más seguro al ingresar al aula de kindergarden y ayudará a que la jornada escolar sea más fluida.

Su hijo/a debe ser capaz de:

- Ponerse abrigos, sombreros, guantes.
- Manipular zipers, botones y broches.
- Asumir pequeños trozos de responsabilidad.
- Ir al baño solo/a.
- Tomar decisiones cuando se encuentra un número limitado de opciones ("¿Le gustaría una manzana o una naranja para comer?").

ESTACIÓN DE CREACIÓN

Configure un área especial para que su hijo/a cree, construya y explore. A medida que comienzan el kindergarden, este puede ser su lugar para ir a completar la tarea o practicar las habilidades aprendidas en la escuela. Proporcione una variedad de materiales: papel, pegamento, tijeras, crayones, cinta adhesiva, etc.

APRENDIZAJE COOPERATIVO

Aprender a trabajar con otros ayudará a su hijo/a a interactuar con éxito en grupos más grandes.

- Practique tomando turnos.
- Practique el intercambio.
- Ayude a su hijo/a a usar palabras en lugar de acciones para comunicar sentimientos.

"PRIMERO ... DESPUES" REGLA

Ayude a su hijo/a a seguir instrucciones y comenzar a aprender cómo retrasar la gratificación. "PRIMERO limpiaremos los platos, DESPUES leeremos este libro".

CREAR RUTINAS

- Los niños anhelan la consistencia. Cuando saben qué esperar, se sienten más seguros.
- Una buena hora de acostarse es un buen tiempo para comenzar. Los niños en edad de kindergarden necesitan entre 9 y 12 horas de sueño por día, lo que puede incluir una siesta regular o un momento de tranquilidad en el hogar.
- Limita enormemente el tiempo de ver televisión.

HABLAR, HABLAR, HABLAR

Hable con su hijo sobre el mundo que los rodea, incluido su mundo interior (sueños, sentimientos, imaginación).

Desarrollar vocabulario verbal ayudará a su hijo de muchas maneras:

- Ser capaz de expresar necesidades y sentimientos con los demás.
- Cree un banco de palabras más grande para dibujar al leer y escribir.
- Mejora las interacciones personales.



Si le preocupa el desarrollo de su hijo, Visite <http://svvsd.org/about/departments/child-find>



PRÁCTIQUE, PRACTIQUE, PRACTIQUE

Estas habilidades son los bloques de construcción para el aprendizaje en el kindergarden:

- Escribir su nombre usando letras mayúsculas y minúsculas.
- Contar objetos pequeños como frijoles, monedas y cuentas.
- Dibujar imágenes para contar una historia.
- Nombre de las letras en el medio ambiente (la M en las señales de McDonald's, S-T-O-P, etc.).
- Cortar con tijeras y pegar cosas con barras de pegamento y pegamento de botella.



MOTIVE...

LECTURA

Conoce las letras de su nombre y puede reconocer su propio nombre impreso.

Conoce y nombra al menos 15 letras mayúsculas y minúsculas además de las letras en su propio nombre.

Conoce los sonidos de las letras de al menos 10 a 15 letras que puede identificar: letra B-b con el sonido / b /.

Asocia letras de sonidos con letras impresas: letra b con el sonido / b / (como en bat).

Puede volver a contar una historia familiar en orden secuencial identificando eventos y personajes importantes.

Puede sostener y mirar libros al revés, pasar las páginas una por una de adelante a atrás.

Reconoce nombres y pequeñas palabras de uso frecuente: a, I, is, am, the, it, go, can, see, my, do, in, to, up, me, like, you, not, y.

NÚMEROS Y CONTAR

Cuenta al menos 10 objetos con correspondencia 1-a-1.

Cuenta del 1 al 10 en el orden correcto. Identificar y poner números escritos en orden del 1 al 10.

Comprenda que un número escrito está asociado con una cantidad: 3 es igual a tres osos. Usa las palabras "más" y "menos" correctamente.

Comprenda que sumar (+) significa juntar cosas y restar (-) significa quitar cosas.

Reconocer y nombrar formas básicas: círculo, cuadrado, triángulo, rectángulo.

Reconocer colores primarios y secundarios: rojo, azul, amarillo, verde, anaranjado, negro, marrón, morado, blanco.

ESCRITURA

Use crayones, lápices y marcadores con un agarre de tripie.

