# HUMAN SERVICES
## STRATEGY

**2017 – 2022**

# Mapping Our Future

# ACKNOWLEDGEMENTS

# Message From The City Manager

The 2017 Human Services Strategy is the final product developed through a comprehensive community effort to reflect the current priorities and focus for the city's human services and initiatives. We are truly grateful to the many Boulder residents and agencies who contributed to this substantial endeavor. Through more than 40 community engagement activities, over 2000 Boulder residents and community stakeholders voiced their opinions about some of the city's most urgent challenges and identified opportunities to provide solutions that continue to build a better community for all residents. We endeavored to make sure the Strategy genuinely reflects their thoughtful ideas and input and believe we have captured the community's highest priorities and its passion for this important work in the Strategy.

This document provides a five-year roadmap to address six top human services goal areas: Aging Well, A Good Start, Economic Mobility and Resilience, Health and Well-being, Homelessness and Inclusive and Welcoming Community. For each goal area, the Strategy details the challenges confronting our community and identifies long-term goals. It also identifies specific strategies for the city through its role as a funder, direct service provider and community partner, while prioritizing future city human services investments.

We intend that the Strategy will be a useful tool that reflects our shared community values and helps the city achieve its goal to create a healthy, socially thriving, and inclusive community by providing and supporting human services to Boulder residents in need.

Sincerely,
**Jane Brautigam**, *City Manager*

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**Create a healthy, socially thriving and inclusive community by providing and supporting human services to Boulder residents in need.**

## INTRODUCTION

Boulder has a global reputation as an innovative and socially progressive community that blends entrepreneurship, education, arts, culture and recreation to create a high quality of life for residents. Boulder is known for its iconic scenery, abundant open space, extensive trail networks, leading edge climate initiatives, alternative transportation system, federal research labs, world-class universities, flourishing technology companies, natural foods industries and walkable neighborhoods. These features attract people to Boulder and make it a highly desirable place to live, work and visit.

Less visible, but equally important, is the community's long-term, sustained commitment to the welfare and social well-being of its residents. The city's commitment to social issues reflects the values of the people who make up the community. Investments in social programs is a shared belief that investments in the welfare of all residents positively impact the entire community.

Boulder's commitment to investing in people is as important today as it has been at any time. Changing demographics and economic conditions and changing federal and state policies create complex social challenges for the city and community. Increasingly, communities are being challenged to find long-term, innovative and cost-effective solutions to community problems. Social investments help strengthen community resilience, contribute to the city's economic and cultural vitality, improve community health, and advance the aspirations of Boulder's future residents, workers, and leaders.

Mapping Our Future: The 2017-2022 Human Services Strategy (Strategy) reflects the vision, values, goals and priorities of residents, community members and partners. It provides a strategic blueprint for city investments in human services that will support the social safety net and provide opportunities for community members to enhance their quality of life and realize their individual potential.

The Strategy reflects a two-year effort to identify Boulder's most important human services issues, needs and trends (Appendix A). It includes background research on demographics and best practices, information about other communities' experiences and data collected from robust community engagement. It anticipates shifting demographics and community needs and shapes the city response to both immediate and long-term challenges. The Strategy aligns investments with priorities through the appropriate city roles as a service provider, funder, and community partner and identifies the key human services goals and priorities that will guide city investments over the next five years.

In addition to its tangible components, the Strategy also reflects Boulder's values. It continues the community's vision that investment in the well-being of residents and community members is an investment in the health and well-being of the entire community.

# HUMAN SERVICES LEGACY & PURPOSE

The city created a human services department by ordinance in 1973, although public investments in human services date back to the early 20th century. In 1973, community leaders recognized the connection between human services and overall quality of life, and chose to include "social planning" as a core function of local government. In creating the department, then City Manager Archie Twitchell noted that:

Cities have traditionally been judged by the effectiveness of their utilization of natural and technological resources, and activities in the area of human services have been limited to Fire and Police protection and Recreation and Library Services. The altering of funding at the federal level has made it necessary for city government to become involved in planning for social services at the local level. Although this puts an additional burden of responsibility on local city and county governments, it offers an opportunity for us to respond to the particular social conditions in our unique community. The fulfillment of the potential within our human resources is paramount to meeting our goal of a high quality of life in Boulder.

Forty-four years later, the importance of planning for human services at the local level continues as a central theme in the 2017-2022 Human Services Strategy.

The city created the Human Services Department to "research and evaluate social problems and conditions in the community, develop and implement programs to respond to such social problems

and conditions, and coordinate city, state, federal and private agency efforts to improve such social conditions and solve such social problems." This fundamental purpose has not changed. As community social challenges have evolved, the department has remained focused on creating a healthy, socially thriving and inclusive community by providing and supporting human services to Boulder residents in need.

**Human Services Department established**
**1973**

**Penfield Tate II elected as Boulder's first African American Mayor**
**1974**

**Community Mediation Services added to department**

**Prevention/ Intervention Program established**
**1987**

**Human Relations Commission established**
**1964**

**1960 POPULATION:**
**37,718**

**Human Rights Ordinance adopted**
**1972**

**Medicare, Medicaid enacted**
**1965**

**Boulder County issues Same-sex Marriage License**
**1975**

**Housing, Senior, and Children Services added to department**
**1980**

**West Senior Center built**
**1979**

**1980 POPULATION:**
**76,685**

**1990 POPULATION:**

# 83,312

**2000**

**Comprehensive Housing Strategy approved**

**1992**

East Boulder Senior Center built

Family Resource Schools established

0.15% Sales Tax approved by voters (48% to create Human Services Fund and Youth Opportunity Fund)

**1996**

Boulder Domestic Partner Registry established

Colorado Amendment 2 (that prevented cities from recognizing Sexual Orientation as a protected class) declared unconstitutional by US Supreme Court

**1996**

Americans with Disabilities Act enacted

**1990**

1st Human Service Master Plan accepted

1st Human Services Fund Grants distributed

Education Excise Tax passed by voters

**1994**

**2006**

Sentence Enhancement
Ordinance adopted
(for Bias-motivated crimes)

**2015**

US Supreme
Court
legalizes
same-sex
marriage

**2016**

Substance Education
& Awareness
Grants Distributed

Sugar-Sweetened
Beverage Product
Distribution Tax
passed by voters

**2010**

Affordable
Care Act
(ACA)
enacted

**Recreational
Marijuana
Tax passed
by voters**

**2015**

**Community
Health
Equity grants
distributed**

**2017**

**2nd Housing and
Human Services
Master Plan
accepted**

**2005**

**Non-electors
approved
by voters to
serve on City
Boards and
Commissions**

**Living Wage
Resolution
Approved**

**2003**

**Failure to Pay
Wages Ordinance
adopted**

**2007**

**2011**

**2016 POPULATION:**

**108,090**

## ROLES IN THE COMMUNITY

The Human Services Department functions in three primary roles in the community:

**FUNDER** The city annually distributes more than $2.5 million in competitive grants for human services programs to community organizations. In addition, the city contracts annually for community services for approximately $500,000 (Appendix F). As a funder, the city collaborates with other community funders to maximize outcomes and minimize duplication.

**DIRECT SERVICE PROVIDER** The city limits its role as a service provider to circumstances where:

- There is an expressed desire of City Council or the community
- A demonstrated need cannot be met through other sectors
- The nature of the service requires a broad community collaborative effort or institutional capacity that is best met by the city

**PARTNER/LEADER** The city achieves its human services goals through collaboration and partnerships with other jurisdictions and community organizations.  As a community partner and leader, the city:

- Evaluates social problems and conditions and responds to needs; and
- Coordinates with other entities in planning, service delivery and funding to ensure community needs are addressed, services are effectively and efficiently delivered, and resources are leveraged.

## STRATEGY DEVELOPMENT

The Strategy reflects a two-year effort to identify the city's goals and priorities for community investments in human services. It accounts for changing demographics and new social and economic conditions and includes extensive background research on community needs, trends and best practices (Appendix B). It also incorporates information gathered through robust community engagement with residents, stakeholders and community organizations (Appendix C). The process yielded goals and priorities in six key human services issue areas.

Community Engagement · Goals & Priorities · Strategies · City Roles · Principles · Implementation · Research

**Healthy, Socially Thriving Community**

# GUIDING FRAMEWORKS & PRINCIPLES

The Strategy is influenced by key models, grounded in social science research, for developing effective policies to address complex social issues.

Human-Centered Design (HCD) focuses on user and stakeholder needs and preferences. It uses behavioral science to provide insights about interactions between people and their environments. HCD also uses impact evaluation, through testing of new and innovative ideas, to improve information about solutions that can affect the desired outcomes. Analysis in the HCD model starts with stakeholders, tests ideas and implements solutions. Core HCD principles include:

- focus on users and their needs;
- focus on solutions rather than the problems;
- greater investment in innovation; and
- greater tolerance for risk and failure to test new ideas.

Social Determinants of Health (SDOH) is a widely-used model for addressing health inequities, and emphasizes addressing the root economic and social factors that impact health and well-being. This model recognizes that efforts to improve population health require comprehensive approaches that address social, economic and environmental issues. Although specific SDOH models may vary by country, geographic location and other variables, key determinants of social health identified in most models include:

- early childhood development;
- educational attainment;
- economic stability;
- employment status;
- income and wages;
- food security;

- access to health care;
- housing status;
- social support networks and engagement; and
- physical environment.

The Two-generation model for mitigating social welfare issues proposes investing in programs and services that assist multiple generations including children, parents and grandparents. This approach recognizes that social and economic conditions such as poverty, may impact one generation but simultaneously influence the ability of other generations to overcome the same condition. The Two-generation approach emphasizes integrated efforts to address issues for the entire family to overcome intergenerational barriers to success.

The Collective Impact model proposes coordination among multiple community stakeholders to solve shared community concerns. Collective Impact, and similar models, emphasize coordination and integration of multiple stakeholders and systems to solve significant social issues, including a common agenda and shared infrastructure, data systems, resources, and mutually reinforcing activities, among all partners.

Together, these human services models, inform a framework for an effective human services delivery system.

# 3 CORE PRINCIPLES

## 1. Upstream Investments

A focus on strategic, upstream investments that target root causes of complex social issues, reducing the future demand for and investment in costlier crisis interventions.

## 2. Data-Driven Decision-Making

Decisions informed by data that drive continuous improvement and refinement of services to meet intended community outcomes.

## 3. System Integration

Integrated, coordinated, client-centered service systems that maximize resources.

## A SINGLE ADULT

**1. Income & Poverty** (includes % of population at or below)

| | |
|---|---|
| Federal Poverty Guideline (FPG) 9% | $12,060 |
| Colorado Minimum Wage 18% | $19,344 |
| Self-Sufficiency Std 34% | $28,209 |
| Area Median Income 43% | $68,800 |

(x-axis: 0, $10,000, $20,000, $30,000, $40,000, $50,000, $60,000, $70,000, $80,000, $90,000, $100,000)

**2. Average Annual Costs**

Food **$3,540**
Transportation **$3,348**
Health Care **$1,752**
Housing **$16,020**

**TOTAL $24,660**
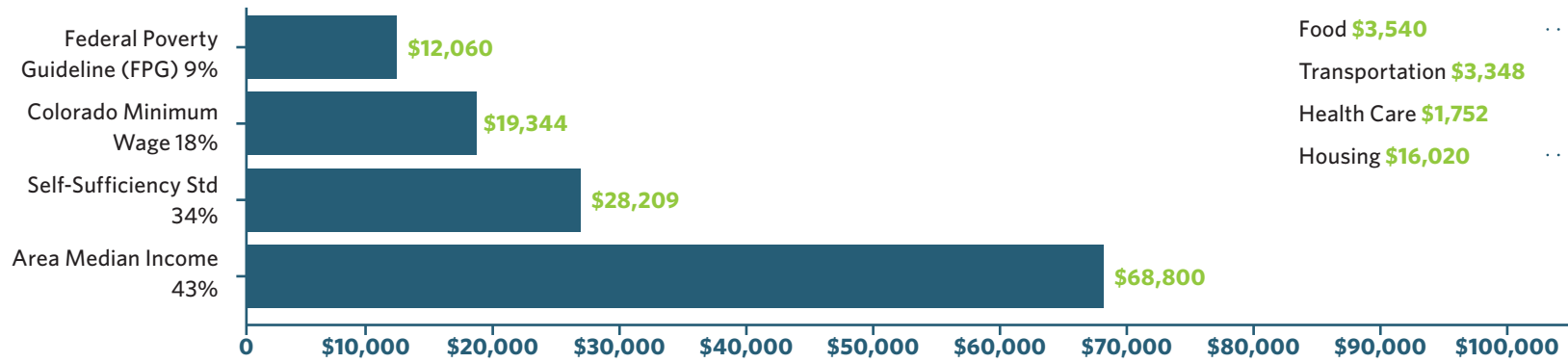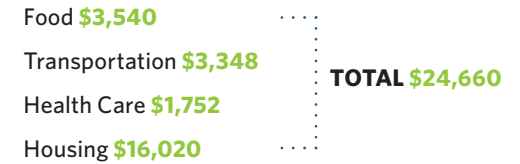
## A FAMILY OF FOUR

**1. Income & Poverty** (includes % of population at or below)

| | |
|---|---|
| Federal Poverty Guideline (FPG) 9% | $24,600 |
| Colorado Minimum Wage 18% | $38, 688 |
| Self-Sufficiency Std 34% | $75,906 |
| Area Median Income 43% | $98,200 |

