AGENDA

Introduction
Amy Chester, Rebuild by Design

Review of Phase 1 findings and Phase 2 Working Group Process
Johanna Lawton, Rebuild by Design

Presentation of Working Group Recommendations
Led by:

Economic Challenges
Rebecca Novinger and Susan Caskey

Affordable Housing
Karen Gerrity and Paul Jannatpour

Mental Health and Social Resilience
Katrina Harms and Robin Bohannan

Q + A
All
INTRODUCTION OF PARTNERS

Boulder County Arts Alliance
Charlotte LaSasso and Soledad Diaz

Front Range Community College
Becky Chavez and MaryLee Geary

Human Services Alliance
Rebecca Novinger

Northwest Chamber Alliance
Berenice Garcia Tellez and John Tayer

Peak to Peak Housing and Human Services
Chris Current and Katrina Harms

Intermountain Alliance
Karen Gerrity

Rebuild by Design
Amy Chester and Johanna Lawton

Community Foundation Boulder County
Tatiana Hernandez

Boulder County
OVERVIEW OF PROCESS - GOALS

To ensure that the disproportionate effects of Covid on certain communities are mitigated for the future by building assets, strength and resilience.

To provide robust opportunities for community engagement around the distribution of ARPA funds to promote an inclusive government process.

To understand community members’ experiences to inform long-term planning for Boulder County.

To be transparent, equitable and inclusive.
OVERVIEW: Phase 1

Oct 16 - Nov 1:
- Code and synthesize findings

Aug 16 - 23:
- Co-designing the engagement program

Aug 23 - Sep 1:
- Create and translate materials

Sep 1 - Oct 15th:
- Outreach and engagement

Nov 10:
- Partners finalize information collected and submit to BOCC

Aug 8 - 23:
- Identify and invite partners to join the Steering Committee
PHASE 1 OUTREACH

1543 surveys
41 events
Over 330 organizations reached
DIRECTION FOR PHASE 2:

Respondents have given a clear direction to concentrate our efforts on the intersection of

1) Affordable Housing
2) Economic Challenges for individuals and businesses
3) Mental Health and Social Resilience

Additionally, addressing **distrust in government** through transparency and demonstrating that the communities’ feedback matters will be an essential part of the recovery process.
OVERVIEW: Phase 2
WORKING GROUP PUBLIC SELECTION PROCESS:

- Expanded ARPA Steering Committee to include Department Heads that will co-chair the working groups.
- Open call to 330+ organizations for participation.
- Applicants filled out a simple questionnaire that stated their professional or lived experience.
- Determined the ideal make up of each group.
- Over 150 applicants.
- All ARPA Committee members reviewed applications.
- 35 community members were selected to participate in three groups.

- Economic Challenges
- Housing Affordability
- Mental Health + Social Resilience
RECOMMENDATIONS SHALL BE..

- Transformational
- Balance between long-term transformational change and immediate relief
- Easily deployed to help people in need quickly
- Sustainable when ARPA funding runs out
- Focus on equity and address racial, economic, and health disparities
- Leverage completed plans and research
- Groundbreaking; something that County Government would not have done on its own
WORKING GROUP

Economic Challenges

Co Chairs: Rebecca Novinger, Imagine Colorado
          Susan Caskey, Boulder County Housing
          and Human Services

BOCC Sponsor: Commissioner Marta Loachamin
Economic Challenges Subgroups:

**Small Business and Nonprofit Development Members**

Co-chair: Rebecca Novinger

- Hayden Dansky - Boulder Food Rescue
- Scott Sternberg - Boulder Economic Council
- Miranda Fisher - Town of Nederland
- Rachel Garcia - Boulder Small Business Development Center
- Jessica Erickson - Longmont Economic Development Partnership
- Simon Smith - Clinica Family Health
- Berenice Tellez - Latino Chamber

**Childcare Impact Supports Members**

Co-chair: Susan Caskey

- Debbie Pope - YWCA Boulder County
- Julie Van Domelen - Emergency Family Assistance Association
- Jorge Gonzalez-Soria - Safehouse Progressive Alliance
- Mary Lynn Neiman - ECCBC
- Marisa Baylon Guillen - Longmont Economic Development Partnership
- Lorena Garcia - Colorado Statewide Parent Coalition
- Annette Crawford - ECCBC
- Alison Brisnehan - Boulder County Housing and Human Services
- Marc Cowell - Our Center
- Matt Eldred - TLC Learning Center
- Tere Garcia - El Paso

**Boulder County Staff Support:**

- Erin Jones, Community Services
- Daphne McCabe and Jane Wilkinson, Public Health
- Shannon Bryan, BC Housing and Human Services
- Leslie Irwin, Aisa Garita, Sofia Lennie - Commissioners’ Office
ECONOMIC CHALLENGES PROPOSALS

RECOMMENDATION 1
- Survive and Thrive

RECOMMENDATION 2
- Direct Cash Assistance to Families with Young Children to Help with Childcare Expenses

RECOMMENDATION 3
- Early Childhood Community Village Concept and Collaboration
Recommendation 1: Survive and Thrive

Requesting $7.5M to provide grants to small businesses, nonprofit organizations, and business support entities. Grants will support meaningful short- and long-term investments that will stabilize their business conditions, workforce, and operations (Survive). Grant awardees will be required to engage with entities that provide business support services (Thrive). Entities that provide direct business support services will be eligible for grants that allow for both the expansion of current services and the creation of new, innovative offerings that can best assist the business community.

