

MEMORANDUM

TO: Members of City Council

FROM: Jane S. Brautigam, City Manager
Karen Rahn, Human Services Director
Todd Jorgensen, Strategic Planning Manager
Wendy Schwartz, Program Development Manager

DATE: Oct. 27, 2015

SUBJECT: Human Services Strategy Update: Public Engagement Process, Funding and County Partnership

I. EXECUTIVE SUMMARY

The purpose of this study session is to provide an update on the Human Services Strategy (HS Strategy) development, focused on the public engagement process, Boulder County partnerships and community funding. Previous council memos related to the HS Strategy can be found here: [Human Services Strategy](#).

The HS Strategy provides an update to the [2006-2015 Housing and Human Services Master Plan](#). The process includes three phases (**Attachment A: Human Services Strategy Timeline**). Phase I included research and data analysis on human services planning models and themes, best practices and community trends. Phase II includes public engagement and the development of a draft strategy document and Phase III is revisions, development of the final plan and council adoption. [Seven issue areas](#) and three key principles emerged from Phase I and City Council feedback. The issue areas identify the highest priority program areas or populations. The key principles identify core values for community funding, services and programs:

- Moving more resources “upstream” to mitigate more costly crisis services;
- Greater focus on integration and coordination of services; and
- Data driven outcomes.

Public engagement is currently underway, with efforts expanding during the fourth quarter of 2015. BBC Research and Consulting (BBC) have been engaged to assist in launching a robust public process for both the HS and Homelessness Strategies, including a community survey, public meetings and focus groups and numerous online and web-based opportunities.

The city and Boulder County have been convening partnership meetings to evaluate roles, assess and integrate services where feasible, and align funding and metrics to meet common community goals for supporting vulnerable residents and enhancing quality of life. The city and county are evaluating services in four areas:

- Early Childhood Programs;
- Family Support Services;
- Data and Metrics; and
- Aging Services.

Potential changes based on the community engagement process could include more focused and specific funding areas to meet key city priorities. These options could include a combination of more narrow and focused priority areas along with identified percentages of available funding.

II. QUESTIONS FOR COUNCIL

1. Does council have feedback on the community engagement strategy?
2. Does council have feedback on partnerships with Boulder County?
3. Does council have feedback regarding the community funding approach?

III. BACKGROUND

History

Throughout its 40-year history, the work of the Human Services Department has been guided by the value that human services are a core function of local government that maintains a social safety net and enhances the overall quality of life and community livability for all residents. Boulder residents have long affirmed their support of human services through support of sales tax initiatives. In 1992 Boulder voters approved a .15 percent sales tax, 40 percent of which was earmarked for human services and 8 percent for youth. Voters approved renewal of the .15 percent sales tax in 2009 for general municipal services, without restriction or sunset.

In 2010, the county voters also passed ballot initiative 1A, the Temporary Human Services Safety Net (TSN), now called the Human Services Safety Net (HSSN), to help fill the gaps in safety net services created by the downturn in the economy. This tax generates about \$5 million per year. Originally scheduled to expire in 2015, voters in 2014 approved an extension through 2030. HSSN funds are administered by Boulder County Department of Housing and Human Services (BCDHHS), in addition to other funds and state and federal public assistance programs. More information on the HSSN can be found on p. 11.

Since the current ten year Master Plan was adopted in 2005, the city and community have experienced a number of significant changes affecting human services:

- The national and local economies suffered the worst recession since the Great Depression;
- Federal and state governments, faced with diminishing revenues and shifting priorities, devolved some human services responsibilities to local and community providers;
- There has been a growing gap between incomes and cost of living with growing numbers of families falling below self-sufficiency; and
- The 2010 Four Mile Fire and the 2013 Flood elevated awareness of the community's vulnerability and ability of residents to respond and recover from natural disasters and crisis.

The city continues to proactively assert its commitment to Boulder's social health and the community in ways that are responsive to emerging needs and community conditions and that reflect the community's values. The city is committed to its role in the community of supporting the social safety net as part of a continuum that includes both emergency support to help individuals and families in crisis and prevention to help people on a path toward long-term stability, health and well-being. How we strive to be a more robust, welcoming and

inclusive community and bring creative partnerships and programs to a broader range of community members to be a healthy and socially thriving community, is what the Human Services Strategy will identify.

Strategy Purpose

The 2016-2021 HS Strategy creates a guiding framework to direct city human services investments in both community funding and services. The city has taken a strong role as a leader/partner in local and regional planning, funding and service delivery, with a role historically focused on ensuring a vital safety net. Growing demands on local governments with limited resources are requiring cities, counties, philanthropy, and nonprofits to leverage partnerships and resources and re-evaluate roles in order to provide for the well-being and quality of life for all residents.

Two key questions for the HS Strategy update:

1. What are the city's most strategic human services priorities with the greatest impacts in the community; and
2. How should those investments be made?

The purpose of the HS Strategy update is to:

- Identify the city's strategic human services goals and priorities that will guide work plans and investments over the next five years;
- Clarify the city's role in providing and supporting human services;
- Identify new or expanded strategic partnerships to leverage resources and services to the community; and
- Align city investments with those priorities and partnerships through the appropriate city roles – as direct services provider, funder and leader/partner in community planning.

Previous City Council Direction

Council has provided feedback on the HS Strategy in previous study sessions. The following is a summary of previous council feedback:

- Provide a stronger focus on prevention and upstream investments;
- Strategize methods for more impact in community funding;
- Consider prioritizing funding to more targeted higher priority programs which provide high leverage opportunities;
- Clarify city and county roles in human services delivery and funding;
- Analyze demographics, including wealth versus income and tax revenue impacts;
- Emphasize healthy living and well-being for seniors;
- Consider local food and food security as priority areas; and
- Develop a robust public engagement plan for development of the Strategy.

This council feedback has been considered in the direction of the Strategy and updates on current efforts are reported on later in this memo.

Strategy Elements

The HS Strategy development includes the following elements:

1. Mission, roles, and functions of human services in the city through the three roles of direct service provider, funder and leader/partner in community planning;
2. Vision and goals;
3. Human services frameworks, planning models and themes guiding city investments;
4. Data analysis/trends and best practices;
5. Partnerships and roles, including potential new partnerships;
6. Community engagement;
7. Financial and capital needs to fulfill vision;
8. Implementation plan and service delivery models;
9. Organizational structure; and
10. Metrics and evaluation, including community indicators and targeted, meaningful metrics.

Timeline

Human Services has completed Phase I research and data analysis, although research and analysis remain ongoing, as needed. Phase II public engagement is underway and will be complete by Dec. 31, 2015. Phase III will include completing a draft Strategy document with adoption of the final plan anticipated in second quarter 2016 (**Attachment A: Human Services Strategy Timeline**).

IV. ISSUES

Community Engagement

A variety of methods and tools to effectively engage with residents and the community on needs and priorities (**Attachment B: Community Engagement Timeline**) include:

- A statistically valid community survey that is representative of Boulder residents. In addition, existing and currently available data such as recent other city and county survey data will supplement the survey results. The survey will be completed in December 2015.
- In-person engagement including community meetings and focus groups and community partner and stakeholder meetings. Focus groups and interviews will be utilized for feedback on issues, needs and priorities for under-represented residents including Spanish-speaking and immigrant communities, low-income households, people with disabilities, older adults and others.
- Digital – the bouldercolorado.gov/human-services site includes:
 - Meeting information
 - Sign-up for a dedicated information listserv
 - Channel 8 videos
 - InspireBoulder/Mindmixer
 - Online survey and other opportunities to solicit interactive feedback
 - Links to social media

Human Services has contracted with BBC to conduct the community survey and to design and facilitate some of the public meetings for input on the HS and the Homelessness Strategies. BBC has recently worked with the City and County of Denver on its strategic homelessness plan and community engagement with the City of Boulder on the Housing Choice Survey.