(x-axis: 0, $10,000, $20,000, $30,000, $40,000, $50,000, $60,000, $70,000, $80,000, $90,000, $100,000)

**2. Average Annual Costs**

Food **$11,112**
Transportation **$6,528**
Health Care **$5,820**
Housing **$16,788**
Child Care **$19,848**

**TOTAL $60,096**
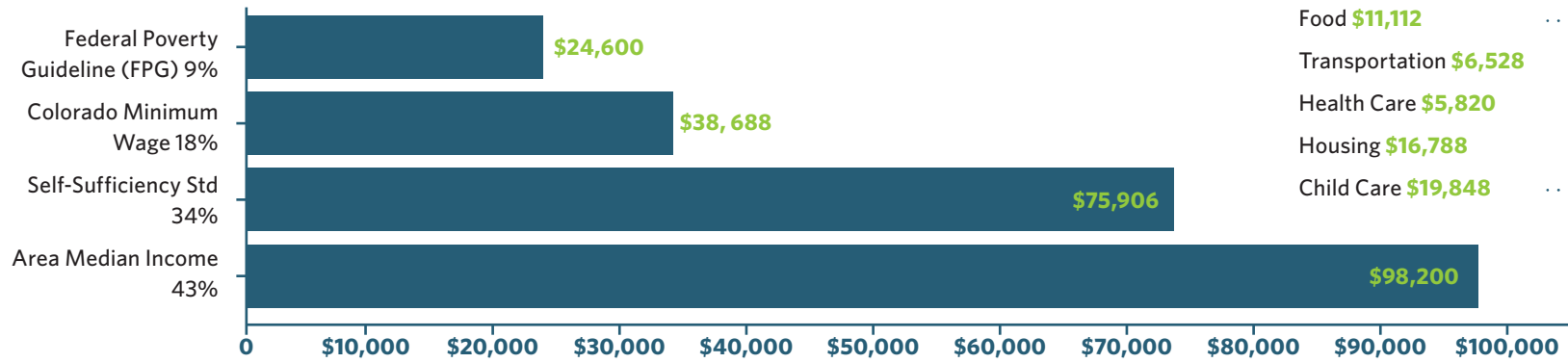
**3. Eligibility for Assistance Programs**

**Head Start $24,600** (100% FPG) School Readiness for Children Under Five

**NSLP $31,980** (130% FPG) National Free School Lunch Program

**SNAP $31,980** (130% FPG) Food Assistance

**Medicaid $33,948** (138% FPG) Health Coverage

**LIHEAP $39,852** (165% FPG) Low-Income Home Energy Assistance Program

**WIC $45,510** (185% FPG) Supplemental foods, health care for Women, Infants & Children

**CCAP $54,804** (222% FPG) Childcare Assistance Program

# POVERTY IN BOULDER

**Poverty is an important issues in Boulder and relates to all of the key human services issues identified in the Strategy.** No single formula, however, can completely define poverty. Many variables, including income, geographic location, household size and composition, and living expenses affect whether an individual or family is considered in poverty or self-sufficient. Government programs that service indigent populations use different income thresholds and criteria to determine eligibility.

To gain a better understanding about what poverty means in Boulder, the Poverty chart identifies multiple data points excluding the percentage of Boulder's population living at or below several poverty and income measures, average annual expenses and eligibility thresholds for different government programs and disparities in academic achievement and household income, which impact affordability.

Recognizing the multi-dimensional nature of poverty, the Strategy does not attempt to specifically define poverty, but to highlight the methods by which poverty is measured and the impacts on affordability. By whatever measures are used, the Strategy identifies poverty as a root cause of many social welfare issues and addresses it through multiple goals and strategies.

## EDICATION

● White  ● Hispanic/Latino

### 1. Average Annual Income by Level of Education (includes % of population at or below)

| Level of Education | Income |
|---|---|
| Graduate or Prof. Degree **76%** \| **35%** | $58,559 |
| Some College **16%** \| **17%** | $41, 257 |
| High School Graduate **7%** \| **17%** | $28,811 |
| Less than High School **1%** \| **31%** | $20,978 |

0   $10,000   $20,000   $30,000   $40,000   $50,000   $60,000   $70,000   $80,000   $90,000   $100,000

### 2. Average Annual Costs

Food **$3,540**
Transportation **$3,348**
Health Care **$1,752**
Housing **$16,020**

**TOTAL $24,660**
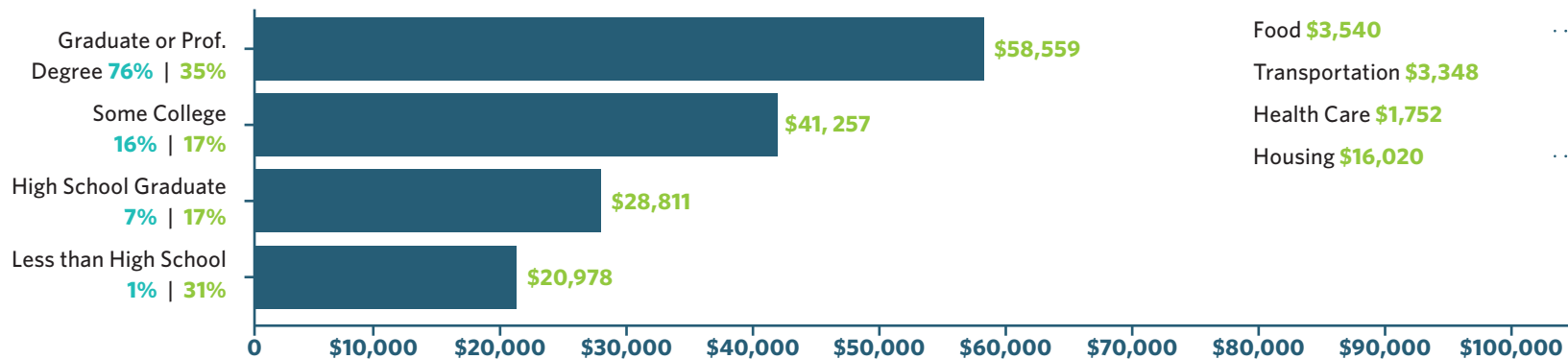
## ADDITIONAL STATISTICS

### 1. Annual Median Income

Married Couples **$144,166**

Single Female Household with Children **$40,000**

### 2. Hispanic Latino

Living at or below  **$15,075**

(125% FPG) is **$51%**, White is **24%**

### 3. Children

Living in poverty **10%**

*Source: Self-Sufficiency Standard for Boulder County, CO 2015  |  **Family of Four=2 adults, 1 preschool aged child, 1 school-aged child*

# BOULDER DEMOGRAPHICS

## 2000  2015  2040

**0-19**

**20-64**

**65+**
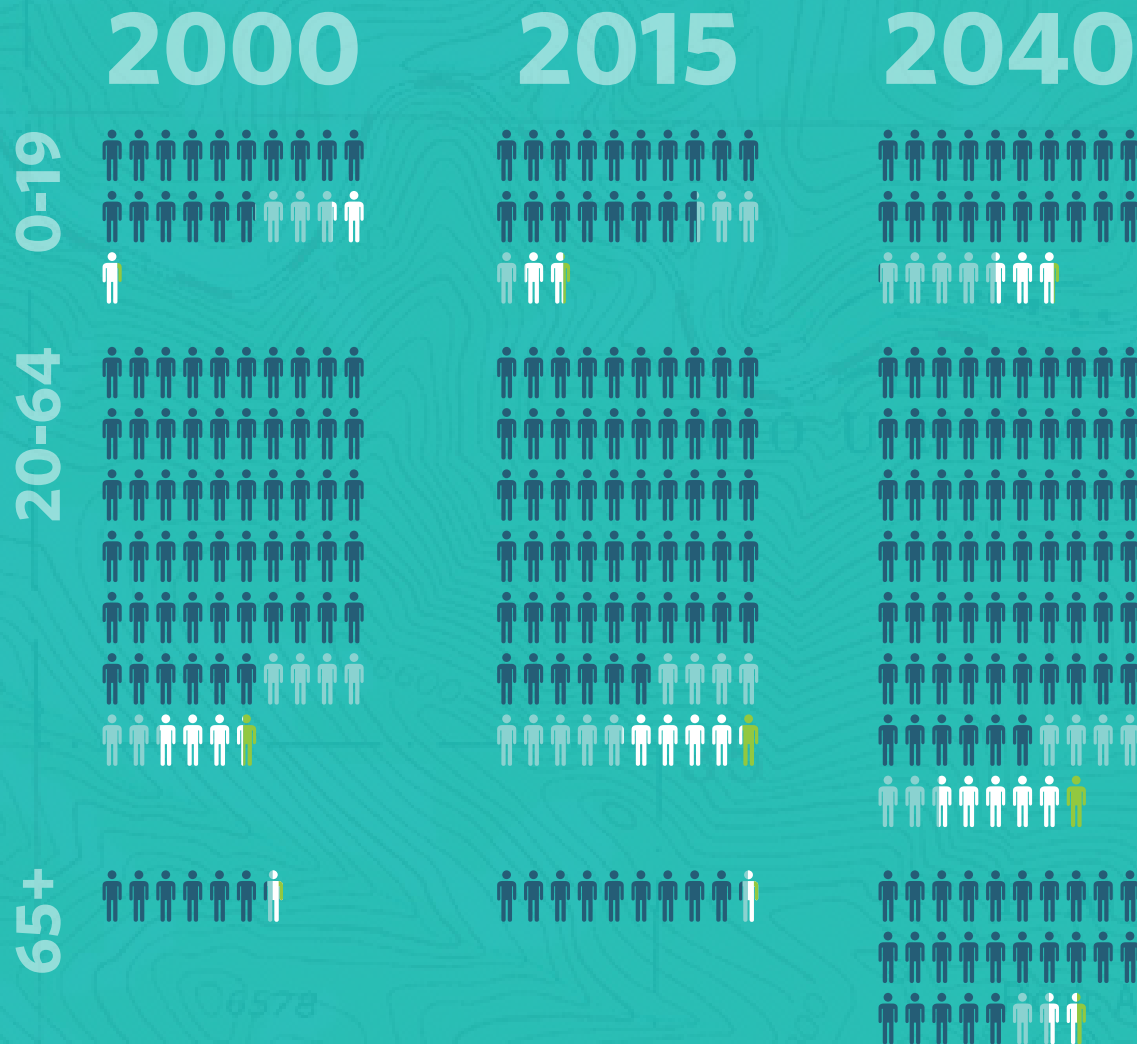
## COMMUNITY CHANGES & CHALLENGES

Boulder ranks as Colorado's 11th most populous community and the 296th largest city in the United States. More than 107,000 people call Boulder home, up from 93,000 in 2006. While Boulder is not a large municipality, many of the same complex human services challenges found in large urban areas are evident. Looking toward the future, several emerging social trends will challenge the community.

### CHALLENGE: POVERTY

Demographically, Boulder is more affluent than the statewide and national average. In 2015, Boulder's median family income was $105,034 compared to the $74,826 statewide median family income. Median household income (including families and single-person households) across the state was $60,629 and $58,484 in Boulder. By multiple measures, however, many residents live in or near poverty.