**Timeline:**
- Planning Phase: Time of award through 12/22
- Launch: RFP and grant applications in early 2023
- Awardees: Summer 2023

**Impact:**
- Business continuity for small businesses and nonprofit organizations disproportionately impacted by COVID-19 that can demonstrate negative economic impact;
- Increase capacity for business support entities;
- Motivate business support entities to develop new and innovative offerings;
- Higher participation rates of small businesses and nonprofit organizations in available business support programs.
Recommendation 1: Target Populations

- Small businesses located or serving in Qualified Census Tract areas, high vulnerability index areas, and remote communities; small business owners with low or moderate income, lives in an economically distressed area, has low or moderate personal wealth based on household net worth, and/or has diminished opportunities to access capital or credit.

- Nonprofit organizations serving communities hardest hit by the COVID-19 pandemic including people with disabilities, people of color, families with low- to medium-incomes, immigrants and refugees, LGBTQ+, young children, and older adults.
Recommendation 1: Possible Criteria for Grantee Selection

**Small Businesses**
(400 awardees at $10k per business: $4M)
1. Serving or located in QCT, high risk vulnerability index or remote community
2. Can demonstrate negative economic impact from pandemic
3. Provides quality jobs (pays a living wage, health benefits, flexibility)
4. Current or commitment to participation in other Boulder County business resource programs (i.e. Workforce Boulder County, SBDC, EforAll)
5. Commitment to diversity and inclusion in the workplace (documented DEI plan, strategy, or program)
6. Use of local supply chain
7. Demonstrates a sustainability commitment

**Nonprofit Organizations**
(40 awardees at $50k per organization: $2M)
1. Serves COVID-impacted population
2. Can demonstrate negative economic impact from pandemic
3. Commitment to diversity and inclusion in the workplace (documented DEI plan, strategy, or program)
4. Demonstrates investment priority for low wage workers (pay equity improvements, staff development that promotes income earning potential, wellness benefits, etc.)

**Business Support Entities**
(15 awardees at $100k per entity: $1.5M)
1. Serves COVID-impacted population
2. Commitment to diversity and inclusion in the workplace (documented DEI plan, strategy, or program)
3. Demonstrates investment priority for traditionally underserved small business owners and entrepreneurs
4. Community-based organizations
Recommendation 1: Exciting Opportunity

- **Survive & Thrive** is a new grant program that seeks to address short-term needs while also providing long-term support by:
  - Supporting eligible small businesses and nonprofit organizations that can make meaningful, short- and long-term investments that will stabilize their business condition, workforce, and operations (**Survive**).
  - Requiring that awarded businesses and nonprofits must engage with a variety of entities that provide business support services (**Thrive**).
  - Expanding the capacity of business support organizations to offer services and create new, innovative offerings to support local businesses above and beyond current and traditional government programs to increase impact.

- By supporting small businesses that are non- or under-banked through traditional lending programs, we are both meeting an immediate need for the small businesses and providing assistance so that they may qualify for traditional resource programs in the future.

- Examples of similar programs:
  - CAP/PIE
  - Denver Business Impact Opportunity Fund
  - South-Bend Elkhart, IN READI Grant - Smart, Connected Communities
  - Maine Jobs & Recovery Program
Recommendation 1: Addresses Racial, Economic, and Health Disparities

- This proposal supports small businesses hardest hit by the pandemic:
  - Serving or located in high risk vulnerability index area or remote community.
  - High vulnerability is determined by an analysis of:
    - Socioeconomic status,
    - Household composition and disability
    - Housing type and transportation

- This proposal supports nonprofit organizations directly serving communities hardest hit by the pandemic, such as people with disabilities, older adults, communities of color, LGBTQ+ people, and other marginalized populations.