BBC's scope of work includes:

- Community survey – representative telephone survey supplemented by online and hardcopy surveys distributed throughout the community;
- Public meetings – two community meetings will be held, “bookending” one at the beginning of the community engagement process and one near the end, and will be open to all residents who would like to participate;
- Focus groups and stakeholder meetings – ten meetings with under-represented populations and stakeholders including:
 - Low-income, homeless families and Boulder Housing Partners residents;
 - Early childhood and K-12 education partners, including Boulder Valley School District (BVSD);
 - Nonprofit community;
 - Older adults;
 - Business community, including Downtown Boulder, Inc. and the Boulder Chamber of Commerce;
 - Community groups; and
 - Homeless adults and youth.
- City-coordinated focus groups and stakeholder meetings – Staff will coordinate additional meetings with under-represented populations and key partners including:
 - Funding partners and stakeholders, including Community Foundation, Boulder County and Foothills United Way;
 - Service partners including Boulder County Departments (Community Services, Housing and Human Services, Public Health, Area Agency on Aging) and Mental Health Partners;
 - Higher education partners, including University of Colorado and Naropa;
 - Spanish-speaking community;
 - Hmong community;
 - Immigrant community;
 - Older adults;
 - Faith community;
 - Boulder Homeless Planning Group; and
 - Other city departments, including Police, Municipal Court, Parks and Recreation, Library, Housing, Transportation, DUHMPS, and Fire.

In addition to the consultant and staff outreach efforts, early feedback has been solicited from several boards, commissions and advisory committees, including:

- Senior Community Advisory Committee – Aug. 6, Sept. 9
- Human Services Alliance – Sept. 3
- Family Resource Schools Advisory Committee– Sept. 14
- Youth Opportunities Advisory Board – Oct. 2
- Human Rights Commission – Nov. 16

Feedback from the following Boards and Commissions will be scheduled:

- Library Commission
- Parks and Recreation Advisory Board
- Planning Board
- OSMP Advisory Board

- Human Relations Commission

Key early feedback received to date to include in consideration of priorities includes:

- Needs of homeless families;
- Needs of undocumented residents, including housing and health care;
- Dental health;
- Children’s nutrition;
- Aging in community, including accessibility of neighborhood services;
- Assisting older adults to navigate community resources;
- Defining funding criteria and data-driven outcomes;
- Fostering collaboration in a competitive funding environment; and
- Mental health services for children and youth.

Boulder County Partnerships

Based on feedback from council asking for clarity of the roles of the city and county in providing human services, the direction of human services best practice and what works, greater coordination and integration of services and leveraging of resources, staff from the city and Boulder County have been assessing and evaluating four areas of common work to see where opportunities are for expanded partnership and service integration. They are:

- Early Childhood Programs;
- Family Support Services;
- Data and Metrics; and
- Aging Services.

In addition to these areas, the city and county work closely on addressing homelessness, flood recovery and in partnership with Boulder County Farmers Market on the Harvest Bucks Program.

Early Childhood Programs – For over thirty years the city has provided direct services in early childhood programs, largely the result of community gaps and needs identified in the area of child care and it being critical for working families to maintain stability. Beginning in the early ‘70s, the city and community identified a growing need for available, quality child care as the result of large numbers of women continuing to move into the workforce post World War II. Beginning in the early ‘90s, there was a growing body of research indicating the critical timeframe of birth – five for healthy brain development in children, along with research indicating that, in many parts of the country including Colorado, a significant amount of child care was of poor quality and unaffordable to many. Another key event was the sweeping changes to the federal Temporary Assistance to Needy Families (TANF) program in 1997. Known as welfare reform, restrictions were placed on the number of years assistance was provided to a family, launching a new wave of children from low-income families in child care. These changes initiated a broad, coordinated local community effort to address the issues of quality, cost, quality and availability of child care, known as the Early Care and Education Task Force. The Task Force later became the Early Care and Education Council, a nonprofit whose mission is to address quality improvement, accessibility and systems development and coordination across Boulder County.

To address local needs, in 1998 the city launched the Child Care Subsidy Program to provide additional child care subsidies for City of Boulder families eligible for the federal child care

assistance program, the Colorado Child Care Assistance Program (CCCAP). CCCAP provide subsidies to child care providers for eligible, low-income families. The city's additional subsidy was provided to close the gap between the rate at which the program reimburses child care providers and the rate providers actually charge. Because of this gap, some providers would not take CCCAP families. Under the city's gap subsidy program, low-income families have additional options for care, particularly limited care such as infant/toddler. The program also provides subsidies for low-income families not eligible for the CCCAP program because of their residency status.

In addition to the Child Care Subsidy Program, the city has coordinated the county-wide Resource and Referral Program for families since the '90s. This is a national program providing resources and referrals for child care for families. Availability of quality care for working families is a critical issue and a basic need in a family's ability to maintain stability. The Resource and Referral Program has been had funded by diverse sources over the years, including state, county, foundation, private donors and city sources.

BCDHHS administers CCCAP and has funded the Resource and Referral Program at varying levels over the years. The county also provides comprehensive family case management for a variety of family services and state and federal programs, with a strong focus on family stability and early intervention. Based on recent Resource and Referral Program data, 72 percent of clients are also eligible for CCCAP subsidies, making the two programs highly compatible for integration. Aligning the county-wide Resource and Referral Program with the comprehensive county family case management services meets several city human services goals:

- Better integrates city and county direct services to families;
- Advances the "one-stop shop" model for effective service delivery, reducing access barriers for families; and
- Maximizes coordination of government child care related services.

The city and county are currently developing a transition plan and negotiating funding for the program. The program will transfer to Boulder County Housing and Human Services by Jan. 1, 2016. Additional information on the Child Care Resource and Referral Program and Child Care Subsidy Program can be found [here](#).

The Child Care Subsidy Program will continue to be administered by the city, as this is not a county-wide program and will be integrated into the city's Family Resource Schools Program and Family Resource Center.

Family Support Services

Since the early '90s, the city has provided family and child support services through the Family Resource Schools (FRS) Program in partnership with Boulder Valley School District (BVSD). The goal of the program is to provide support and access to services which help reduce primarily non-academic barriers to a child's success early in their school career. Research has indicated for a long time that social conditions, physical and emotional health and family dynamics and engagement affect a child's ability to learn and readiness for school and academic achievement, which has lifetime impacts. Reaching families where they live and where their children go to school provides high leverage opportunities to support

families. Comprehensive, wrap around support services continues to be an identified best practice for stabilizing families and good long-term outcomes.

Family Resource Schools is open to the families served by the elementary schools; Creekside, Whittier, University Hill, Columbine, and Crest View. The program is in five Boulder elementary schools which have a high percentage of free and reduced lunch program and English as Second Language (ESL) families:

Family Resource Center

The Family Resource Center (FRC), located at Manhattan Middle School, is funded by Boulder County and is one of three Family Resource Center sites in the county. The city and county have partnered on this program since 2012. The FRC provides similar services to Family Resource Schools, however, is open to all residents in the City of Boulder with a child up to 19 years of age or families with a child enrolled in a Boulder Valley School District (BVSD) school within the city limits. The FRC partners with the family to help them become stronger in key areas that affect family stability.