- Excluding college students, approximately 7,000 residents live in households earning under the Federal Poverty Guidelines (FPG), i.e., obtain a total annual family income of approximately $24,600 or less for a family of four.

- Nearly 50 percent of Boulder families live in households earning less than $74,000 annually

*The 2040 estimates for the City of Boulder are based on current population estimates through the Census and projections for the overall population in Boulder County provided by the State Demography Office.*

Poverty disproportionately affects Boulder's Hispanic/Latino residents especially children:

- According to five-year American Community Survey estimates taken between 2011 - 2015, the median household income for Latino/Hispanic families is $31,056, which is almost half the median income for white-only households ($63,282).

- Approximately 36 percent of Hispanic/Latino residents live in households earning at or below $24,600. In comparison, only 21 percent of white residents live in households at or below $24,600.

- Hispanic/Latino children are four times more likely to live in poverty than white children.

High rates of poverty and economic inequality also plagues women and their families. Single female heads of households in Boulder earn less income annually than their male household counterparts and significantly less than married couples. For every $1 earned by a full time female worker in Boulder, a male worker in the city earns approximately $1.30.

- Median family income for female heads of households (no spouse) with children is $46,256.

- Median family income for married-couple families is $122,101.

- Median income of women who worked full-time, year-round over the past 5 years (2011-2015) was $48,754. During the same period, full-time, year-round male workers earned about 23% more, or $62,917.

## CHALLENGE: CHILDREN

Children have unique needs and vulnerabilities when it comes to securing adequate healthcare, food, housing and education. Although the number of children in Boulder has slowly increased over the last decade, children are now a smaller percentage of the overall. However, this special population continues to have great needs for sustained services and policy attention.

- Nearly 10 percent of children live in households with an annual income income at or below $24,600.

- Almost one quarter (24.5 percent) of Boulder's children live in income-constrained households earning below $74,000 annually.

- During the 2016-2017 school year, approximately 21 percent of children accessed the Free and Reduced Lunch (FRL) program

Investments in early childhood programs for disadvantaged children is approximately 10 percent per year through improved child outcomes in education, health, economic productivity and reduced interface with the justice system.

## CHALLENGE: AGING

Like much of Colorado, Boulder's population is aging. Residents age 60 and older comprise Boulder's fastest growing demographic. The Colorado state demographer predicts that Boulder County's older adult population will grow six times faster than the rest of the county's population over the next decade.

- By 2040, residents age 60 and over will account for 28 percent of the county's population, residents between the ages of 70-79 will double while ages 80-89 will triple.

- Almost 40 percent of Boulder adults age 65 and older lived below 50 percent of area median income in 2014 ($32,850 per year for a single person). In 2015, about 38 percent of Boulder homeowners age 65 and older were housing cost-burdened.

- Approximately 22 percent of Boulder's older residents report living with a disability.

Older adults in Boulder possess deep work experience and expertise. Nationally, seniors contribute more than 3.3 billion hours of volunteer service in their communities (with an economic value of $75 billion). Boulder's older residents are:

- Predominately female (55 percent), less likely to identify as Hispanic/Latino (3 percent) and more likely to own their home (76 percent).

- More likely to make charitable contributions per capita than any other age group.

- Represented in the workforce: over 22 percent of Boulder residents age 65 and older are still working.

## CHALLENGE: EQUITY, INCLUSION & ACHIEVEMENT

As reported in May 2017, Boulder Community Perception Assessment (CPA), community members reported that they consider the overall quality of life in Boulder to be quite good (Appendix I). However, non-majority community members and newcomers reported a small but persistent lack of inclusion, highlighting a local lack of exposure to diversity and micro-aggressions. Others expressed feelings of exclusion related to political or religious beliefs. The CPA identified the lack of affordable housing, access to necessities and representation in local government as factors creating perceptions of inequities within the community.

- In 2016, 59 percent of Boulder Community Survey participants rated "openness and acceptance of the community toward people of diverse backgrounds" as "excellent" or "good."

- Discrimination based on national origin was the most common basis cited for inquiries related to potential violations of the city's Human Rights.

The poverty experienced by much of Boulders minority communities also correlates with disparities in educational achievement.  Differences between white and Hispanic/Latino students are evident at early ages and persist through graduation.

- Fewer than 35 percent of Hispanic/Latino adults have attained a Bachelor's degree or higher compared to 76 percent of white adults.

- More than 31 percent of Hispanic/Latino adults earned less than a high school diploma compared to only 1.3 percent of white not Hispanic/Latino adults.

### CHALLENGE: HEALTHCARE & DISPARITIES

While significant reductions in the medically uninsured through expanded Medicaid, Child Health Plan Plus enrollments and the Affordable Care Act has been achieved, gaps still exist for many vulnerable city populations in healthcare coverage and access as well as quality physical and dental care.

- Approximately 14 percent of Hispanic/Latino Boulder residents do not have health insurance coverage compared to only 3 percent of white, not Hispanic/Latino residents.

- In 2015 Boulder County ranked 1st in state for per capita enrollment in Connect for Colorado Health coverage; Boulder County's uninsured population was 8 percent compared to the national average of 13 percent.

Moreover, food insecurity, poor health outcomes like obesity and insufficient access to mental health services affect wide swaths of the population.

- Food insecurity affects 12.8 percent of Boulder residents.

- Obesity rates among adults over 18 years is 15.9 percent (Centers for Disease Control, 2016).

- Approximately 11 percent of Boulder County adults report that they are in poor mental health. Among the county's Medicare population, approximately 14 percent report they are depressed.

### CHALLENGE: HOMELESSNESS

Homelessness remains one of Boulder's most visible human services challenges. Many factors contribute to homelessness. Chronically high housing costs in Boulder coupled with insufficient wage growth for many workers can mean that a variety of life events, including the sudden loss of job, acute health crisis or destabilizing family separation quickly make many residents vulnerable to housing crisis. Single parent households are often more susceptible to economic hardships, and people fleeing domestic abuse often have limited housing options.

- Currently, over 400 or more people are estimated to be homeless in Boulder. The homeless include individuals, youth and families.

- Top reasons reported for being homeless by families include inability to pay rent/mortgage (58 percent), being asked to leave (40 percent), relationship problems or family break-up (27 percent) and abuse or violence in the home (27 percent).

- In 2015, 62 percent of renters in Boulder were cost-burdened and paid more than 30 percent of their income on rent.

For children who experiencing homelessness, the results are particularly punishing. Children who experience homelessness are less likely to succeed in school and are more likely to experience lifelong poverty. Those who are homeless are more likely to die at a younger age.

- Nearly 300 students in Boulder Valley School District (BVSD) schools in the City of Boulder accessed McKinney-Vento services for homeless students in the 2015-2016 school year.

- The average life expectancy in the homeless population is between 42 and 52 years; young homeless women, however, are four to 31 times as likely to die early compared to their housed counterparts.

Homelessness significantly affects the use of public resources. The city pays for many homelessness-related services and programs including health care, law enforcement, courts, open space management, environmental clean-up and emergency services.

- Homelessness impacts a variety of emergency and public safety services including hospital emergency rooms, law enforcement and court systems. The city of Boulder has estimated that it spends approximately $2.2 million annually mitigating impacts from homelessness.

- Investments in permanent housing solutions such as Housing First for the chronically homeless results in reduced police calls, emergency room visits; increased housing retention and independent living skills.

## COMMUNITY PRIORITIES & THEMES

The goals and priorities presented in the Human Services Strategy were identified through a robust community engagement process. Engagement included telephone, online and paper surveys, focus groups, community meetings and curbside conversations. Through the engagement process, more than 2,000 Boulder residents and 70 community organizations participated (Appendix C and Appendix D).

Community engagement confirmed that Boulder residents are concerned about the social issues identified through research. Public feedback helped identify the level of community concern and potential solutions that could be incorporated into the Strategy.

Findings included that race, ethnicity, age and income often affect perceptions about Boulder's key social issues. The areas below represent core areas of community concern and prioritization.

### PRIORITY: INCLUSION & EQUITY

- Expand community events and activities that encourage interaction among residents
- Expand access to services and resources that recognize Boulder's cultural, racial and social diversity
- Support academic achievement for all residents, including access to materials in other languages and tutoring
- Develop multi-generational community centers rather than age-specific centers

### PRIORITY: HEALTHCARE

- Expand access to mental health, physical health, dental care
- Expand access to affordable substance use and addiction treatment, prevention and education
- Expand access to affordable insurance
- Expand access to healthy, nutritious food

### PRIORITY: ECONOMIC OPPORTUNITY

Support diverse employment, expand workforce and training programs

### PRIORITY: FAMILY, YOUTH & CHILDREN

- Provide programs and services for children and families
- Support efforts for school readiness for young children
- Expand opportunities for workplace readiness for young adults who are transitioning from high school
- Support safe spaces for youth to socialize after school or out-of-school

### PRIORITY: HOUSING

- Expand options to purchase or rent an affordable home (especially for Seniors and  young families)
- Support housing and services for homeless families and children
- Support the provision of permanent, affordable housing
- Support the provision of basic safety net services including emergency shelter
- Prioritize services for those who have long term connections to the community

### PRIORITY: GENERAL THEMES

- Affordability- Broad concerns about the cost of housing, health care and child care.
- Social Equity- Race, ethnicity and income factored into feedback about access to affordable goods and services, lack of economic opportunities and inclusion in Boulder.
- Transportation- Affordable and accessible transportation, particularly for older adults and low-income residents.

## Housing-Cost Burdened Rental Households City of Boulder, 2015



- < 30% of income toward rent
- 30-34.9% of income toward rent
- > 35% of income toward rent

## Community Engagement
*June 2015-April 2017*

**41**
Community Events

**70**
Organizations

**2000+**
Individuals

## Household Income



- < $75,000 (51%)
- $75,000 - $150,000 (32%)
- $150,000+ (17%)

## Age



- 18-24 (19%)
- 25-64 (65%)
- 65+ (16%)

## Race/Ethnicity



- White Only (79%)
- Non-White, Non-Hispanic Latino (10%)
- Hispanic/Latino (11%)

# Strategy Process

## PRINCIPLES

Upstream Investment
Data-Driven Outcomes
System Integration
Evidence-based Practices

## RESEARCH

Guiding Documents
Community Trends & Assessments
Services Assessments
Community Engagement

## GOALS & PRIORITIES

A Good Start

Aging Well

Economic Mobility & Resilience

Health & Well-being

Homelessness

Inclusive & Welcoming Community

## STRATEGIES

Programs & Services
Community Partnerships

## ROLES

Service Provider
Funder
Partner

# GOALS & PRIORITIES

The Strategy identifies goals and priorities to address community needs for six key human services issues: A Good Start, Aging Well, Economic Mobility and Resilience, Health and Well-being, Homelessness and Inclusive and Welcoming Community. Specific strategies are intended to address concerns and themes identified in research and community engagement and will be used to guide city human service investments for the next five years.

## GOAL 1

**Children are healthy and socially, emotionally and cognitively ready to start school.**

**Strategy 1**
Support accessible, affordable, quality infant, toddler and preschool care. Examples of programs include:

- expand capacity for affordable, quality, culturally appropriate child and preschool care; and
- quality improvement training for family, friend and neighbor care;

## GOAL 2

**Children and Youth are healthy and successful in school and have the skills necessary for self-sufficiency and success as an adult.**

**Strategy 2**
Reduce barriers to successful school achievement and graduation. Examples of programs includ

- programs that connect students and families to community support services;
- family support and wrap-around services for children, youth and families;
- mentoring and tutoring programs for children and youth; and
- youth civic engagement and leadership development.

**Strategy 3**
Support successful transition from school to college or employment. Examples of programs include:

- internship and apprenticeship programs;
- employment skills and development; and
- employment programs for adolescents and young adults.

**Strategy 4**
Support healthy lifestyle choices and the reduce of risky behaviors. Examples of programs include:

- substance use prevention programs;
- youth mentoring and tutoring programs;
- pro-social, out-of-school and after-school activities;
- access to mental health programs and services; and
- out-of-school and after school educational, social and cultural enrichment.

**HUMAN SERVICE AREA**
## A GOOD START

A good start early in a child's life provides a solid foundation for positive, life-long outcomes and success.