- Focuses on advancing internal equity within organizations and businesses. Funding could be used for some of the following:
  - Wage equity: Increasing pay for workers making under $25/hr; retention bonuses for lower wage workers
  - Hiring underrepresented community members and program participants
  - Professional development to promote career progression and employee wellness benefits for healing vicarious traumas
  - Language translation and interpretation & cultural broker services
  - Expanding legal resources for immigrants and undocumented workers
  - Technical assistance for historically underserved entrepreneurs
  - Physical storefront upgrades for businesses
Recommendation 1: Implementation

1. The development of a competitive grant and RFP process

2. The creation and appointment of a Selection Committee that has completed rigorous equity training

3. A communications team, with cultural brokers, to aggressively promote this opportunity with emphasis in underserved and remote communities

4. Boulder County staff assigned to oversee the project from end to end
Proposal 2: Direct Cash Assistance to Families with Young Children Age 0-3 to Help with Childcare Expenses

Requesting $6.0M to provide direct cash assistance to low-income families, with children ages 0-3 who have been impacted by the economic consequences of the COVID pandemic and live in lower-income and vulnerable households.

Expected impacts includes

- Increase economic recovery from COVID for families with 0 - 3 year olds
- Reduce financial burden of childcare
- Narrow poverty rates widened during the pandemic
- Improve caregiver mental health and wellbeing
- Increase workforce participation
- Improve early childhood outcomes
- Increase income for childcare providers
- Support families fleeing domestic/interpersonal violence and shelter residents
Proposal 2: Target Population, Numbers Served and Equity

“A faster, more equitable recovery also sets the stage for inclusive economic growth in the future”

Number served: 725 children 0-3 years old

Target Population:
- Low-income families with small children who have struggled to pay for childcare or other basic needs
- Families that do not qualify for benefits like CCAP

Equity:
Addressing the disproportionate impact of COVID on families of color and taking steps to address persistent systemic practices that institutionalize inequality in economic well-being

Equitable access geographically across the County
Proposal 2: Program Design

Needed Support from BOCC
- ARPA Funding $6.0M
  - $5,220,000 - For direct assistance
    ○ ($300/mo * 725 children * 2 years)
  - $200K - For 1 BC FTE for 2 years
  - $500K - For partners implementation activities
- Support from county finance

Key Planning and Implementation Partnerships:
- Boulder County’s Family Resource Centers (FRCs),
- Domestic violence and
- Cultural broker organizations

Builds on Best Practice for Guaranteed Basic Incomes and Cash transfer Programs
Proposal 2: Implementation & Sustainability

Implementation Considerations
- Potential “cliff effects”
- ‘Cash Plus’ models
- Reaching the target population and building trust
- Coordination with other social benefit programs

Evaluation
- Impact evaluation across the spectrum of the social determinants of health,
- can help drive local funding decisions as well as
- leverage public and private funding for sustainability

Sustainability
- Not sustainable after ARPA funding runs out without additional/new funding streams

[Diagram showing planning phase, implementation, and evaluation timelines]

Time of award – 12/22
Planning Phase
Implementation 1/23 - 12/24
Evaluation 1/25 - 6/25
Proposal 2: Why it’s Exciting

Short-term, immediate relief
- Immediate help to families who need financial support now
- Enhance access to quality childcare and education
- Improvements in child development and kindergarten readiness
- Increased workforce availability to Boulder County employers
- Decreased caregiver stress and improved family stability
- Support families in shelter to find employment, childcare and housing

Long-term transformational change
- Provides broad coverage of full pop. of kids under 0-3 living in poverty in Boulder County
- 13% annual return on investment for every dollar invested in high-quality birth-to-five early childhood education
- 2 generation effect improving health and well-being of the caregiver and child across the lifespan
- Address systemic factors contributing to racial inequality in economic opportunity
- Increase family stability for survivors of DV through economic stability/ independence
Proposal 3: Early Childhood Community Village Concept and Collaboration

Requesting $1.5 million in funding to grow capacity in the child care and education system through development of an Early Childhood Community Village concept in South East Longmont. The funding would be used to support

1. The design and development of a physical space for the co-location of:
   - FFN Hub
   - Early Care and Education (ECE) for infants and toddlers
   - Professional development and training opportunities for early care providers
   - Accessible medical, social-emotional, language and other services and supports for families and professionals; and
   - Peer support for providers and families.

2. 4 years of sustained evidence-based training for Family, Friend And Neighbor (FFN) caregivers
Proposal 3: “The Village” Concept Details

A responsive early childhood ecosystem where important early childhood/childcare resources, providers and training are collocated to enhance access and support for providers and families.

- Where: South East Longmont
  - Identified through existing poverty, social vulnerability, and child care desert mapping efforts
  - Increasing demand for child care by growth in the local medical and manufacturing communities

- What:
  - Public/Private partnership
  - Licensed early childhood classrooms
  - Co-located services and supports
  - Training space
  - Friend and Neighbor (FFN) HUB
Proposal 3: Family, Friend And Neighbor (FFN)

Who are FFN providers and why do they need support?

This proposal would help meet the needs identified by the FFN workforce by:

- Providing funds for 4 years of sustained evidence-based training that can begin immediately
- Develop an FFN Hub to provide continued training, support and resources, and a peer-to-peer network for FFN providers.
Proposal 3: Equity

This proposal will address disparities across multiple sectors and populations.