The essential framework of both FRS and the FRC is to:

- Promote family self-sufficiency;
- Remove barriers to successful education;
- Build on family strengths; and
- Enhance academic success and opportunities at the school.

Services available through FRS and the FRC include:

- Case management and follow-up services;
- Counseling: individual and group;
- Links with service providers;
- Prevention/Intervention;
- Parent development classes;
- Neighborhood outreach; and
- Coordination of special events.

Other services vary among the FRS Schools and the FRC and can include:

- Dental, medical and optical care;
- Before and after-school child care;
- After-school enrichment classes;
- Academic tutoring; and
- Transportation assistance.

City and county staff are currently exploring how these two programs can be better integrated consistent with both organizations goals of service integration, leveraging resources, providing seamless service to families and maximizing long-term outcomes and well-being of families. Recommendations are anticipated in mid-2016.

Prevention and Intervention Board and IMPACT Boards

Consistent with the goals of minimizing duplication and redundancy of management and oversight of government programs and services and alignment of services along a continuum from prevention to intervention, the city and county are moving to integrate the Prevention and Intervention and IMPACT Boards.

The Boulder County Prevention and Intervention Program (BCPIP) is a multi-agency collaboration that provides prevention assessment, intervention, treatment and referral services and promotes pro-social growth for youth in many BVSD middle and high schools. The partnership was formed in 1986 to address the need for proactive intervention for at-risk students and address risks identified in the Youth Risk Behavior Survey. In the City of Boulder, the program is available at Fairview, Boulder and New Vista high schools, the Arapahoe Campus, Manhattan, Centennial, Southern Hills and Casey middle schools.

The partnership includes, City of Boulder Human Services, Boulder County Public Health and Housing and Human Services, Mental Health Partners and BVSD. The executive directors of the respective agencies serve on the BCPIP Board of Directors, which is an informal board providing policy and leadership oversight for the partnership. A joint staff operations team oversees the management of the program, with Mental Health Partners the administrative agency.

Boulder County IMPACT (Integrated Managed Partnership for Adolescent and Child Community Treatment) was formed in 1997, as one of three sites in Colorado chosen to pilot managed care concepts as they apply to the service, treatment and corrective needs of youth and families. IMPACT's mission is to create positive, lasting outcomes to at-risk children, youth and families in Boulder County by combining resources and strengths of public and non-profit agencies in a seamless, collaborative partnership. The goals of the collaboration are to:

- Reduce detention stays for Boulder County youth
- Reduce commitments to the Colorado Division of Youth Corrections
- Reduce Mental Health hospitalizations
- Reduce out-of-home placements

Key strategies to accomplish these goals are:

- Strong agency collaboration;
- Pioneer exceptional outcomes through an integrated approach;
- Operate sustainably by coordinating services and funding across agencies;
- Utilize data-driven decision-making that uses research to drive practice;
- Using the least restrictive, most appropriate setting;
- Redirect blended resources from institutional settings to community and family based settings;
- Meet child and family needs through flexible, individualized services; and
- Promoting cultural sensitive and competent service delivery.

IMPACT is a collaboration between: Boulder County Community Services, Housing and Human Services, Public Health, 20th Judicial District Probation, District Attorney, the Public Defender's office, Mental Health Partners, Safehouse Progressive Alliance for Nonviolence (SPAN), BVSD and St. Vrain Valley School District (SVVSD). The IMPACT Board includes executive directors of these agencies.

With these two boards overseeing programming along the continuum of prevention and intervention, the joining of these two boards will further the goals of integrated planning and service delivery, reduction of redundancies, and leveraging of resources and efforts. Adding

a City of Boulder seat, will allow for integration and advancing mutual goals. Currently, the IMPACT Board is becoming familiar with community programs on the prevention and early intervention end of the continuum with further future discussion on how the work of the two programs will be fully integrated. Additional information on the IMPACT partnership can be found at www.BoulderCountyImpact.org.

Data and Metrics

The city and county continue to collaborate on developing data collection and reporting systems for services that reflect mutual goals. One example already implemented is the regional grant management system (GMS) that the cities of Longmont and Boulder, Boulder County and United Way use for grant making and reporting. Another area being explored for data collection and analysis collaboration is the county's data platform, developed by Housing and Human Services, as a repository of information from various systems that can be integrated, analyzed and generate reports. The county has been working for several years to develop this platform to manage large amounts of information on services they and funded agencies provide. Leveraging the work of the county would meet several city goals, integrate county-wide human services data to better understand progress in key social welfare areas and leverage limited resources.

Aging Services

The next area of partnership assessment is Aging Services. Boulder Senior Services and the County's Area Agency on Aging share common goals in supporting older adults and will evaluate roles and expanded opportunities for partnerships.

Boulder County Family Support

As the city and county have been exploring how and where to integrate partnerships and programs, background on Boulder County Housing and Human Services strategic direction and recent outcomes is provided below.

Co-Creating Solutions: Community of Hope

BCDHHS works to create solutions for complex family and community challenges by effectively and efficiently integrating health, housing and human services to strengthen the broad range of social determinants of health, in turn generating a more self-sufficient, sustainable and resilient community.

BCDHHS takes a holistic view of collaborations with governmental and nonprofit partners, investing in partnerships that help ensure all safety nets are working together in an integrated way to deliver prevention-focused services to families and individuals. BCDHHS focuses its work across seven pillars of family stability:

- Housing Stability
- Employment and Income Stability
- Food and Nutrition
- Environmental Health
- Health and Well-Being
- Safety
- Education and Skill Building

In order to ensure success in collaborations across these domains, BCDHHS is creating with partners a guiding framework known as [Community of Hope](#). The Community of Hope

framework will help target investments based on shared common indicators and desired outcomes across all the pillars of family stability.

BCDHHS' partnership with the City of Boulder is rooted in the knowledge that by working together to identify opportunities and target funding toward more upstream prevention-focused supports, we can create solutions for Boulder residents that promote sustained health, well-being and resiliency.

Boulder County Services to Residents

Between July 2014 and June 2015, in partnership with the City of Boulder and Boulder-area nonprofit organizations, BCDHHS oversaw over 23,000 supports to Boulder area residents. This included the following major assistance areas:

- Health coverage - (Medicaid and Child Health Plan Plus) for 14,951 residents; total investments in the community related to these services were over \$60 million during this time;
- Food Assistance - (SNAP) for 7,625 residents; total investments in the community related to these services were \$8.7 million;
- Financial Assistance - (TANF) for 441 residents; total investments were \$1.7 million;
- Housing Supports - (Housing Choice vouchers, Veterans Affairs Supportive Housing vouchers, Tenant-Based Rental Assistance, Housing Stabilization Program, and intensive case management) for 339 residents; total investments were \$1.2 million; and
- Child Care Assistance - (CCAP) for 179 residents; total investments were \$604 thousand during this time.

Success of Upstream Investments

These supports focus upstream investments in key stabilizing areas for residents to help reduce the need for much more costly crisis services down the line. Health coverage enrollment efforts (through both Medicaid and the state's health insurance exchange) have helped reduce Boulder County's uninsured rate from 11.8 percent to 5.2 percent in just two years. The number of Medicaid claims in the county has correspondingly increased 71 percent during this same time. Medicaid provides free preventive health coverage, meaning thousands of residents are likely receiving care that will help create better health outcomes than they would have had otherwise. While the financial impacts of this have not yet been directly measured, we do know that the numbers of "charity" or "indigent" care visits to hospitals and clinics in Boulder County have fallen dramatically.