# AGING WELL

Over the next two decades, Boulder's growing and diverse older population will require more varied and individualized services to meet social and economic needs, and community planning to be ready to meet those needs into future years. An age-friendly community values older adults and makes aging well a community priority. Four key areas vital to all such communities are basic needs (housing, safety, food, access to essential services, and transportation), personal connections and community involvement (paid work and volunteer opportunities, participation in civic life, and connection to friends and family), health and wellness (access to affordable health care and fitness programs), and aging in community (systems and a built environment that support an individual's choice to live at home).

**GOAL**

**Older residents can remain and thrive in the community as they age.**

**Strategy 1**
Support a continuum of age and ability appropriate services for older adults.

- financial and retirement education and planning programs;
- educational and social programs for older adults, caregivers and family members;
- case management and referral services for older adults to address quality of life needs such as health care, retirement, and financial planning; and
- services that help older adults stay in their home including home care, home repair and maintenance and support services.

**Strategy 2**
Expand opportunities to stay engaged in the labor force as long as desired.

- education, training and support for workforce readiness, entrepreneurship, and volunteerism; and
- employment retraining and placement programs.

**Strategy 3**
Improve community readiness to address the needs of older adults.

- partnerships and programs that address the growing aging demographic and future needs; and
- partnerships and programs that address community impacts of demographic shifts.

**Residents have equitable opportunities to improve their economic condition and create intergenerational stability.**

**Strategy 1**
Strengthen access to pathways and opportunities to improve employment situation.

- programs that promote personal entrepreneurship and small business development;
- skills training and re-training to meet labor market demands;
- regional partnerships to align education and workforce opportunities with employer needs;
- programs that train or hire hard-to-employ residents;
- internship and apprenticeship programs; and
- green jobs training programs.

**Strategy 2**
Expand financial support that enhance family economic stability.

- subsidies for low-wage workers to help meet basic needs including:
- food tax rebates for older adults, families with low incomes, and people with disabilities;
- child care subsidies; and
- housing rental subsidies.

**Strategy 3**
Improve financial literacy, education and investment.

- financial education programs;
- programs that assist residents to build assets and establish bank accounts;
- consumer counseling, credit and bill payment programs; and
- programs that protect residents from predatory lending practices.

*Through the community engagement process, feedback consistently identified poverty and affordability as top community concerns. The Strategy identifies an expanded focus on economic mobility and resilience as a key driver of many other social welfare issues. Poverty destabilizes families and negatively impacts child development and readiness to learn and succeed. It is the driver of homelessness. Older adults, particularly those with low fixed incomes, may be unable to continue living in the community as they age.*

*Best practice and social science research indicate that by reducing poverty, improving resilience to economic downturns, and expanding opportunities to become economically mobile, communities can significantly improve the quality of life for residents, lessen demand on crisis intervention services, reduce need for public subsidies and safety net services, and realize tangible economic benefits for individuals and the community. The Strategy identifies increasing investments in economic mobility and resilience to leverage investments in other goals.*

**HUMAN SERVICE AREA**
# ECONOMIC MOBILITY & RESILIENCE

Most of Boulder's human services challenges strongly correlate with issues related to poverty and affordability. High costs for housing, child care, food, transportation and health care make it difficult for low-income residents to thrive or improve their economic circumstances. Poverty destabilizes families, making it difficult for children to succeed in school, is a significant factor contributing to homelessness, and negatively impacts health and well-being.

Because poverty and affordability are core issues impacting many other welfare issues, the Strategy emphasizes this goal for future expanded efforts as new funding and resources allow. By addressing poverty, the city can improve resilience to economic downturns, expand opportunities for residents to become more economically mobile, reduce reliance on safety net services and improve the quality of life for residents.

# HEALTH & WELLBEING

Many factors contribute to individual health and well-being including nutrition, physical activity, home and outdoor environment and early and regular physical, oral and behavioral health care. Although the Patient Protection and Affordable Care Act (ACA) substantially improved public and private health insurance coverage and benefits, cost and availability continue to limit access to the services essential for good health. Significant insurance coverage gaps persist particularly among Boulder's Hispanic and Latino residents. Those utilizing public insurance plans often have fewer provider and coverage options. Health care providers may also limit intake of Medicaid clients. As a consequence, Boulder residents covered by public insurance often have fewer health care choices, particularly for oral, mental and addiction treatment.

**GOAL**

**Residents can access resources to optimize their physical, mental and social well-being.**

**Strategy 1**
Support access to quality, affordable services that address physical and oral health needs.

- physical health care prevention and treatment services; and
- dental health prevention and treatment services.

**Strategy 2**
Support access to quality, affordable services that address mental health and substance abuse.

- mental health treatment and recovery programs;
- substance use disorder treatment and recovery support services; and
- substance use prevention services.

**Strategy 3**
Support access to nutritious food and programs that reduce health risk factors.

- programs that improve food security and provide healthy food options for children, families and older adults; and
- programs that help children, families and older adults remain healthy.

# Service Excellence for an Inspired Future

**—CITY OF BOULDER MISSION STATEMENT**

## GOAL

**Residents have opportunities to achieve and maintain a safe, stable home in the community.**

### Strategy 1
Expand pathways to permanent housing and retention.

- programs that facilitate or support creation of housing to address homelessness;
- maximizing housing opportunities through regional partnerships; and
- maximizing access to existing housing in the City of Boulder.

### Strategy 2
Expand access to programs and services to reduce or prevent homelessness.

- evidence-based services and programs that focus on long-term poverty reduction and prevention.

### Strategy 3
Support an efficient and effective services system based on evidence and data driven results.

- programs that prioritize support for services to target populations and individuals;
- implementation of best practice system tools, including coordinated entry and assessment, navigation services, and integrated data and metrics; and
- programs that leverage and maximize regional systems resources, such as OneHome, and regional coordinated housing planning and acquisition.

*A separate, comprehensive city Homelessness Strategy articulates specific goals and strategies to address the complex issue of reducing homelessness in the community (Appendix K).*

### Strategy 4
Support access to a continuum of services as part of a pathway to self-sufficiency and stability.

- emergency response system re-design, including coordinated entry and intake and prioritizing resources and services to those most in need;
- programs that improve access to substance abuse treatment and mental health services; and
- advance affordable transportation.

### Strategy 5
Support access to public information about homelessness and community solutions.

- homelessness communications plan.

### Strategy 6
Create public spaces that are welcoming and safe for residents and visitors.

- justice system partnerships.

## HUMAN SERVICE AREA
# HOMELESSNESS

Homelessness is one of the most visible and significant human service challenges and affects individuals, families and impacts the entire community. At the core of homelessness is poverty. For individuals, homelessness is traumatic and a significant safety issue. Homelessness in childhood can have lifelong consequences including poor academic achievement, developmental delays and impacts on social, emotional and physical health. The longer one stays homeless, the more difficult it is to get out of homelessness. Community-wide, Boulder's homelessness challenge affects the demand for public services and heightens concerns about public health and public safety.

*Homelessness is the most visible evidence of poverty and lack of economic resilience and significantly impacts every area of social, mental and physical health and well-being for individuals and families. As such, the city has focused significant resources to address homelessness through a separate, comprehensive Homelessness Strategy (Appendix K).*

*Economic Mobility and Resilience and Homelessness are two goal areas identified for expanded focus in the Human Services Strategy over the next five years. The Homelessness Strategy identifies a new system of services focused on a coordinated entry, assessment and service delivery system which prioritizes client need and permanent housing for better long-term outcomes, while continuing to insure safety net services are available.*

## HUMAN SERVICE AREA
# INCLUSIVE & WELCOMING COMMUNITY

Although most in the community feel that Boulder is an inclusive and welcoming community, those in under-represented communities often have a different experience, particularly feeling welcomed and included in civic life and affordability of basic needs and housing.

**GOAL**

**Community members and visitors feel safe, welcomed, and included in social, civic, and economic life.**

**Strategy 1**
Expand access to culturally appropriate services and programs that recognize diverse community needs.

- support for events that celebrate community diversity;
- education and awareness of social and cultural diversity; and
- support programs that expand the availability of goods, products and services that meet the needs of a culturally diverse population

**Strategy 2**
Support access to and availability of resources, services and programs that advance social equity.

- support civic and social integration of immigrant and refugee residents;
- foster partnerships with community organizations to expand awareness and engagement of diverse populations; and
- assess and mitigate potential disproportionate impacts of policies and programs on underrepresented populations.

**Strategy 3**
Strengthen city protections related to discrimination and bias.

- expand protections from discrimination in the city's Human Rights Ordinance; and
- expand community outreach and education related to human and civil rights protections.

**Strategy 4**
Encourage and facilitate positive community relations.

- mitigate and reduce community conflict and support and encourage community cohesion;
- expand education and awareness about inclusion and diversity; and
- expand civic engagement of underrepresented communities.

HOMELESSNESS

AGING WELL

A GOOD START

INCLUSIVE & WELCOMING

HEALTH & WELL-BEING

ECONOMIC MOBILITY

# GUIDING DOCUMENTS

The Strategy aligns with the goals and policy direction contained in other city guiding documents, including the Boulder Valley Comprehensive Plan, Sustainability Framework, Housing Strategy and Resilience Strategy.

## BOULDER VALLEY COMPREHENSIVE PLAN

All city master and strategic plans align overall policy direction with the BVCP. Policy guidance for the Human Services Strategy is found in the following key sections of the 2010 BVCP.

### Core Values

- A welcoming and inclusive community
- Culture of creativity and innovation
- Strong city and county cooperation
- A vibrant economy based on Boulder's quality of life and economic strengths
- A diversity of housing types and price ranges
- Physical health and well-being

### Principles Of Social Sustainability

Promote a healthy community and address social and cultural inequities by:

- Respecting and valuing cultural and social diversity;
- Ensuring the basic health and safety needs of all residents are met; and
- Providing infrastructure and services that will encourage culturally and socially diverse
- communities to both prosper within and connect to the larger community.

### Collaboration In Service Delivery

Support consolidation and collaboration among service providers to reduce duplication of efforts, maximize economic and resource efficiencies and provide the public with reliable and equitable levels of service.

### Populations With Special Needs

Encourage development of housing for populations with special needs.

### Community Well-Being

- Promote the physical health and welfare of the community and civil and human rights. Anticipate and plan for emerging demographic trends and social issues, including:
- Needs of a growing older adult population and their family caregivers;
- Healthy child and youth development and opportunities to be contributing members of the community;
- Support and inclusion of immigrants into the community;
- Ongoing support of services and facilities for basic needs such as food, health care, shelter, child care, elder care, and education and training;
- Support for community non-profits; and
- Accessible and affordable basic health and human services.

## RESILIENCE STRATEGY

The 2016 Resilience Strategy identifies core themes to plan for social, economic and ecological resilience that allows the community to adapt and thrive in the face of natural events and other community disruptions. The goal of the Resilience Strategy is to weave resilience into the daily life and function of the community and government.

Resilience is the underlying theme throughout the Human Services Strategy and is articulated in the human services frameworks, guiding principles, goals and strategies.

## HOUSING STRATEGY

Affordable housing directly affects many of the populations and goal areas addressed by the Strategy and closely aligns with the city's Comprehensive Housing Strategy and Affordable Housing Goals. Collectively, the city's housing strategies, themes and goals define a comprehensive approach to creating and preserving housing choices for low and middle income Boulder households. Specific city housing themes that closely relate to the Human Services Strategy are:

- hold and gain ground on support for low income and very low income residents;
- keep moderate income workers in Boulder; and
- help seniors and special populations including chronically mentally ill, homeless and families.

Housing goals adopted by City Council in 2014 that relate to the HS Strategy include:

- diverse housing choices;
- enable aging in place; and
- create 15 minute neighborhoods.

Potential housing program tools that align with

- buy and preserve existing units;
- protect mobile home parks;
- expand housing choice voucher options;
- encourage new affordable senior, mixed age

housing and co-housing;

- encourage universal (accessible) design in all new housing; and
- use affordable housing funds to create housing for people with special needs and other populations not served by the market.

Housing goals and themes that closely align with the following human services strategies:

- strengthen economic mobility and resilience;
- addresses poverty, cost and affordability;
- address homelessness;
- help older adults age in the community; and
- promote inclusion and diversity.