- FFN Providers
- Low Income Families needing infant and toddler care
- Families with children with disabilities
- Families that speak languages other than English at home
- Families who work non traditional hours
- Supporting caretakers to re-enter the workforce
  - Women making between 24-44% less than male colleagues
  - Working mothers are making a median income of $40K compared to working fathers earning $56K annually

*The Great Rest: Women in the Workforce 2022: Metropolitan State University of Denver
Proposal 3: Implementation and Sustainability

**Needed Support from BOCC**
- $1.5 million in ARPA funding, as seed money to leverage additional funding
- 4 years of funding for FFN provider trainings.
  - PASO Training Costs: $337,400 for PASO training. The cost per cohort is $42,175. Two cohorts each year for four years.

**Additional Resources Needed:** This is a public/private partnership- total start-up cost is up to $13 million.

**Estimated Timeline:**
- Implementation of FFN trainings: from time of award through 12/31/26
- Building and development of The Village: Once all funding is secured, 24-36 months to open

**Key component of the implementation:**
- Check into financial modeling of emergency/drop-in centers
- Alternatives and Contingency Plans
Proposal 3: Why is this exciting?!

- **Expected Impact:**
  - Support Boulder County’s Early Care
  - Increased quality of care for children in FFN settings
  - Increase public and private investment partnerships in early childhood efforts
  - Expand equitable access to quality child care services for families
  - One stop shop to improve access to public supports/services
  - Improve economic growth and resilience by boosting parent’s ability to enter and remain in the workforce
Co Chairs: Karen Gerrity, P2PHHS Alliance
Paul Jannatpour, Boulder County HHS

BOCC Sponsor: Commissioner Claire Levy
WORKING GROUP

Members:

Stefka Fanchi, Elevation Community Land Trust
Ana Fernandez Frank, Emergency Family Assistance Association
Kurt Firnhaber, City of Boulder Housing & Human Services
Annmarie Jensen, East County Housing Opportunity Coalition
Charlotte LeSasso, Boulder County Arts Alliance
Molly O'Donnell, City of Longmont Housing & Community Investment
Michael Peirce, Colorado Coalition of Manufactured Home Owners, San Souci Cooperative
Laura Sheinbaum, Boulder Housing Partners
Anne Tapp, Safehouse Progressive Alliance for Nonviolence

County Staff:

Rachel Arndt, Boulder County Public Health
David Hatchimonji, Boulder County Office of Sustainability, Climate Action & Resilience
Justin Lightfield and Molly Chiang, Boulder County Housing Authority
Jim Williams, Boulder County Housing & Human Services
HOUSING AFFORDABILITY PROPOSAL

1. Investment in Development Pipeline Projects
2. Expand Capacity of Regional Affordable Housing Partnership
3. Manufactured Home Park Affordability Support Programs

All ideas were discussed with a focus on:

- Providing quick relief to community members whose ability to obtain or maintain stable housing has been disproportionately impacted by the pandemic.
- Focusing on equity and providing assistance to community members who are facing racial, economic, and health disparities.
ARPA Investment in Development Pipeline Projects

April 2022

Anne Tapp & Laura Sheinbaum
Representing ARPA Steering Committee Pipeline Subcommittee
Summary

- To maximize impact on affordable housing production, this proposal requests $7.5MM in ARPA funds for projects that are already in local housing authority or non-profit pipelines.
- The ARPA funds will help to fund gaps that are inherent in affordable projects and exacerbated by current supply chain, interest rate and labor market conditions.
- ARPA funds may reduce rents below the maximum affordable limit of 60% Area Median Income.
- The mechanism for distribution is existing Worthy Cause competition, and we recommend review for equity and accessibility for underserved populations as part of that application process.
Goal

Increase the inventory of permanently affordable housing units for rent and/or for sale to provide economically challenged households with safe high quality affordable homes.
Impact of Affordable Housing

Residents of affordable housing represent a significantly greater percentage of racial and ethnic diversity than the greater population in Boulder County.

Affordable housing provides for diversity and equity:
• 95% of the households in affordable housing are below 50% AMI
• 39% of the households are below 15% AMI
• 15% AMI = roughly $15,000 annual income for a family of 3

Affordable Housing is key to the independence of older adults and people with disabilities:
• 99% of the senior households (with and without a disability) are below 50% of the AMI
• 47% of the senior households are below 15% of the AMI
• 98% of the non-senior/non-family households with a disability are below 50% of the AMI
• 92% of the non-senior/non-family households with a disability are below 15% of the AMI

Affordable housing is a woman’s issue
• 73% of family households are Single Parent/Caregiver Households
• Of those family households, 93% identify as female
• 51% of all senior households are single, female head of household

*Data based on point in time for BHP portfolio, December 2021
BCHA Voucher programs serve:

- 189 Male Head of Households and
- 683 Female Head of Households in the portfolio

Of the 872 households, 424 are families without children and 448 families with children

Program makeup based on heads of household:
26 of our 872 households are predominately Spanish speaking
Example Projects

Willoughby Corner
The Boulder County Housing Authority proposes 400 permanently affordable homes in a variety of building types, including duplexes, townhomes, apartments, and community amenity spaces. The planned housing site is a 24-acre parcel located southwest of 120th Street and East Emma Street in Lafayette. The proposed multi-phase project will consist of permanently below market rate rental and ownership homes and will serve generations, including families, individuals, older adults and workforce.