The Human Services Safety Net (HSSN) Initiative: Moving People Toward Self-Sufficiency

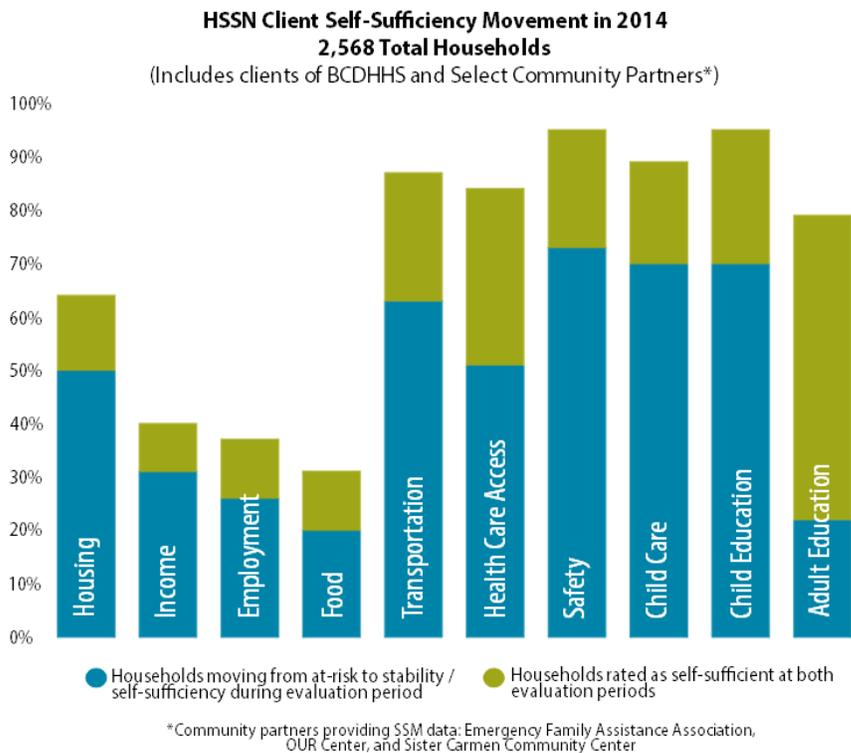
In response to the economic downturn coupled with skyrocketing need for assistance and federal and state budget reductions, Boulder County, working with nonprofit and human services agency leaders, proposed a mill levy tax increase to keep safety net services stable. The 0.9 mill levy property tax increase (Initiative 1A) was passed by the voters in 2010 and generates funds to backfill cuts and bolster services in housing, food and cash assistance, and child care and medical coverage.

The HSSN tax increase was scheduled to expire at the end of 2015, and Boulder County Commissioners placed a proposed 15-year extension of the HSSN on the November 2014 ballot. Voters approved the extension with more than 64 percent support, continuing HSSN

funding through the year 2030. Passage affirmed the county’s approach to filling gaps in funding for and availability of health, housing, and human services programs and utilization of an early intervention and prevention approach to services delivery. The initiative has also been a success in terms of promoting cooperation and coordination between government and community-based organization partners, creating additional efficiencies around services delivery and investment targeting.

BCDHHS has invested more than \$25 million through the HSSN in stabilizing families and individuals and moving them toward self-sufficiency. HSSN funds have been used to leverage and increase in-kind services, strengthen community collaborations and provide needed case management. This has been done with an emphasis on early intervention and prevention services, which help families and individuals avoid crisis and severe illness, in turn reducing the community’s cost of providing services.

Chart 1. HSSN Client Self-Sufficiency Movement in 2014



Health Care Coverage and Medicaid expansion success

Beginning in 2008, BCDHHS began to focus on reaching those who are eligible, but not enrolled, in health coverage.

- In partnership with the Colorado Health Foundation, BCDHHS created the Boulder County Healthy Kids Initiative with the goal of providing hands-on support and accurate determinations of benefits for families as they applied for Medicaid and Child Health Plan Plus.
- BCDHHS helped create and invested in the statewide Colorado Program Eligibility and Application Kit (PEAK) to provide clients and community partners with an easily accessible online tool to apply for key supports.

Currently, almost 60,000 Boulder County residents are covered by Medicaid or CHP+, an astonishing 216 percent increase since 2009.

Chart 2. Boulder County Enrollment in Medicaid and Children’s Health Plan Plus (CHP+)

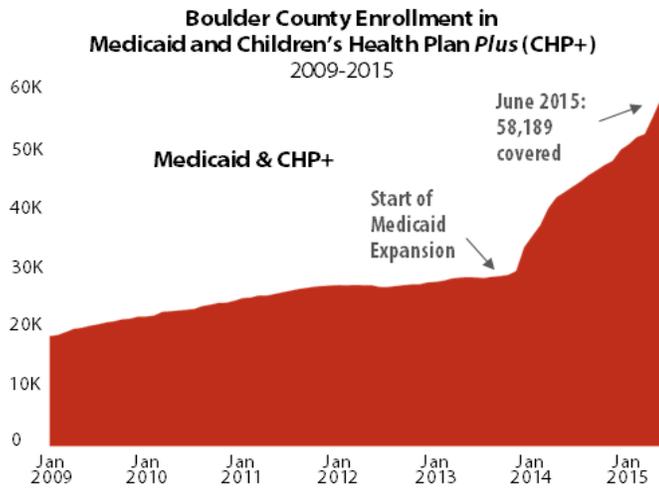
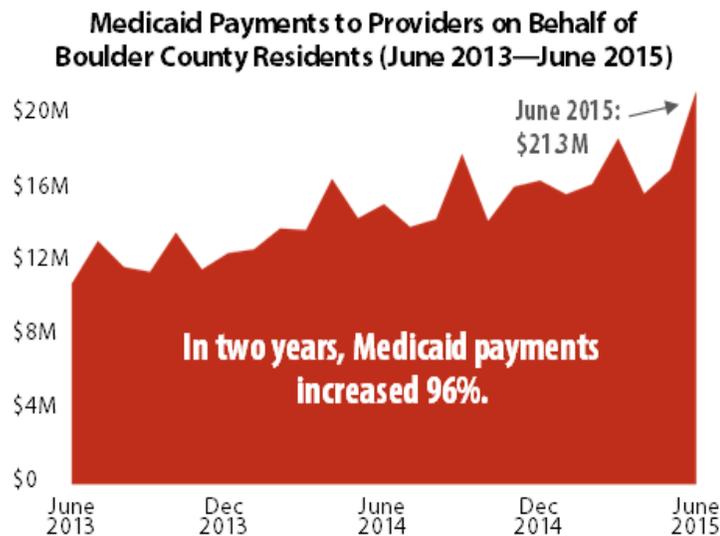