**CITY OF BOULDER SUSTAINABILITY FRAMEWORK**

The Sustainability Framework identifies the city's community priorities and aligns investments with those priorities. The chart below identifies the Strategy goals and alignment with the Sustainability Framework.

**ENVIRONMENTALLY SUSTAINABLE COMMUNITY**

**SAFE COMMUNITY**

**LIVABLE COMMUNITY**

**ACCESSIBLE & CONNECTED COMMUNITY**

**GOOD GOVERNANCE**

**HEALTHY & SOCIALLY THRIVING COMMUNITY**

**ECONOMICALLY VITAL COMMUNITY**

**BOULDER VALLEY COMPREHENSIVE PLAN**

**PRIORITY-BASED BUDGETING**

**DEPARTMENT STRATEGIC/ MASTER PLANS**

**SUBCOMMUNITY & AREA PLANS**

**OPERATING BUDGET**

**CAPITAL IMPROVEMENTS PROGRAM**

**DEVELOPMENT STANDARDS AND ZONING**

# Human Services Strategies & Sustainability Framework

## A GOOD START

- Support accessible, affordable, quality infant, toddler and preschool care
- Reduce barriers to successful school achievement and graduation
- Support successful transition from school to college or employment
- Support healthy lifestyle choices and the reduction of risky behaviors

## AGING WELL

- Support a continuum of age and ability appropriate services for older adults
- Expand opportunities to stay engaged in the labor force as long as desired
- Improve community readiness to address the needs of older adults

## HEALTH & WELL-BEING

- Support access to quality, affordable services that address physical and oral health needs
- Support access to quality, affordable services that address mental healthand substance abuse
- Support access to nutritious food and programs that reduce health risk factors

## INCLUSIVE & WELCOMING COMMUNITY

- Expand access to culturally appropriate services and programs that recognize diverse community needs
- Support access to and availability of resources, services and programs that advance social equity
- Strengthen city protections related to discrimination and bias
- Encourage and facilitate positive community relations

## HOMELESSNESS

- Expand pathways to permanent housing and retention
- Expand access to programs and services to reduce or prevent homelessness
- Support an efficient and effective services system based on evidence and data-driven results
- Support access to a continuum of services as part of a pathway to self-sufficiency and stability
- Support access to public information about homelessness and community solutions
- Create public spaces that are welcoming and safe for residents and visitors

## ECONOMIC MOBILITY & RESILIENCE

- Strengthen access to pathways and opportunities to improve employment situation
- Expand financial support programs that enhance family economic stability
- Improve financial literacy, education and investment

## SAFE COMMUNITY

- Enforces the law, taking into account the needs of individuals and community values
- Plans for and provides timely and effective response to emergencies and natural disasters
- Fosters a climate of safety for individuals in homes, businesses, neighborhoods and public places
- Encourages shared responsibility, provides education on personal and community safety and fosters an environment that is welcoming and inclusive

## LIVABLE COMMUNITY

- Promotes and sustains a safe, clean and attractive place to live, work and play
- Facilitates housing options to accommodate a diverse community
- Provides safe and well-maintained public infrastructure, and provides adequate and appropriate regulation of public/ private development and resources
- Encourages sustainable development supported by reliable and affordable city services
- Supports and enhances neighborhood livability for all members of the community

## ECONOMICALLY VITAL COMMUNITY

- Supports an environment for creativity and innovation
- Promotes a qualified and diversified work force that meets employers' needs and supports broad-based economic diversity
- Fosters regional and public / private collaboration with key institutions and organizations that contribute to economic sustainability
- Invests in infrastructure and amenities that attract, sustain and retain diverse businesses, entrepreneurs and the associated primary jobs

## HEALTHY & SOCIALLY THRIVING COMMUNITY

- Cultivates a wide-range of recreational, cultural, educational, and social opportunities
- Supports the physical and mental well-being of its community members and actively partners with others to improve the welfare of those in need
- Fosters inclusion, embraces diversity and respects human rights
- Enhances multi-generational community enrichment and community engagement

## ENVIRONMENTALLY SUSTAINABLE COMMUNITY

- Supports and sustains natural resource and energy conservation
- Promotes and regulates an ecologically balanced community
- Mitigates and abates threats to the environment

## ACCESSIBLE & CONNECTED COMMUNITY

- Offers and encourages a variety of safe, accessible and sustainable mobility options
- Plans, designs and maintains effective infrastructure networks
- Supports strong regional multimodal connections
- Provides open access to information, encourages innovation, enhances communication and promotes community engagement
- Supports a balanced transportation system that reflects effective land use and reduces congestion

## GOOD GOVERNANCE

- Models stewardship and sustainability of the city's financial, human, information and physical assets
- Supports strategic decision-making with timely, reliable and accurate data and analysis
- Enhances and facilitates transparency, accuracy, efficiency, effectiveness and quality customer service in all city business
- Supports, develops and enhances relationships between the city and community/ regional partners
- Provides assurance of regulatory and policy compliance

# Aligning Community Investments

## $3,328,092

### 2017 TOTAL COMMUNITY FUNDING

| Human Services Fund | Substance Education & Awareness | Youth Opportunity Program | Human Relations Commission | Other Contracted Services |
|---|---|---|---|---|
| $2,106,188 | $250,000 | $176,443 | $31,031 | $764,430 |

ANNUAL FUNDING
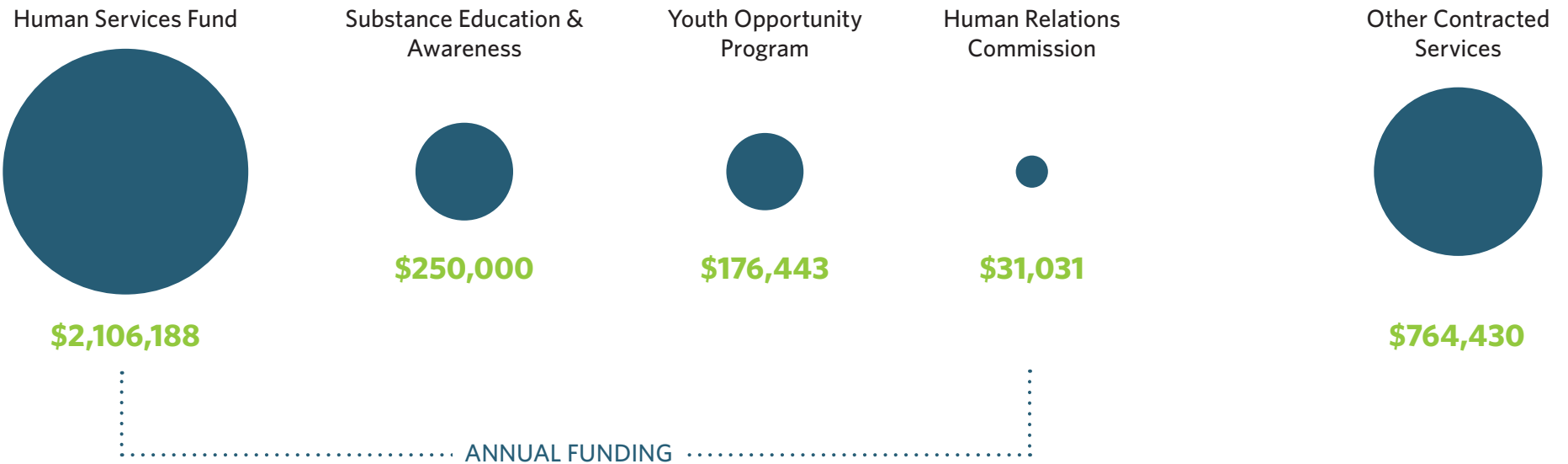
# COMMUNITY FUNDING

## PROGRAMS

The city funds many community organizations to advance its human services objectives. Currently, the city distributes community funding through five competitive funding processes that support community nonprofits and organizations:

The Human Services Fund (HSF) provides approximately $2.1 million to community agencies for programs and services to Boulder residents. Funding awards align with the six Human Services Strategy goals and strategies.

The Youth Opportunities Fund (YOF) provides approximately $176,000 in funding to support positive youth development programming in the city. YOF annual grants are dedicated for cultural, educational and recreational opportunities, primarily for under-represented and low-income middle and high school-age youth. Funding emphasizes pro-social activities, youth leadership development and youth engagement.

The Substance Education and Awareness (SEA) grant program provides approximately $250,000 annually from recreational marijuana tax revenues for substance use awareness, education, and prevention focused on children, youth, and families. Funding is currently allocated to the Boulder County Healthy Futures Coalition five-year project.

The Health Equity Fund was established with revenue from the Sugar Sweetened Beverage Product Distribution Tax, approved by voters in Nov., 2016. Revenues from this excise tax designated for health promotion, general wellness programs and chronic disease prevention in the City of Boulder that improve health equity, such as access to safe and clean drinking water, healthy foods, nutrition and food education, physical activity, and other health programs especially for residents with low income and those most affected by chronic disease linked to sugary drink consumption. The Health Equity Fund will allocate initial funding from tax collections beginning July 1 in mid-late to 2017.

The Human Relations Commission (HRC), distributes approximately $31,000 annually to support community events and initiatives that celebrate and appreciate diverse communities and advance mutual respect and understanding.

Other funded community programs and services:

- The Double Up Food Bucks (DUFB) program provides $15,000 annually in matching funds to residents eligible for federal nutrition benefits available under the Supplemental Nutrition Assistance Program (SNAP), in partnership with Boulder County and Boulder County Farmers Markets. Matching funds increase availability of fresh fruits and vegetables for participants.

- In partnership with Meals on Wheels of Boulder, the city provides $75,000 annually to support delivered meals for home-bound, elderly and those with disabilities and congregate meals at the West Senior Center.

- In a twenty-five-year partnership with BVSD and Mental Health Partners (MHP), $121,000 is allocated annually for the Family Resource Schools program in Boulder elementary schools. The program provides comprehensive child and family support services to help children succeed in school and overcome academic and non -academic barriers to successful school achievement.

- The Early Diversion Get Engaged (EDGE) program is a partnership with Boulder Police Department and MHP. Mental health professionals work out of the police department and respond to calls with officers to provide direct intervention services to community members who are in need of mental health support services. In 2017, $142,000 is allocated for this program.

- In a thirty-year partnership with BVSD Boulder County and MHP, approximately $148,430 is allocated annually for the Prevention and Intervention Program in Boulder middle and high schools. The program provides assessments, support groups, consultations, prevention education, counseling and crisis intervention services for youth and school communities. Services are free for the students and families.

- The Keep Families Housed pilot project provides $263,000 for the Emergency Family Assistance Association (EFAA) to provide short-term rental assistance for families with children at high risk for housing insecurity.

## HUMAN SERVICES FUND

The HSF provides approximately $2.1 million annually to community agencies providing direct services to Boulder residents. Awards are made through a competitive process based on alignment with city human services priorities, goals and desired outcomes. HSF awards provide operating support for community programs. Funds are not allocated for capital projects or one-time events.

A five-member Human Services Fund Advisory Committee (HSFAC), appointed by the city manager, makes funding recommendations that are approved by the city manager and affirmed by City Council.

## HSF FUNDING ALLOCATION

The HSF provides support for programs consistent with the guiding principles and goals identified in the Strategy. Allocations for each goal area are not fixed and are fluid to meet ongoing community needs.

**FIGURE 1:** 2017 Human Services Fund Awards by Human Services Strategy Goals
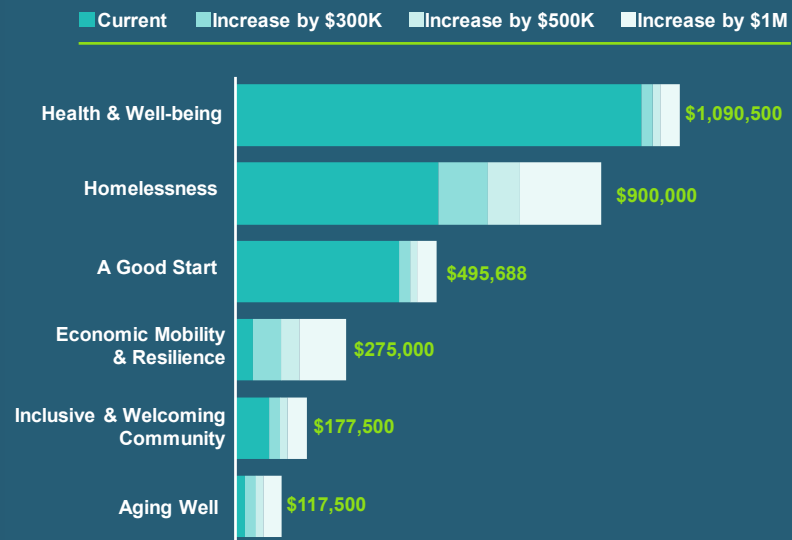


**FIGURE 2:** Current Human Services Fund Resources and New Resources

Funding awards for 2017 align with the six Strategy goal areas in approximately the following percentages of the total amount available: 49 percent to community health and well-being programs; 24 percent to homelessness programs; 20 percent to children and youth programs; 4 percent to inclusive and welcoming programs; 2 percent to economic mobility and resilience; and 1 percent to older adult programs. See Figure 1.