Rally Flats
100 units of deeply and permanently affordable housing being developed by Boulder Housing Partners at 2727 29th Street in the heart of Boulder. This project will have 1- and 2-bedroom apartments and a set aside for integrated permanently supportive housing units for residents exiting homelessness.

Longmont Affordable Assisted Living
A visionary project contemplated by the City of Longmont to meet the needs of senior residents in need of affordable assisted living care.

Mountain Community Project(s)
There are many needs for renovation work affordable projects in the mountain communities of Boulder County. On the list for BCHA is renovation work for the Beaver Creek, Rodeo Court and Prime Haven Apartments. There is also general need for Rehab for single family home renovation grants. Recommendation is to earmark certain funds from ARPA to go directly to these communities for their communities’ identified needs.
Regional Capacity for Affordable Housing Programs

1. Housing Policy
   - Generates cash-in-lieu
     - Develops units
2. Fund Generation / Leverage External Funding
   - Cash-in-lieu
     - HOME
     - CDBG
     - Property Tax (Boulder)
     - Future ballot measure
3. Affordable Housing Production
   - Project allocation
4. Compliance Program
   - For-Sale
   - Rental
5. Homeownership Program
   - For-Sale
   - Rental

Centralize through RAHP (administered by Boulder)
Homeownership Program

1. Portfolio Development
   - Home enters the program and a permanent covenant is placed on the property

2. Program Marketing / Education
   - The city plays an active role in educating people on the program and marketing available homes in the program and working with real estate agents

3. Qualifying Buyers
   - The city processes buyer applications to verify income and qualifications

4. Purchase & Resale
   - The city is involved during the under-contract period for the inspection, loan verification, and covenant execution; involved if/when the property is resold

5. Ongoing Compliance
   - The city monitors the ownership after closing to ensure the covenant is maintained, track home improvements, and become involved in foreclosures/refinances as necessary
Regional Capacity

- IH Code
- Affordable Homeownership Program
- Compliance Program
- Down payment assistance program
- Eviction Prevention & Rental Assistance
- Mediation Services
- Housing Helpline
- HOME

- Administrates program (not shared)
- Administrates program (shared)
- Services available through primary jurisdiction's program
- Offered through housing authority
- Potential new offerings through Boulder regionalization

DRAFT
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<th>Regional Capacity</th>
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Manufactured Home Park Affordability Support Programs

**Summary:** Create a reserve fund to supply grants or zero-interest forgivable loans to provide partial support for:

1. acquisition of MHPs by residents who form resident-owned communities (ROCs) or assign their rights to the County or nonprofit as land trusts
2. major infrastructure improvement projects for ROCs or landlords who commit to long-term affordability
3. home repair assistance for low-income residents in these communities
Impact of MH support funds

- Who are MH owners?
  - Seniors living on fixed incomes
  - First and second generation Hispanic and other immigrant families
  - Service and support sector workforce
  - Independent small business & gig workers
  - Artists, musicians, nonprofit & mission-driven

- COVID + High-demand housing economy
  - Loss of jobs & hours affected each population
  - Pay rates have not been keeping up with rent increases
  - → Increasing rates of housing instability

- Grant and loan fund - $5M
  - Three major ways of preventing the resulting displacement, promoting stability
  - 300-1200 households may be affected
Acquisition of MHPs by residents, nonprofits, or public housing

- **Context:**
  - Homeownership
    - Stability, security, control, asset-building
    - Mobile homes are the only accessible homeownership for 40% of population
  - Landowner homeowner conflict

- **ROC & nonprofit solution**
  - Loan-only financing → stable but unaffordable rents

- **Acquisitions and improvements support at or near time of purchase**
  - Increases prospects of successful purchase
  - Preserves affordability, prevents displacement
  - Enhances ownership: stability, security, control, asset equity
  - Helps leverage other public and private nonprofit funding
Major Infrastructure Improvement Projects

- Challenge: historic lack of investment and deferred maintenance in infrastructure upgrades in manufactured housing communities has left water and sewer systems in need of costly repairs
  - Investment in privately owned parks:
    - Consider restrictions on private owners that meet public benefit goals - affordability, infrastructure stabilization, sustainability
    - Consider making infrastructure public
    - Consider funding project design via technical assistance grants
  - Investment in Resident Owned Communities (ROCs):
    - Consider low-interest loans and grants
    - Consider committing funding to manufactured housing residents, non-profits or local governments working to purchase parks
    - Consider affordability requirement
Mobile and Manufactured Home Repair Assistance