Chart 3. Medicaid Payments to Providers on Behalf of Boulder County Residents

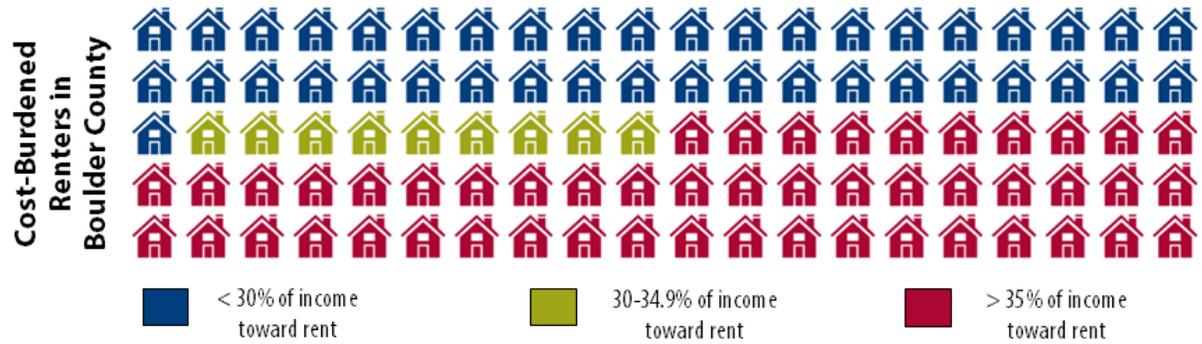


That increase has led to a rise in total Medicaid claims on behalf of Boulder County clients—from June 2013 to June 2015, claims increased 71 percent. For the 2015 calendar year, payments to providers are expected to exceed the 2013 total by \$65 million. Much of the enrollment success is the result of intensive outreach efforts leading up to and during the first two Open Enrollment periods and coordination with community partners.

Housing

Rapidly rising housing costs combined with slower growth in household income means that many more residents are becoming “housing-cost-burdened”—30 percent or more of household income is going toward rent. Currently, 58.8 percent of Boulder County renters are housing-cost-burdened and in 2000, that figure was 41 percent.

Chart 4. Cost-Burdened Renters in Boulder County



In conjunction with community partners, the county provides both long- and short-term housing supports to Boulder County residents. Because housing stability is inextricably linked to other important areas of well-being, BCDHHS also provides a full-range of wrap-around, stabilizing services, with the goal of creating a community that is self-sufficient, sustainable and resilient.

BCDHHS owns and manages 611 units of affordable rental housing throughout Boulder County and continues to work to create more through affordable housing developments, including the following recent activity:

- Josephine Commons in Lafayette (74 units of senior housing);
- Aspinwall at Josephine Commons (72 units of family housing);
- In 2016, construction will begin on Kestrel in Louisville (190 units of family and senior housing);
- 10 acres of undeveloped land purchased in Gunbarrel, which is being assessed for potential development of between 60 and 120 units of affordable housing. For this project, the county will continue to coordinate closely with Boulder Housing Partners on the future of this property.

BCDHHS also oversees the Tenant-Based Rental Assistance program, which provides housing assistance and wrap-around case management for families at risk of homelessness in the Boulder Valley and St. Vrain School Districts. Since the program’s inception, BCDHHS and school district partners have helped provide housing for 184 children and their families, investing \$1.3 million.

The Housing Stabilization Program (HSP) provides short-term rental assistance and case management supports for families and individuals to help them get back on their feet. The HSP has helped nearly 2,000 households with an average of \$5,688 in assistance over seven months and has worked with nearly 200 families in Boulder, providing nearly \$1 million in rental assistance in addition to intensive case management supports.

Community Funding

Prior council feedback, identification of best practice for human services, and research and trend information have provided the context for next steps in refining focus areas for community funding. From this prior work, seven key issue areas and three key principles emerged. The issue areas identify the highest priority program areas, populations or issues. Seven issue areas were previously reported on and can be found in the [May 13, 2014 Study Session](#). Chart 1 below summarizes those issue areas.

Chart 5. Key Issue Areas



These key seven issue areas form the basis for refining community priorities and focus for city services and funding.

Key Principles

Three key principles for effective funding that emerged from the HS Strategy planning process are:



1. System integration – The focus is on a client-centric approach, no-wrong door approach to access services, rather than a focus on what a program provides. A program-centric approach focuses on services as stand-alone programs, rather than an integrated system of services. This principle emphasizes a seamless system that is more efficient and effective for both service delivery agencies and clients.
2. Upstream investment – Rather than spend limited resources to address many difficult social issues, upstream investments target factors that lead to those problems and intervene early, with outcome-based programs and policies that lead to the reduction of problems before they become more critical and expensive to address. For example, investments in early childhood and family supports help children start school ready to learn, thereby achieving better long-term outcomes for children, such as graduation rates, reduced interface with the criminal justice system, and higher lifelong earnings. Funding for upstream and safety net services are not mutually exclusive. Both fit on a continuum with the end goal of achieving stability. Ideally, over time, with additional upstream investment, fewer and fewer fall into crisis and need repeated high-cost assistance. Other examples of upstream investments include Housing First for chronic homelessness, prevention screenings and early interventions in dental and health care issues, and homelessness prevention for at-risk families.
3. Data-driven outcomes –Developing the right, meaningful data-driven outcomes requires the city and funding partners to evaluate programs based on the experience of clients, and ask, how are clients and the community better off as a result, rather than how many units of services are provided.

Current Human Services Department Budget Allocations

To explore how these issue areas and key principles will inform policy decisions, budget examples can be used. Chart 1 below shows the Human Services Department 2015 budget by the key issue areas identified. This includes direct services and programs the department provides to the community, community funding, and planning and administration. Department administration costs have been allocated across the programs proportionally based on staffing. Department planning and Human Services Fund administration have been

allocated equally across all issue areas. The total amount shown below, \$6,978,264, is the Human Services 2015 approved department budget.

Chart 6: 2015 Human Services Budget by Issue Area

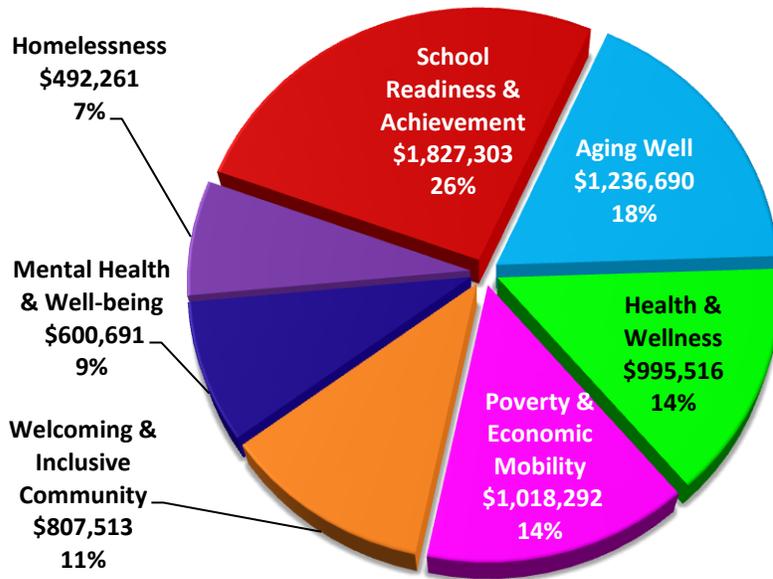
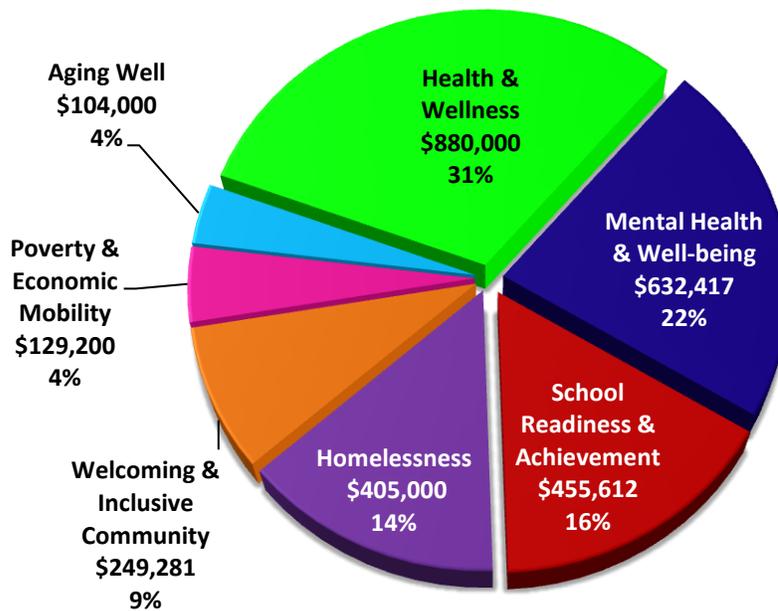


Chart 7 below illustrates funding allocated to community nonprofits and organizations based on issue area. The chart comparisons highlight the shift in resources based on funding versus direct services and planning.