As new resources become available for the HSF, they will be allocated to all goal areas, with a greater focus on expanding Economic Mobility and Resilience, as the key driver of other social welfare issues and Homelessness as a high priority area of community investment. The Homelessness Strategy anticipates a significant shift in how services are provided in the community beginning in the fall, 2017. Additional resources from all funders will be needed to implement the new system of services. As the real-time data is available with implementation, resource allocation can be adjusted to meet needs.

New Resources: As new resources become available for the HSF, they would be allocated approximately as follows:
• 40 percent to Homelessness to fund the new system of services;
• 23 percent to Economic Mobility and Resilience;
• 37 percent to the other four goal areas (Good Start, Aging Well, Health and Well-being, Inclusive and Welcoming Community)

Figure 2 provides an example of how new resources over time could be distributed in this formula, using additions of $300,000, $500,000 and $1,000,000,

### HUMAN SERVICES FUND & YOUTH OPPORTUNITIES FUND RESERVE

The department maintains a reserve fund for both funds in the event high priority community needs

arise outside of the annual fund round or funding is needed for a significant unplanned community event. or events arise outside of the annual funds rounds. A reserve of 50 percent of the Human Services Fund and Youth Opportunities Fund is recommended on an ongoing basis, consistent with city guidelines. In 2017, the balance of Human Services Fund and Youth Opportunity Fund reserves is $1,174,500—approximately 50 percent of both annual fund appropriations ($2,100,00 and $176,000 respectively).

## SUGAR SWEETENED BEVERAGE PRODUCT DISTRIBUTION TAX

The source of funding for the HSF is the city General Fund. Opportunities to leverage General Fund dollars allocated to the Human Services Fund to support community programs related to the Strategy goal of Health and Well-being include the Sugar Sweetened Beverage Product Distribution Tax. Revenues from this tax are designated for health promotion, general wellness programs and chronic disease prevention in the City of Boulder particularly for residents with low income and those most affected by chronic disease linked to sugary drink consumption. The city has established the Health Equity Fund, to fund community programs aligned with the purpose of the tax. Community agencies addressing health equity issues currently funded by the Human Services Fund may also be eligible for Health Equity funds.

## CORE PRINCIPLES & FUNDING

Core Principles and Funding

The three Strategy core principles will also guide community funding decisions:
- resources will focus more on upstream investments;
- resources will focus more on integrated and

coordinated services for greater effectiveness and efficiencies; and
- data will drive decisions for resource allocation based on outcomes.

Other factors that are considered in funding decisions include:
- the strength of connection to specific goals and strategies;
- the degree of collaboration with other entities to work collectively on targeted strategies and shared programs; and
- use of evidence-based, promising and innovative practices.

## HSF PROCESS ENHANCEMENTS

Future funding will be awarded through a Request for Proposal (RFP) process conducted every four years, rather than one-year cycles. Four-year grants will allow greater focus on long-term outcomes and reduce administrative burdens on the funded agencies and the city. Funding is contingent on annual city budget approval.

Strengthened partnership relationships with agencies to meet community goals and outcomes through regular planning to innovate and reduce barriers to success.

Fund off cycle opportunities that arise between the four-year funding cycle. Off cycle funding will be available annually between fund rounds through the HSF Opportunity Fund for new, innovative programs and collaborations or to meet an emerging need.

Annually convene funded agencies, in partnership with other funders, to provide opportunities for greater collaboration, shared learning and opportunities for new ideas and innovation.

Allows funding to be used for data collection, metric development and evaluation, in alignment with goals and outcomes.

## Upstream Investment

Upstream investment focuses on interventions that target the root cause of social problems. Upstream investments focus on outcome-based programs and policies designed to address problems before they become more critical and costly. In an upstream investment model, funded programs also demonstrate evidence-based, promising practices or innovative practices.

## Data-driven Decision-making

Outcome performance measures which inform future funding decisions that drive toward desired outcomes. Meaningful indicators measure client outcomes rather than simply the number of services provided or clients served.

## System Integration

Approaches that provide a client-centric, no-wrong-door approach to accessing services and emphasize funding partnerships over funder/grantee contracting relationship. System integration emphasizes a coordinated, seamless social safety net that is more efficient and effective for clients. Funders and service providers commit to common goals and outcomes.

> "FRS helped my family with counseling services. Thanks to them, my child does better in school and feels more secure."
>
> **—FRS CLIENT**

> "FRS is extremely valuable and positive in every aspect. We are happy and grateful to have someone at school that understands and supports us."
>
> **—FRS CLIENT**

# DIRECT SERVICES

The department limits its role in providing direct services to the community (services provided directly to residents, rather than through non-profits or other entities). The department provides a direct service in circumstances involving an expressed desire of City Council or the community, a service need that cannot be met through other sectors, or a service that requires such a broad collaborative effort or institutional capacity that it is appropriate for the city to provide. The department delivers direct services in three key human services areas: Family Services, Senior Services and Community Relations (Appendix G).

All direct services provided by the department offer bi-lingual or bi-cultural assistance to the community. Programs have a strong focus on customer service, providing culturally sensitive and appropriate services, and fostering inclusion.

## FAMILY SERVICES

The Family Resource Schools Program (FRS) provides a range of academic and non-academic support services for children and families to help children succeed in school. The program is a 25-year community partnership with the BVSD in five Boulder elementary schools: University Hill, Creekside, Whittier, Crest View and Columbine. FRS primarily serves low-income, ESL (English as a Second Language), and free-and reduced lunch eligible children and families. Child and family support services include individual and group counseling, parent support classes, after-school enrichment and tutoring classes,, and referral and financial support for basic needs and transportation assistance. Most programs are free for school families and children.

## SENIOR SERVICES

Senior Services provide programs that engage older adults in a variety of services and activities, with the goal of improving the health and well-being of older adults. Senior Services provides information and referral, case management, health and wellness and social and cultural enrichment programming through extensive community partnerships

Programs for older adults are provided at the East and West Senior Centers. Programming includes: Social, educational, cultural enrichment and lifelong learning programs; life skills classes; social and educational trips; case management and referral services with a focus on low-income seniors; basic needs and financial assistance; health and wellness classes; and fitness classes in partnership with Parks and Recreation Department, including SilverSneakers®. The centers host activities and events, community gatherings, and provides community rental space. The West Senior Center hosts the Meals on Wheels congregate and home-delivered meal program.

## COMMUNITY RELATIONS

The work of Community Relations is to protect civil and human rights, facilitate positive community relations and promote social equity policy. This work is provided through two programs:

**Office of Human Rights (OHR)**

The Office of Human Rights enforces the city's Human Rights (HRO) and Failure to Pay Wages (FTPW) ordinances (Appendix L).  The city investigates formal complaints filed with OHR. Complaints may be addressed through mediation or through a quasi-judicial hearing in front of the Human Relations Commission.  OHR works closely with the Police Department and City Attorney's Office in enforcing the city's HRO and FTPWO.

**Community Mediation Services**

Community Mediation Services provides community conflict resolution and mediation services for city residents, organizations and businesses including landlord-tenant and neighborhood disputes and restorative justice in partnership with the Boulder Municipal Court and the District Attorney's Office. The goal of mediation is to avoid costly and lengthy court proceedings and the emotional toll on parties involved.

## YOUTH OPPORTUNITIES PROGRAM (YOP)

The YOP provides social, educational and cultural opportunities for youth and encourages civic participation and volunteer work. A significant number of youth served by YOP are low income and people of color. The city manager-appointed Youth Opportunities Advisory Board (YOAB), advises the city and community on youth-related issues, promotes youth leadership, implements community projects to help address youth needs, and oversees the distribution of approximately $130,000 annually to local youth programs through grant making processes. The YOP also awards approximately $20,000 annually in small grants to individual youth for cultural, educational or recreational activities in return for volunteer service.

## SUBSIDY PROGRAMS

In addition to direct service programs, the city also provides two subsidy programs: The Food Tax Rebate Program (FTRP) and the Child Care Subsidy Program.

The FTRP reimburses qualified low-income families, older adults and those with a disability for city sales taxes paid on food. In 2016 rebates totaled $89,492.

The Child Care Subsidy Program provides child care subsidies to low-income Boulder families who are not eligible for the state Colorado Child Care Assistance Program (CCCAP) because they are just over the income threshold of 225% of federal poverty guidelines (FPG) or are ineligible due to residency status. In 2016, $165,200 was allocated for child care subsidies for city of Boulder residents.

## DIRECT SERVICES PROGRAM ALIGNMENT WITH STRATEGY

To address emerging and future human services needs, direct services provided by the department will align with the Strategy goals and guiding principles, including the following:

**Family Services**

- Integrate partnerships with Family Resource Schools, Boulder County Family Resource Center and EFAA for more integrated and coordinated community family support programs to avoid duplication and leverage existing and future resources

- Integrate partnerships with Boulder County and Early Childhood Council of Boulder County to provide child care quality programs

**Senior Services**

- Expand case management to keep pace with the anticipated increase in the older adult population and identified needs

- Realign social programs with a greater focus on educational and cultural programs and community engagement

- Expand enrichment programs that enhance skills of older adults including those that focus on technology and employment

"Serving on the Youth Opportunities Advisory Board (YOAB) taught me to examine issues from all different perspectives, a skill that has helped me as I pursue my degree in politics. YOAB also taught me how to express disagreement in a professional way, thereby opening up tough conversations instead of shutting them down."

—MALIE MINTON
*YOAB 2012-2016*

- Realign health and well-being programs to focus on the specific needs of older adults as they age through later years
- Expand partnerships with county-wide organizations and Boulder County to identify emerging issues and plan for future aging services

**Community Relations & Office of Human Rights**

- Expand and strengthen city protections against bias and discrimination
- Expand opportunities for diverse cultural programs and events
- Expand community outreach and education on culture, inclusion, and human rights

**Subsidy Programs**

- Expand the Food Tax Rebate Program for eligible residents to support economic mobility and resilience
- Expand the Child Care Subsidy Program to support economic mobility and resilience for low income families

**Access to Services**

Particularly for under-represented communities, access to affordable, appropriate services and resources was identified as an issue. All direct services provided to the community have a strong focus on customer service and foster inclusion through culturally sensitive and appropriate services and hiring of bi-lingual and bi-cultural staff.

The Strategy anticipates expanding access by:

- reducing barriers to getting information on line or registering or applying for programs and services electronically
- expanding access points for information such as community kiosks
- providing on site services during certain hours

and days at other facilities such as recreation centers, Fire stations or other community based program locations.

## PARTNERSHIPS

The city relies significantly on partnerships to address community needs. Partnerships range from coordinating the provision of direct services, funding to community agencies to provide community services and partnering with other organizations, governments and community members to plan for emerging social needs. Community partners include local and regional non-profits, other governments, business and faith communities, local school districts and educational institutions, residents and community members. The Strategy identifies continued expanding community partnerships for service integration and planning, in alignment with the Strategy core principles. Specific future partnership expansion includes:

### CHILDREN, YOUTH & FAMILY PROGRAMS

For over thirty years the city has provided direct services in early childhood, youth and family support programs, largely the result of identified community needs and innovative opportunities. The city has partnered with Boulder County and the city of Longmont and non-profit organizations over decades to fill gaps, meet emerging needs or transition programs to the community when capacity is created. The city will continue to integrate and coordinate programs and services where appropriate with other local governments and non-profits. The Strategy anticipates expanded collaboration with other city departments in provided services and programs for children, youth and families including Parks and Recreation, Library, and Fire Department.