- **Context:** Pre-HUD (60%) and older HUD homes
- **Repairs & improvements:**
  - Cascading permit requirements
  - COVID: Loss of jobs & hours + rent increases
  - Repairs become too expensive
  - Deteriorating instead of improved homes
- **End of useful life:**
  - Asset loss, futility of repairs, replacements unaffordable
  - Locked into deteriorating home
- **Grant & loan assistance**
  - Breaks the disincentive feedback cycle - repairs become viable
  - Route out for home owners locked into end-of-life homes
  - Quick implementation through existing Boulder County assistance programs
Other ideas for future consideration:

- Identify shovel-ready or under construction market rate developments and target a percentage of those for permanently affordable homeownership
- Hoteling for unhoused families with children
- Purchase multi-plex buildings and convert to permanent housing for those who don’t qualify for traditional programs, provide supportive services
WORKING GROUP

Mental Health & Social Resilience

Co Chairs: Katrina Harms, Peak to Peak Human Services Alliance

Robin Bohannan, Boulder County Community Services Department

BOCC Sponsor: Commissioner Matt Jones
WORKING GROUP

Members:

Jenna Clinchard, Rise Against Suicide
Chris Current, Nederland Food Pantry
Jorge De Santiago, El Centro AMISTAD
Desiree Firle, BC District Attorney’s Office
Jenna Howerton, Out Boulder County
Elly Johnson, TGTHR
Johnnie LeFaiver, Boulder Valley School District
Jen Leosz, Mental Health Partners
Kathy Partridge, Affiliated with BVCAN, Together Colorado Boulder County, and Longmont Supporting Action for Mental Health
Julie Piller, Sister Carmen Community Center
Carmen Ramirez, City of Longmont Community and Neighborhood Resources
Craig Towler, Center for People With Disabilities

County Staff:

Boulder County Community Services Department
Jim Adams-Berger, Kelly Veit and Meca Delgado, Strategic Initiatives
Marcy Campbell, Lisa Moreno, and Tucker Eurman, Behavioral Health Team
Boulder County Public Health
Alison Bayley, Community Health

In Appreciation of Additional Community Engagement:

Boulder NAACP Mental Health Crisis Response Subcommittee
OMNI Institute’s Vision for a Coordinated Response, 2019 Community Meeting
Mental Health and Social Resilience Proposals

What We Heard:

- Increase access
- Racial/cultural population-specific and place-based services
- Help with navigation to services
- Increase financial support to nonprofits providing services and individuals receiving services
- Add community crisis response that is not linked to law enforcement
- Reduce stigma
Mental Health and Social Resilience Proposals

What We Also Heard:

- Acknowledge the pain
- Recognize inequities
- Question the current status
- Disrupt the narrative
- Test new options
- Inform how best to utilize existing investments
- Create shovel-ready projects for ARPA investments to inform future system investments
- Plan - Do - Study-Act
Mental Health and Social Resilience Proposals

Ideas generated by Working Group based upon Phase One community responses:

- Expand **co-responders** for a non law enforcement driven model
- Expand **diversion/decriminalization** of mental health crises
- Expand service **access** that isn’t attached to one physical location
- **Urgent care** center model
- Fast-track **behavioral health hub** and navigation services
- **Differentiate youth/adult crisis** and suicide response services
- **Cultural, indigenous and identity-based** programs that facilitate access to services
- **Remove barriers** experienced by those who are undocumented
- Expand transportation **access**
- Address **workforce** shortage
- Include **substance use** disorders in behavioral health design
- Provide **expanded facilities** in places where none exist and/or access for providers
- Simplify processes that are **barriers to entering** treatment (i.e. paperwork)
- **Replication** of Longmont mental health initiative
- Parent specific supports to address mental health/stress of parenting
- Address pandemic **isolation** on families by providing specific mental health response
- Recognize role of **alternative options** outside of the clinical model
Mental Health and Social Resilience Proposals
Hub and Spoke Model Uniting ARPA-Proposed Efforts

#1 Equitable Access to Behavioral Health Services
- School-based BH Services
- Community-based Agency BH Services (Out Boulder, AMISTAD, FRCs)
- MHP/CBHC Integrated Services Model
- Community Center/Library Place-Based Services
- Mental Health First Aid / Suicide Prevention Community Trainings
- Individual Financial Assistance to pay for Behavioral Health Services

#2 BH Hub Resource Platform
- Workforce Development Efforts
- Systems Management Policies & Evaluation
- Navigation services

#3 Co-Responder Models
- Countywide Community Response Teams/Mobile Access 988 Model
- Countywide Co-Responder 911 Model