Chart 7: 2015 Community Funding by Issue Area



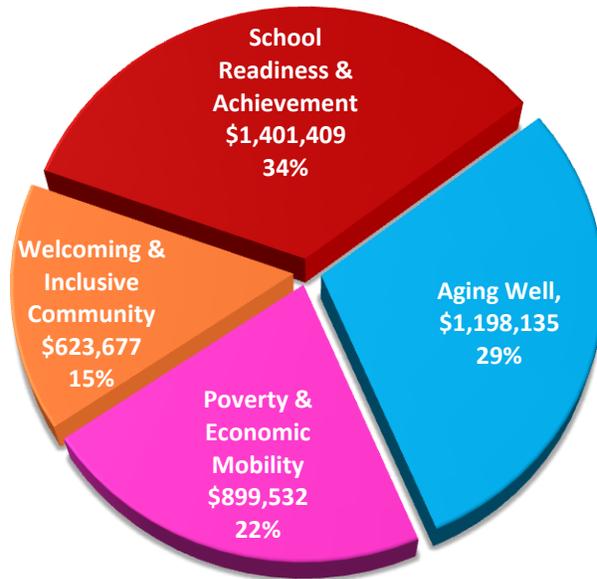
The total amount of community funding is \$2,855,466 or 41 percent of the total Human Services department budget and includes: Human Services Fund (\$2,056,188), Youth Opportunity Fund (\$160,874), Human Relations Commission funding (\$31,031), Mental Health Partners contracts for Family Resources School and Prevention and Intervention Programs (\$267,373), Recreational Marijuana Public Outreach and Education Program (\$250,000 in 2015 budget; program to be approved by city council in fourth quarter, 2015), Meals on Wheels (\$75,000) and Harvest Bucks program (\$15,000).

Charts 8 and 9 below show investments by the city for direct services it provides.

Chart 8: 2015 Human Services Budget, Excluding Community Funding

School Readiness & Achievement	1,401,409
Aging Well	1,198,135
Poverty & Economic Mobility	899,532
Welcoming & Inclusive Community	623,677
Total - Direct Services	4,122,753

Chart 9: 2015 Human Services Budget, Excluding Community Funding



The differences between department-wide resource allocations and investments in community funding illustrate the complementary nature of the city’s current approach to meeting human service needs. For example, the city operates two senior centers and provides significant direct services through the centers; therefore, the amount of community funding is lower than in other areas. The city does not provide health care services directly, but provides funding to health care providers for these services.

Investments may also be analyzed by whether the dollars support upstream investment or crisis and safety net interventions. Upstream intervention includes prevention and early intervention activities. Chart 6 below represents total Human Services resource allocation by

upstream and safety net services. Chart 7 represents allocations just for the Human Services Fund, the primary community funding mechanism.

Chart 10: 2015 Human Services Budget by Upstream Investment and Safety Net¹

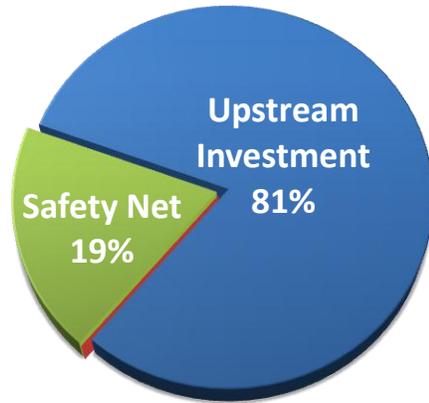
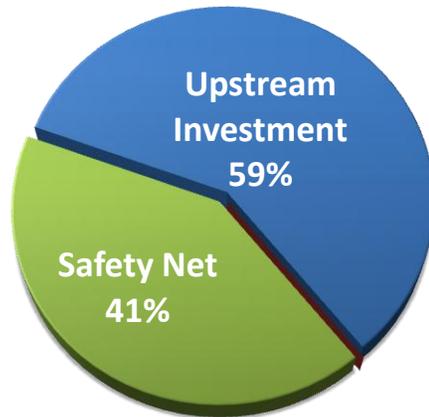


Chart 11: 2015 Human Services Fund Allocations by Upstream Investment and Safety Net



The charts reveal that significant total budget resources are allocated to upstream investments, with less allocated in the Human Services Fund. Recommendations regarding the extent, to which resources are allocated to upstream investments or to safety net and in what key program areas, will be informed by the community engagement process currently underway.

2016 Human Services Fund

The 2016 Human Services Fund (HSF) application review process is currently underway. Although any major changes to HSF will be developed after the current public engagement process has concluded, some administrative changes have already been integrated into the fund round process.

¹ Department planning and administration resources were distributed evenly between the two areas.

The points system for evaluating proposals has been designed to be consistent with the key principles identified and weighted for those factors (evidence-based practices, program evaluation, outcomes and community collaboration/leveraging). This points system was used to rank proposals in each impact area, with other relevant factors such as diversity of funding and availability of similar services in the community also taken into consideration.

Administrative Options for 2017 Fund Round and Beyond

In an effort to support community partners in their pursuit of city goals and priorities, staff is considering additional administrative options for the 2017 and beyond fund rounds. These include:

- Set aside funding for collaborative proposals to support integrated, coordinated services;
- Support operating expenses that lead to system improvement;
- Multi-year funding cycles of at least three years to focus on longer-term results and reduce administrative burdens;
- Fund technical assistance to help agencies pursue the key principles identified;
- Establish an “innovation fund” to support creative and innovative programs addressing city goals and priorities.

Policy Options for 2017 Fund Round and Beyond

Staff are developing potential options in determining funding policy community funding based on two tiers of consideration.

1. The extent to which funding proposals meet established priority programs identified in the key issue areas; and
2. The extent to which program proposals meet key principles (System Integration, Upstream Investment, Data-Driven Outcomes).