### HOMELESSNESS

The city will strengthen partnerships with services providers and the community to address the needs of homeless residents and expand partnerships with the business and faith communities, residents and those with lived homelessness experience. The city will continue to strengthen partnerships in local and regional initiatives that address long-term housing solutions for homelessness, including other local jurisdictions and the Denver metro region. The department will continue to expand coordinated efforts with the Police Department, Municipal Court and Housing Division to implement the city's Homelessness Strategy.

### AGING SERVICES

The Strategy anticipates expanding opportunities to collaborate with other local government and community agencies to improve services for Boulder's growing population of older residents. In collaboration with Boulder County and the Department of Community Vitality, create opportunities to expand re-careering for older residents; coordinate with the Transportation Division to support efforts to adapt to the needs of older adults and improve community readiness for an aging population; coordinate programming with Boulder County Area Agency on Aging and the many non-profits and community organization that provide programs offered through Senior Services.

### EMPLOYMENT & WORKFORCE DEVELOPMENT

The Strategy anticipates a new focus on creating pathways to improve resident employment situations, including skills training and re-training, aligning education and workforce opportunities and programs that assist hard-to-employ and low-wage workers. New efforts will require new partnerships with the Community Vitality Department, Workforce Boulder County, area employers, community nonprofits and local educational institutions.

### INCLUSIVE & WELCOMING COMMUNITY

The Strategy identifies an expanded focus on creating an inclusive and welcoming community for all residents and community members. In addition to the partnership with the city's Human Relations Commission and community non-profits, expanded education and community dialogue with all sectors of the community will be needed to advance community understanding and social equity. Creating an inclusive and welcoming community is a high priority city goal and the department anticipates city-wide collaborative efforts with other departments to advance this goal.

## For over 100 years, the City of Boulder has been investing in Human Services.

### Boulder Day Nursery

**1917 Civic Committee of the Woman's Club of Boulder voted to establish Boulder Day Nursery.**

> "The guidance I received from everyone involved in 'I Have a Dream' was key to my pursuit of higher education. When I lost motivation, they were there pushing me. When I needed help, they were there again with a helping hand. They understood my struggle. Thanks to 'I Have a Dream,' I was the first of my family to graduate from high school, and the first to graduate from college."
>
> **—DREAMER I HAVE A DREAM FOUNDATION OF BOULDER COUNTY**

# FINANCIAL FRAMEWORK

### SUSTAINABILITYFRAMEWORK

The City has a disciplined and layered approach to budgeting that aligns the financial framework for the Human Services Strategy with the Sustainability Framework, Budget Operating Principles, and Priority Based Budgeting. The Strategy aligns goals and priorities with these guiding documents.

The Strategy guiding principles and Financial Framework align with the Good Governance goal in the Sustainability Framework:

- Models stewardship and sustainability of the city's financial, human, information and physical assets
- Supports strategic decision making with timely reliable and accurate data and analysis
- Enhances and facilitates transparency, accuracy, efficiency, effectiveness and quality customer service in all city business
- Supports, develops and enhances relationships between city and community/regional partners
- Provides assurance of regulatory and policy compliance

### ANNUAL BUDGET

**Figure 3** shows the Human Services Department budgets from 2014 – 2017, by funding source. Recreational Marijuana (RMJ) funds were added in 2015 to fund the Substance Education and Awareness grant program.  In 2017, the approved budget included $805,000 in one-time funds - $663,000 to address homelessness and $142,000 to support the Police Department's Early Diversion Get Engaged (EDGE) program which provides crisis response mental health services.  Total department FTE is shown on the next page.

**Figure 4**  shows the Human Services Department total approved budget by use of funds. These budgets include ongoing and one-time funds.

### PRIORITY-BASED BUDGETING SCENARIOS

**Current Funding Investment**

Reflects investments limited to existing to support existing mix of programs and services aligned with the Strategy goals and priorities. This scenario assumes that current levels of department funding will continue at 2017 levels, less $805,000 of one-time 2017 funds. Without additional resources, enhancements in one area would require reductions in other areas.

**Action Investment to Meet Next Level of Strategic Priorities**

Reflects investments in next level of strategic priorities in the Human Services and Homelessness Strategies. This scenario assumes additional funds to meet the next tier of priorities identified in the Human Services and Homelessness Strategies, including increased funding to the Human Services Fund for community programs, expanding child care subsidies for low-income residents, expanding resources for inclusive and welcoming community work plan, and funding new initiatives identified in the Homelessness Strategy.

**Vision Investment to Grow with the Community**

Reflects a complete investment in goals and priorities identified in the Strategy. The Vision investment assumes the Action investment with added investments to address the next tier of Strategy priorities, including expanding Food Tax Rebate and child care subsidies, and expanding resources for senior programming to meet anticipated needs for the growing aging population.

## FEES & REDUCED RATE PROGRAMS

The department provides reduced rate programming for low-income residents to support residents' access to city programs and services. The department completed a Fee Study (Appendix J) to assess sustainability of programs and determined cost recovery rates for fee-based programs. Current fees and practices for establishing program fees were assessed. The results of the fee study align program fees with the city fee policy by determining the appropriate level of cost recovery for each program. To ensure consistent pricing, standardized costing templates were developed for determining program fees, which incorporate the desired level of cost recovery for a variety of programs.

**FIGURE 3**: Source of Funds



Legend:
- General Fund - Recreational Marijuana
- Community Development Block Grants
- Grants
- General Fund

| | 2014 | 2015 | 2016 | 2017 |
|---|---|---|---|---|
| | $6,763,686 | $6,978,264 | $7,097,022 | $7,773,615 |
| Full-time Equivalents | 37.41 | 37.19 | 37.15 | 35.05 |
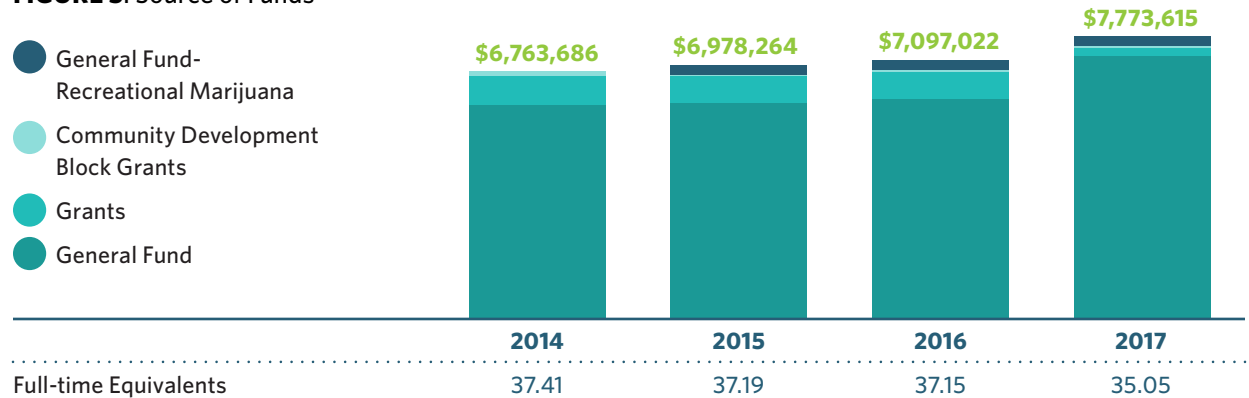
**FIGURE 4**: Human Services Use of Funds



Legend:
- Community Funding & Projects
- Senior Services
- Community Relations
- Family Services
- Administration

| | 2014 | 2015 | 2016 | 2017 |
|---|---|---|---|---|
| | $6,763,686 | $6,978,264 | $7,097,022 | $7,773,615 |
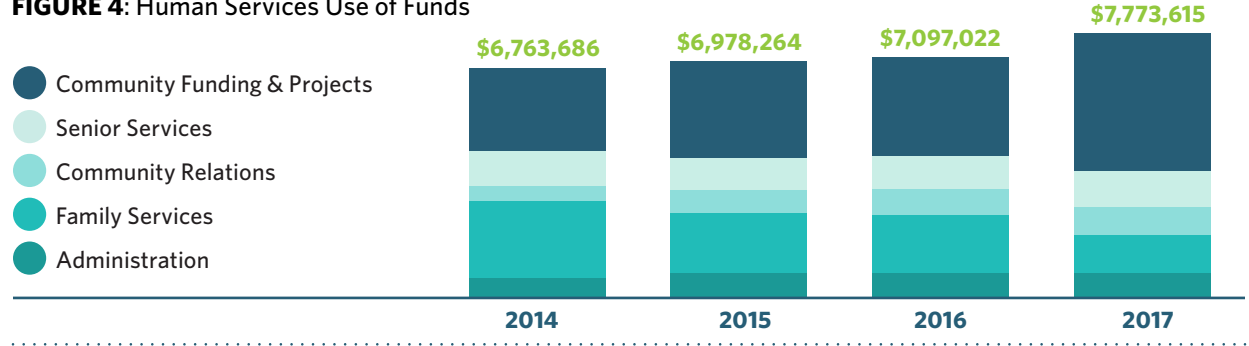
**FIGURE 5**: Human Services Budget - Action & Visions Scenarios Table

| ACTION PLAN - ONGOING | Direct Services | Community Funding | Description |
|---|---|---|---|
| Human Services Fund Increase | | $663,000 | Address Community Priorities - All Goals |
| Community Relations/HRC Grants | $87,000 | $20,000 | Inclusive & Welcoming Community |
| Homeless Services | | $750,000 | Homeless Strategy Implementation |
| Child Care Subsidy | $40,000 | | Economic Mobility & Resilience, A Good Start |
| **TOTAL ACTION PLAN** | **$127,000** | **$1,183,000** | |

| VISION PLAN - ONGOING | Direct Services | Community Funding | Description |
|---|---|---|---|
| Senior Services | $130,000 | | Aging Well - Expand Programs for Seniors |
| Food Tax Rebate Subsidies | $10,000 | | Economic Mobility & Resilience |
| Child Care Subsidies | $80,000 | | Economic Mobility & Resilience, A Good Start |
| **TOTAL VISION PLAN** | **$220,000** | **$0** | |

**FIGURE 6**: Human Services Budget - Investment Scenarios

- Community Funding & Projects
- Senior Services
- Community Relations
- Family Services
- Administration

| | 2017 | Constrained | Action | Vision |
|---|---|---|---|---|
| | $7,773,615 | $6,968,615 | $8,630,615 | $8,850,615 |
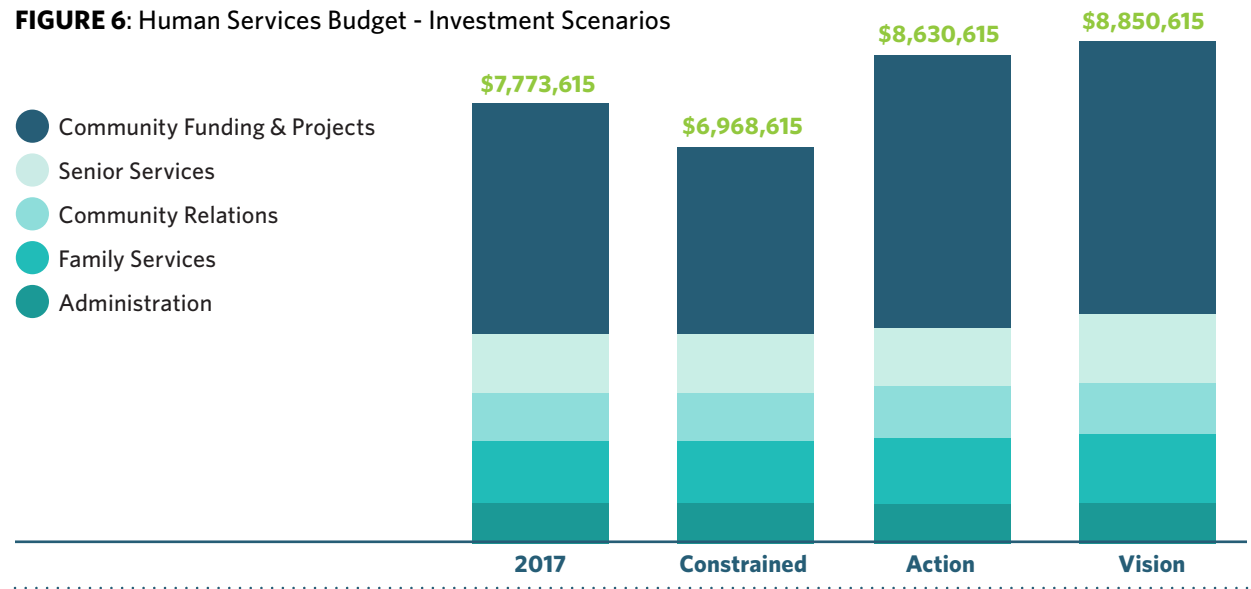
## STRATEGY IMPLEMENTATION

Moving to fulfilling the community vision of the Strategy requires string community partnerships and annual action plans to meet goals and objectives. Annual action plans are developed focused on implementation priorities, including:

- aligning community funding resources with identified goals and priorities;

- aligning direct services with priorities and guiding principles;

- aligning annual budget development with Strategy goals and priorities;

- developing metrics, data collection and evaluation plan for community funding programs and direct services; and

- implementing identified expanded community partnerships

## METRICS & EVALUATION

Current metrics collected from direct service programs and community funded agencies focus heavily on outputs, such as number of clients served and services provided and demographic information on clients. Fundamental to evaluating the effectiveness of the Strategy goals and objectives and community impact is the development of outcome focused metrics, and the right data collection and evaluation systems to effectively measure progress. A comprehensive data and analytics work plan will be developed to address:

- metrics for direct services and community funding programs;

- process, infrastructure and tools needed to accomplish goals; and

- partnerships and resources needed to implement.