Additional Recommendations
- Resiliency Resource Center: Traditional and alternative services
- Recovery Action Center: Peer Support Recovery Services
- Psychiatric Urgent Care Center

Communications, Outreach, Training

BH Hub Community Advisory Board

This model recognizes that the pandemic has disparately impacted the population of mountain and rural communities, those isolated by COVID, people with disabilities, older adults, those aging in place or homebound, Youth and Parents, LGBTQ+, and Latinx and is reflective of the intention of SB 19-222 for “improved access to a high-quality behavioral health system that serves individuals regardless of payer type or acuity level and that has a full continuum of behavioral health treatment services.”
Community-Wide Navigation Hub (Resource Navigation)

The COVID-19 pandemic represented a collective trauma that has resulted in:

- Increased mental and behavioral health needs across the community
- Disparate impacts for priority populations such as youth, LGBTQ+ individuals, the Latinx community and historically underserved mountain communities.

The behavioral health system is complex and difficult to access, leading many in the community to not receive the right service to meet their needs at the right time and avert crisis.

Community-Wide Hub Navigation would create an accessible “front door” for community members through a team of navigators and collaboration with community connectors and trusted organizations.
Community Wide Navigation Hub (Resource Navigation)

Leveraging an existing pilot with a tested roadmap for expanded implementation in order to serve those who experience the most barriers in figuring out how to get help.

What is a Behavioral Health Hub?

**Natural Assumption:**
- Physical Building
- Central location for behavioral health services

**Reality:**
- Coordinated entry to behavioral health services
- Collection of processes and procedures to facilitate timely and “closed loop” referral
- Anchored and supported through an IT platform

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**General Public**
- Behavioral Health Providers
- Nonprofits
- Schools
- Initial Focus of Training/Navigation Resources on Those Experiencing Most Barriers to Access

**Community Partners**
- Criminal Justice Agencies
- Referrals for those engaged in CJ system

**Existing Pilot**
**Rationale (Why)**

- Provides a clear point of entry that is easily promoted and remembered
- Ensures that staff are similarly trained
- Staff experienced in county systems and providers
- Key stakeholder agreement; current referral and access is hindered by out of date provider directories
- Minimizes burden for clients/partners
- Increased efficiency
- Key early milestone for implementation
Community Wide Navigation Hub (Resource Navigation)

- **Leverages** existing and funded work (existing system platform and trained users/navigators)

- Addresses **social determinants** of health needs **alongside behavioral** health needs through comprehensive service referrals and use of alternative treatment models, such as healing arts and community care.

- **Outreach and education** to community members will ensure Hub navigation services are well-utilized, with targeted outreach provided to Latinx community and other disparately impacted populations.

- Project includes adding **resource navigators** funding existing network of community based organizations and cultural brokers.
Community-Wide Navigation Hub (Resource Navigation)

Funding Request Amount: Estimated budget: ~$3M through 2026

- Navigation staff team (6 FTEs) - $350,000
- Contracted staff (trainers, evaluation, platform expansion) - $270,000
- Supplies and operating - $10,000
- Indirect @ 10% - $65,000

How many people this program can serve:

A fully functional Hub navigation system would benefit the entire community, ultimately, because it would allow any community member to seek support and navigation to mental and behavioral supports for themselves or someone they care about.
Equitable Access

Priority focus to address the needs of underserved communities/disparately impacted communities:

- Mountain and Rural Communities, Individuals with Physical, Development and/or Intellectual Disabilities, older adults, youth and parents, LGBTQ+, Latinx – and the intersectionality between any of these

**Strong recognition that equitable access means different things for different gaps/needs:**

- Stigma, cultural differences, mistrust of institutions/government for those who may lack required documentation all result in the challenge of finding the “right door” to enter and obtain mental health and social resilience supports

- Inaccessibility of physical AND virtual locations, and service provision that is not welcoming or culturally representative creates frustration and results in an avoidance of the service

- Those ineligible for Medicaid, uninsured, underinsured as well as challenges for providers who are unable to take insurance reimbursement can cause confusion and limit access.
The Equitable Access “Front Door” project proposes

- Leveraging the county’s existing nonprofit contracting processes (grants)
- Investments in community-based organizations, and school-based programs
- Creating a request for proposals that prioritize agencies and projects serving disparately impacted populations and focusing on access.

What’s a Front Door?

- Creating new entry points for mental health supports
- Direct financial aid to obtain mental health services
- Strengthening community connections, including community-based training, to reduce stigma and fear associated with seeking help
Equitable Access – Community-Based

The Front Door model uses the existing safety net and “any door is the right door” framework of access and emphasizes mental health access.

- School Based Behavioral Health Services
- Invest in the importance and power of community-based organizations
- Prioritize programs (new or existing) that are grounded in the unique cultural and historical contexts of those disparately impacted communities

Social determinants of health
Equitable Access – Direct Assistance

To provide assistance to underserved populations immediately, Direct Assistance through vouchers and leveraging existing partnerships will put access to basic mental health services into underserved communities.