Escriba su nombre moviéndose hacia mayúsculas y minúsculas: MARIA LOPEZ- a - Maria Lopez.

Expresa ideas a través de imágenes que él o ella dibuja.

"Cuando tratamos el juego de los niños con la seriedad que merece, los estamos ayudando a sentir la alegría que se encuentra en el espíritu creativo. Son las cosas con las que jugamos y las personas que nos ayudan a jugar lo que marca una gran diferencia en nuestras vidas."

-Fred Rogers





LANZAMIENTO A KINDERGARDEN

Para mas informacion sobre la
coalición de Bright Eyes y sus
miembros, por favor visite:
<http://bit.ly/L2Kguidehome>

Para mas informacion contacte:
Centro de Niños, Jóvenes y Familias
303.651.8580
cyr@longmontcolorado.gov

Última revisión: Septiembre, 2019
Creado por: Stephanie Loera Corral



¡TODO SOBRE MI!

Coloque una foto
de su hijo/a aquí.

Niño/a

Cumpleaños: _____

Alergias: _____

Tiene miedo a: _____

Padre o guardián

Nombre: _____

Teléfono: _____

Email: _____

Mejor hora para contactarme: _____

Nombre: _____

Estoy orgulloso de que mi hijo/a:

Estoy emocionado/a que mi
hijo/a aprenda:

Me gustaría participar en la educación
de mi hijo/a de la siguiente manera:

Mi hijo/a disfruta cuando leemos
este libro o cantamos esta canción:

Creo que mi hijo/a es bueno en:

Estas personas viven con mi hijo/a:

A mi hijo realmente le gusta:

A mi hijo/a realmente le disgusta:

Mi hijo/a o nuestra familia nos
podrían ayudar con:



¡QUE COMIENZE LA AVENTURA!

¡Comenzar el kindergarden es un momento emocionante para los niños y las familias! Es un tiempo de cambio y de nuevos comienzos. Para su hijo, el mundo se volverá más grande y lleno de cosas nuevas. Para usted, usted estará viendo cómo su hijo se vuelve más inteligente, más independiente y necesita una buena crianza. Usted es el primer maestro de su hijo y ahora su hijo tendrá maestros adicionales que lo ayudarán a desarrollar al lector, al científico, al pensador, al amigo y al futuro. Es una época de increíble crecimiento y aprendizaje.



Aquí hay una lista de cosas que hacer para que la aventura de kindergarden de su hijo sea excelente.

- ___ He hablado con mi hijo sobre el kindergarden y he escuchado lo que mi hijo/a dice acerca de comenzar la escuela.
- ___ He mantenido una perspectiva positiva y de apoyo sobre la escuela que se muestra a mi hijo/a. Si tengo un hijo/a que ya ha ido al kindergarden, involucro a ese niño/a en la creación de una experiencia positiva para el nuevo estudiante de kindergarden.
- ___ He investigado las opciones de la escuela y cómo funcionan mejor para mi familia.
- ___ He visitado la escuela con mi hijo/a para ver el edificio, el área de kindergarden, el patio de recreo, la parada de autobús o el punto de recogida.
- ___ He usado la lista de "8 maneras" para prepararme durante el verano.
- ___ He asistido a una sesión de puertas abiertas o de información sobre kindergarden.
- ___ He inscrito a mi hijo/a en la escuela usando toda mi información actual, incluidos los registros de inmunización actualizados y la información de contacto.
- ___ Me he registrado en cualquiera de las actividades que la escuela puede tener para las reuniones de verano para los nuevos estudiantes de kindergarden.
- ___ He asistido a la orientación de kindergarden y he aprendido cómo obtener información de la escuela y del maestro.
- ___ He recibido los suministros que mi hijo/a puede necesitar para la escuela.
- ___ He hablado con mi hijo/a sobre qué esperar el primer día. Hemos hablado de llegar a la escuela y volver a casa. Hemos hablado de conocer al profesor y luego ir a clase.
- ___ ¡Estamos esperando un año excelente!

¡QUE COMIENZE LA AVENTURA!



Haz un dibujo de ti mismo para tus padres/guardianes.

Nombre: _____

Fecha: _____

¡QUE COMIENZE LA AVENTURA!



Haz un dibujo de ti mismo para tu maestro/a de kindergarden.

Nombre: _____

Fecha: _____