Tier 1 - Issue Areas. The city would first consider whether a proposal addresses priority city programs. The community engagement process will further define priorities identified in the seven issue areas. Possible scenarios include:

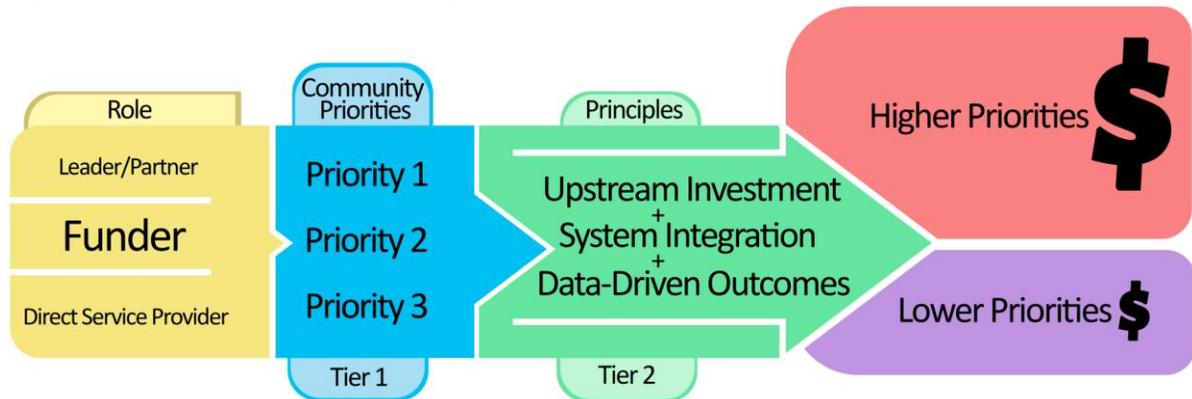
- A few issue areas rise to the top for the community and the city wants to prioritize them for funding;
- The community views all issue areas as having a relatively equal degree of importance and specific focus areas emerge within all seven; or
- Issue areas need to be adjusted in scope or focus to address community priorities.

Tier 2 - Key Principles. After determining the extent to which a program proposal meets established priorities, it would be evaluated to determine the extent to which it meets the three key principles. Requests with the highest alignment in priority program areas and key principle criteria will be given priority consideration for funding. Under a tiered approach, a higher percentage (or all) of community funding would be reserved for projects that meet the city’s highest priorities.

Other considerations will be timing of changes to funding policies, such as phasing in changes over one or two funding cycles and providing technical assistance and support to implement changes required.

With the majority of funding focused on the highest city priorities, the remainder of available funding could be reserved for other project requests not meeting the highest priorities, but providing a vital service to the community or important community needs that arise outside of the funding cycle.

Figure 1: Funding Process Example



Example 1

Public engagement could identify any number of combinations of priority issue areas that could direct more focused funding. Programs and services that address top issue areas and that demonstrate strong nexus with the three key principles would score highest and would be eligible for priority dollars for these projects. The following illustrations provide two examples of funding scenarios.

For a baseline reference, Chart 8 identifies the current 2015 Human Services Fund allocations by issue area.

Chart 12: 2015 Human Services Fund Allocations by Issue Area

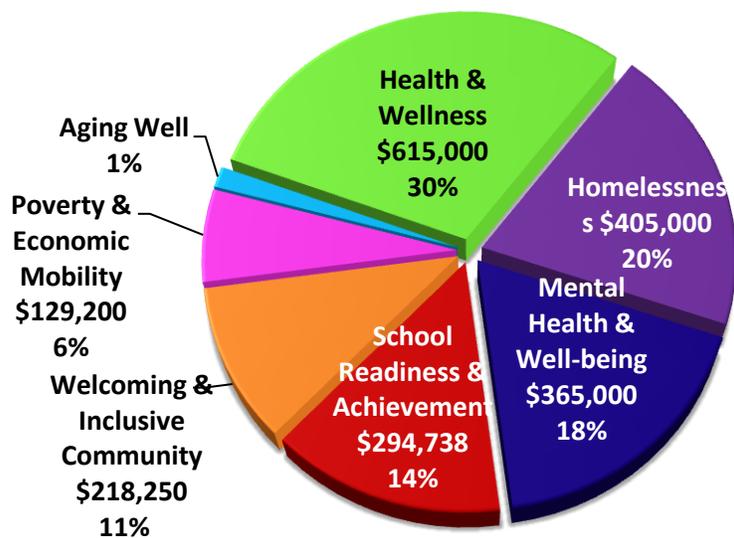
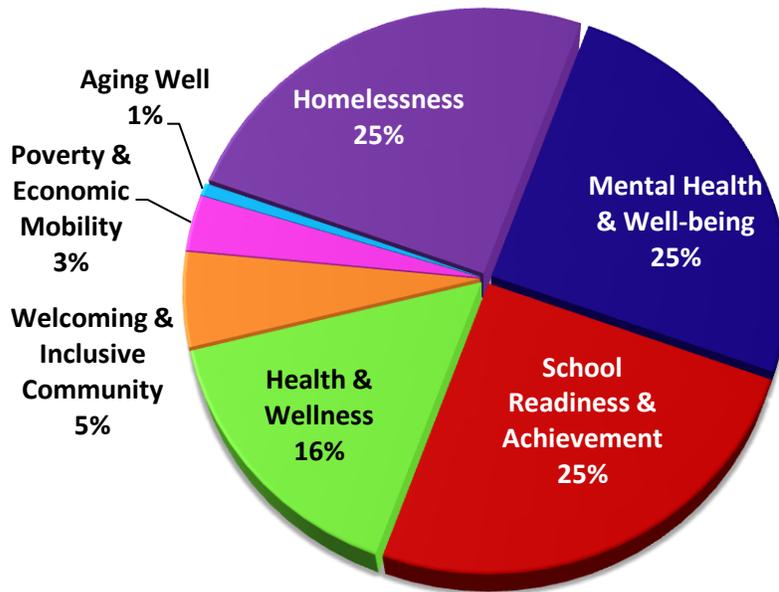


Chart 13 below is an example of how funding might shift for or example, if highest priority focus areas were narrowed to three - Homelessness, Mental Health and Well-being, and School Readiness and Achievement. The example goal is 75% of funding allocated to top three priority areas. The remaining 25% is allocated among the remaining three issue areas.

Chart 13: New HSF Awards – Example 1

	2015 Awards	Change based on example 1	New Award
Homelessness	405,000	109,047	514,047
Mental Health & Well-being	365,000	149,047	514,047
School Readiness & Achievement	294,738	219,309	514,047
Health and Wellness	615,000	(296,135)	318,865
Welcoming & Inclusive Community	218,250	(105,092)	113,158
Poverty & Economic Mobility	129,200	(62,212)	66,988
Aging Well	29,000	(13,964)	15,036

Chart 14: New HSF Awards – Example 1



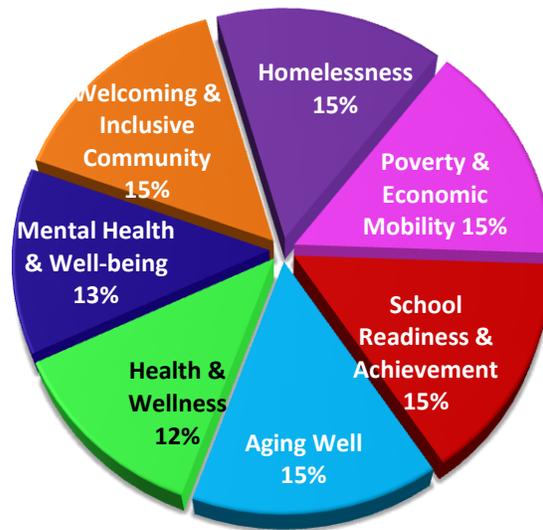
Example 2

The second example of how funding might shift if there were five top priority areas and they were Welcoming and Inclusive Community, Homelessness, Poverty and Economic Mobility, School Readiness and Aging. Using the same 75 percent of funding reserved for these priorities, the shift in allocation is illustrated in Charts 15 and 16 below:

Chart 15: New HSF Awards - Example 2

	Current Award	Adjustment	New Award
Welcoming & Inclusive Community	218,250	90,178	308,428
Homeless Services	405,000	(96,572)	308,428
Poverty Reduction	129,200	179,228	308,428
School Readiness & Educational Achievement	294,738	13,690	308,428
Aging Well	29,000	279,428	308,428
Health and Wellness	615,000	(357,977)	257,024
Mental Health & Well-being	365,000	(107,977)	257,024

Chart 16: New HSF Awards – Example 2



The preceding two examples are not the only options, but provide illustrations of two different scenarios. The community engagement process could identify two, five, or all seven issue areas as priorities, with specific focus identified within each issue area as a priority and would meet the goal of more focused community investments. In addition, the percentage of funding allocated to the priority areas could vary.