- Individual financial assistance through a mental health voucher program is a tool to increase access and one that has been utilized since the onset of repeat natural disasters that increased trauma and mental health needs post-fires and the flood.

- Vouchers must be accessible TO the clients and BY the provider with a quick, easy way for reimbursement. This includes outreach to those who would receive the vouchers and providers who have historically not accepted vouchers because of the administrative burden they created.
Partnering with underserved populations to best determine what a “front door” model means is a priority project for traditionally underserved populations such as Mountain and Rural communities.

Boulder County has a successful integrated services model in partnership with Mental Health Partners and our community health-care clinics that serve thousands of residents and will continue as a core partner in our work moving forward.

An integrated services model uses prevention and outreach strategies that promote mental wellness, stress relief, mindfulness, communication and community connectedness to focus on community without barriers to access.
Equitable Access – Community Trainings

Community Mental Health First Aid and suicide prevention trainings will increase understanding and awareness of mental health issues, while reducing the fear and stigma around mental stress, anxiety, trauma and despair that has grown during the pandemic and continues to be unacknowledged and invisible.

The trainings would be required to take into consideration the population attending. Giving the trainers the capacity to make adjustments specific to their audience is key in meeting the cultural, language, physical, geographical, and/or historical contexts of the communities.
ARPA funding can provide seed funding to pilot new ideas and make existing programs accessible, create shovel ready projects for continued state and federal funding that align with creating a comprehensive safety net/front door structure for delivery of mental health and social resilience supports.

<table>
<thead>
<tr>
<th>Program</th>
<th>Cost</th>
<th>Numbers Served</th>
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</thead>
<tbody>
<tr>
<td>Community-based grants</td>
<td>$3 Million over 3 years</td>
<td>Prevention/Outreach Services: 2000 people/year</td>
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<td>Therapeutic interventions: 300+ people a year</td>
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<td>Community-based resource center</td>
<td>$2 Million including planning process, infrastructure and operating investment</td>
<td>Variable, open to all community members, depending on location</td>
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<tr>
<td>Mental Health Vouchers</td>
<td>$3 Million over 3 years</td>
<td>500/year</td>
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<td>School-based services</td>
<td>$500,000</td>
<td>TBD</td>
</tr>
<tr>
<td>Community Trainings</td>
<td>$500,000</td>
<td>7,700 over 5 years</td>
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Community Mobile Response Teams

Mobile behavioral health response teams respond to community behavioral health needs, resolving issues locally and without the need for law enforcement involvement.

Teams would be dispatched through the state’s 988 crisis line and could be activated through the county’s Hub Navigation system. The intent is to provide this service countywide. Responders would be licensed professionals with extensive clinical and crisis intervention experience.

The project will seek to address culture and equity needs by hiring BIPOC staff, those who are Spanish speaking and who come from the communities in which they will work. Referrals, as requested, will be made to both traditional service providers and those reflective of the cultural traditions of those served.
Community Mobile Response Teams

Funding Request Amount - $3 Million

The first year of the project would serve as a pilot and is estimated to cost $750,000. Future years with a full complement of staff are estimated to run closer to $1 million dollars per year:

- 8 responders and clinical supervisor - $920,000
- Hourly admin support - $20,000
- Evaluation contract - $25,000
- Mileage - $14,000
- Supplies and operating - $20,000
- Indirect @ 10% - $100,000

Approximately how many people this program can serve

It is not clear how many people would request access to this service since this is a new intervention. Call volume for traditional co-responders could be examined for cases that may not have required law enforcement participation to get a general sense. However, call load will depend on community demand for the service and the capacity (number of responders). If selected, it will be important to scale the response over time.
Hub + Spoke Model Uniting Proposed Efforts

#1 Equitable Access to Behavioral Health Services
- School-based BH Services
- Community-based Agency BH Services (Out Boulder, AMISTAD, FRCs)
- MHP/CBHC Integrated Services Model
- Mental Health First Aid / Suicide Prevention Community Trainings
- Community Center/Library Place-Based Services
- Individual Financial Assistance to pay for Behavioral Health Services

#2 BH Hub Resource Platform
- Workforce Development Efforts
- Systems Management Policies & Evaluation
- Navigation services
- Communications, Outreach, Training

#3 Co-Responder Models
- Countywide Community Response Teams/Mobile Access 988 Model
- Countywide Co-Responder 911 Model

Additional Recommendations
- Resiliency Resource Center: Traditional and alternative services
- Recovery Action Center: Peer Support Recovery Services
- Psychiatric Urgent Care Center

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THANK YOU TO COUNTY STAFF AND SUPPORTERS

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Special Thanks:

Community Foundation for Boulder County for their support

The Urban Institute for their guidance