Potential Benefits and Tradeoffs

Funding policy options above include different benefits and tradeoffs.

- Tiered funding options would likely result in a more “narrow and deep” approach as suggested by council.

- As demonstrated in Chart 3: Community Funding by Issue Area (p. 17), some issue areas currently comprise much larger percentages of funding than others. For example, the two issue areas related to health represent nearly half of current HSF funds awarded. If priorities shift, these funding percentages would also shift.
- Increased emphasis on effective funding principles is more likely to result in measurable outcomes and demonstrated service integration benefitting residents. However, programs best able to implement these principles may be larger organizations with more developed infrastructure, and smaller organizations being less able to meet requirements. Technical assistance supported by the city and other funders will be needed to address this challenge so important priority services continue.
- During the first stakeholder engagement meeting with the Human Services Alliance (HSA) in September 2015, concerns were expressed about the issue areas and funding principles. Specifically, HSA shared the following feedback regarding the funding principles:
 - Prevention – need to clearly define the concepts of prevention and safety net services and how outcomes will be measured over the long period of time necessary to evaluate the success of upstream investment. The city needs to consider that supporting safety net services can be a preventative activity that prevents future crisis. Longer time horizons for measuring success of upstream investments will be considered as data-driven outcomes are reviewed and technical support provided.
 - Data-driven outcomes – acknowledge the need to avoid pitfalls of universal measures which do not capture the uniqueness of outcomes and services provided by agencies. Local agencies achieve a wide variety of outcomes not always easily captured by a given set of common measures. The HSA recommends that the city consider making necessary investments in community infrastructure and operations to support data measurement. The city is developing an option for offering technical assistance and capacity-building in the 2017 fund round and beyond with other funding partners.
 - System integration – acknowledge that collaboration is sometimes stifled by funding competition. HSA recommends that the city consider ways to encourage collaboration among agencies. Staff will evaluate options for encouraging collaboration and innovation in the 2017 fund round and beyond.

The community engagement process will also inform other potential options for prioritizing and allocating funding.

V. NEXT STEPS

- Community engagement process – fourth quarter 2015, first quarter 2016
- Community funding options and service delivery models – first quarter, 2016
- Draft Strategy – first quarter, 2016
- Strategy adoption – second quarter, 2016

VI. ATTACHMENTS

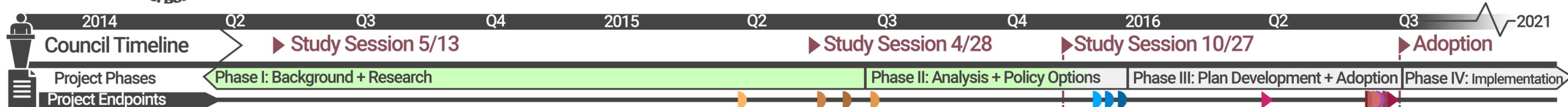
Attachment A: Human Services Strategy Timeline

Attachment B: Community Engagement Timeline



Human Services

HS Strategy Project Timeline



Phase Timelines

Phase I Background + Research

- Frameworks: Collective Impact + Pathways
- Guiding Documents: Sustainability Framework, BVCP, Resiliency Strategy, Ten-Year Plan, Age Well
- Human Services Trends + Emerging Issues
- Peer Cities Review

Phase II Analysis + Policy Options

- Direct Services
- Community Funding Options
- Partnerships + Leadership

Community Engagement

Resident + Stakeholder Meetings, Focus Groups, Boards + Commissions, Surveys for Residents + Public

Phase III Plan Development + Adoption

- Metrics + Community Indicators
- Capital Improvement Program
- Funding + Budget
- Organizational Strategy
- Code Revisions

Strategy Document Draft Strategy Document Final Document

Phase IV Implementation

Data Collection/Evaluation

Plan Coordination

Boulder Valley Comp Plan

10/15 Survey

2/16 Charette

6/16 Open House

Homelessness Strategy

4/15 IP

9/15 IP

10/15 Study Session

6/16 Adoption

Resilient Cities Data Project - 10/15

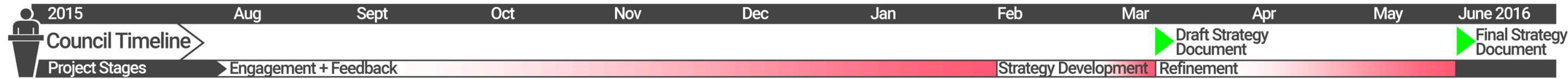
Civic Area Plan

10/15 WSC Facilities Assessment

11/15 Book-ends Flood Assessment



Human Services Community Engagement Timeline



Key: Facilitator
 ◀ City of Boulder Staff
 ◀ BBC Consulting

Resident Meetings

◀ Residents + Public ▶ Residents + Public

Focus Groups + Stakeholder Meetings

- ◀ Nonprofit Community
 - ◀ Older Adults ▶ Older Adults
 - ◀ Pre-K + K-12 Education Partners + BVSD
 - ◀ Low-income /Homeless Families + Boulder Housing Partners Residents
 - ◀ Community Groups ▶ Faith
 - ◀ Mental Health + Health Agencies
 - ◀ Business: Downtown Boulder, Inc + Chamber of Commerce
 - ◀ Homeless Adults + Youth
 - ◀ Latino + Spanish-speaking, Hmong, + Immigrant Community
 - ◀ City Depts: Police, Fire, Transportation, Parks and Rec, Library, Housing, Muni Court, Community Vitality
 - ◀ Boulder Homeless Planning Group ▶ Ten-Year Plan Board
 - ◀ Youth ▶ Higher Ed: CU + Naropa
 - ◀ Funding Partners + Stakeholders: Boulder County, Community Foundation, United Way, City of Longmont
- {
 Housing + Human Services, Community Services, Public Health, Area Agency on Aging

Boards & Commissions

- ◀ Senior Community Advisory Committee
- ◀ Senior Community Advisory Committee
- ◀ Youth Opportunity Advisory Board
- ◀ Human Relations Commission
- ◀ Family Resource Schools Advisory Committee
- ▶ Library
- ▶ Senior Community Advisory Committee
- ▶ Parks and Rec Advisory Board
- ▶ Open Space + Mountain Parks Advisory Board
- ▶ Youth Opportunity Advisory Board
- ▶ Human Relations Commission
- ▶ Immigrant Advisory Committee
- ▶ Planning Board
- ▶ Human Services Fund Advisory Committee
- ▶ Family Resource Schools Advisory Committee

Surveys for Residents + Public

- ◀ Phone
- ◀ Online
- ◀ Paper
- ◀ Online
- ◀ Online