The department will partner with the city's Chief Innovation and Analytics Officer and Information Technology Department to identify, collect and report metrics in alignment with the city's Innovation and Analytics Framework.

Boulder is one of 77 cities across the country participating in What Works Cities (WWC), a Bloomberg Philanthropies initiative that partners with 100 U.S. cities to build capacity for using data- and evidence-driven governance. With technical assistance from the Harvard Kennedy School Government Performance Lab, the department is piloting the development of metrics and outcomes and performance based contracting for homeless services. The pilot will inform the expansion of metrics development and performance based contracting for the larger human services system.

The department is partnering with Boulder County Housing and Human Services to leverage and integrate data collection and reporting through the county data platform and client case management system to track client services and outcomes. The platform and data collection system is being

developed for use by other funders and community agencies to integrate countywide client data and standardize reporting on common community goals.

In addition to reporting on community outcomes to determine whether community investments are resulting in positive community change, effective data and analytics are tools to drive innovative social financing partnerships for human services.

## FACILITIES

The department provides community services at three facilities: The East Boulder Community Center, the West Senior Center (WSC) and the Family Services Building located at 2160 Spruce Street. City-wide planning efforts currently underway offer potential opportunities to align human services with Strategy goals and priorities and create efficient and effective city services, including:

- The Alpine-Balsam project, a multi-year effort to redevelop the former Boulder Community Hospital over the next 10-20 years.  Relocation at this site would align with the site's vision of a "vibrant, multi-generational hub for community life and city services" and foster synergies with other city, county and community programs.

- The West Senior Center is part of the Civic Area's West End planning, with opportunities for enhanced indoor and outdoor functions and improved amenities such as parking and transportation. The June 2016 revised Civic Area Master Plan calls for creation of a senior center consistent with best practices and providing a wider range of services in a "one stop shop" human services model. West End design and development is currently scheduled for 2018-2020.

Human Services Strategy community engagement process provide feedback on community preferences for a Human Services and Senior Center facility:

- community members support facilities that provide a "one-stop shop" with multiple family services;

- community members support facilities serving multiple generations, with a preference for defined spaces for older adults and youth; and

- community members generally prefer that the West Senior Center remain at its current location at 909 Arapahoe Avenue. If the center were to relocate, the preference was senior services move to the Alpine-Balsam site.

The Facility Recommendation can be found in Appendix E.

# APPENDIX A

## PLANNING PROCESS TIMELINE

This timeline can be found at:
**https://bouldercolorado.gov/links/fetch/42822**



**City of Boulder Human Services**

**Human Services Strategy** Benchmarks & Timeline

⭐ **We are here**

| Phases: | Planning | | | | Engagement | | | | Edit and Re-Engagement | | Approval | Implementation | | |

| | 2015 | | | | 2016 | | | | 2017 | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |

**Council** — △ Study Sessions, ○ Public Hearing, ▢ IP Memo

Council Approval

△ 4/28    △ 10/27    △ 2/14    ▢ 5/10    ○ 7/18

**Human Services Strategy Process**

Phase I: Background and Research (continued from 2013 onward)

Phase II: Analysis and Policy Options

Phase III: Plan Development

Draft Strategy | Final Strategy | Implementation

**Stakeholder Engagement**

Community & Stakeholder Engagement

Focus Groups: Underserved Populations | Boards & Commissions

City Departments

Surveys: Online and Paper

Phone

◇ Open Houses: ◇ 5/16    ◇ 8/24

42

# APPENDIX B

## PHASE ONE RESEARCH REPORT

This full report can be found at:
**https://bouldercolorado.gov/links/fetch/42823**

During the Human Services Strategy update, the department examined:
- changes in demographics and indicators since the start of the department's previous Master Plan in 2006;
- emerging local and national issues; and
- best practices for human services goals.

Six key human services issues emerged from the initial research. They are:

Aging Well: addresses the continuum of needs of Boulder's older adults while anticipating emerging needs as the older adult population increases.

A Good Start: addresses the needs of Boulder's children, youth and young adults age 0-18, and acknowledges that investments in childhood and adolescence can pay dividends later in life.

Economic Mobility and Resilience: addresses the impact of poverty, income and affordability as core issues for Boulder residents.

Health and Well-being: addresses the physical, mental and oral health and substance use services, including prevention and treatment, for Boulder residents.

Homelessness: addresses the needs of Boulder's homeless population, and the value of coordinated programs and services.

Inclusive and Welcoming Community: addresses the value of cultural and civic inclusion, and the protection of Boulder's residents against discrimination.

## KEY CHARACTERISTICS OF BOULDER'S POPULATION

Over the last decade, the city's population grew by nearly 15,000 from 92,474 in 2006 to 107,342 in 2015.  Population counts include those seeking undergraduate or graduate education which ranged from 27,000 to 30,000 during that time period. Although city-level population projections are not available for Boulder beyond 2015, the Colorado State Demography Office predicts that Boulder County's population will grow to nearly 400,000 by 2040.  See **Figure 1**.

### Race and Ethnicity

Data show that Boulder's population identifies as predominantly white, not Hispanic or Latino. According to the 2015 Census, Boulder residents identified as:

- 8.6 percent Hispanic or Latino,
- 82.4 percent white, not Hispanic or Latino,
- 5 percent Asian, not Hispanic or Latino, and
- 1 percent black or African-American, not Hispanic or Latino.

Approximately 10 percent of Boulder residents are foreign-born.

More than 6,000 residents in Boulder speak Spanish at home. Among Boulder's Spanish speakers, 29 percent report that they speak English less than "very well." More than 42 percent of Spanish speakers age 65 and over report that they speak English less than "very well."

### Gender Identity and Sexual Orientation

According to the U.S. Census Bureau, 52 percent of Boulder residents identify as male and 48 percent

**FIGURE 1:** Boulder County Population Growth, 2010-2040
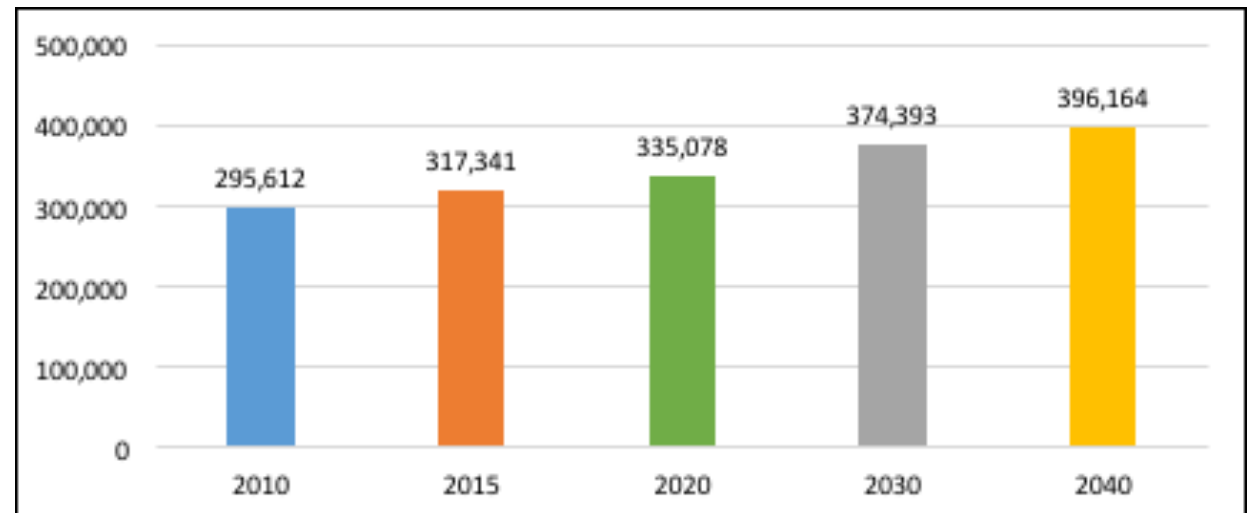
identify as female. Although exact data for Boulder's lesbian, gay, bisexual, transgender or queer (LGBTQ) population is not available, the Williams Institute estimated that in 2010, 385 same-sex couples lived in Boulder, or 9.33 same-sex couples per 1,000 households. A 2013 Gallup survey found that 3.2 percent of Coloradans identify as lesbian, gay, bisexual or transgender (LGBT).

## Level of Education and Median Earnings

According to 2015 census estimates, more than 72 percent of Boulder's residents age 25 and over have earned at least a bachelor's degree. Education is closely linked to earnings. Median income in Boulder is $58,484 for all households, which is higher than surrounding communities. Median earnings for individuals whose education is less than high school graduate or high school graduate are lower at $20,978 and $21,031, respectively.

## Households

There are 42,165 households in Boulder with varying configurations. There are 24,564 nonfamily households and 17,601 family households. Among family households, 14,314 are married-couple families, 2,188 have a female householder with no husband present and 1,099 have a male householder with no wife present. Nearly half of family households (7,863) include children under 18 years old.

## AGING WELL

The department identified the needs of older adults as a key human services challenge for the city. Residents age 60 and older comprise Boulder's fastest growing demographic. An increase in life expectancy in the U.S., as well as the aging of Baby Boomers, means that many older adults will be living longer. The demographic shift is already reshaping Colorado and will affect the economy, transportation and the

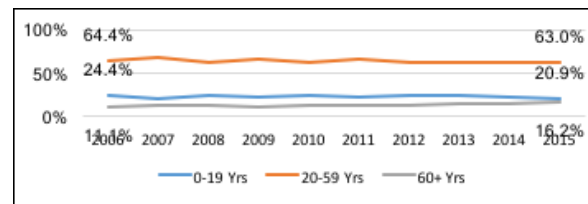**FIGURE 2:** City of Boulder Population by Age Group, 2006-2015



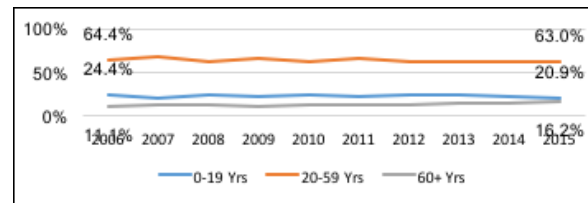**FIGURE 3:** Boulder County Population Projection by Age 2010 to 2040



**FIGURE 4:** Projection of Boulder County Population Over 60, 2010 to 2040
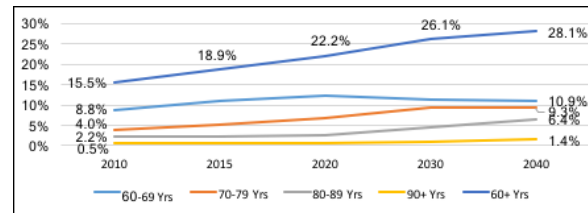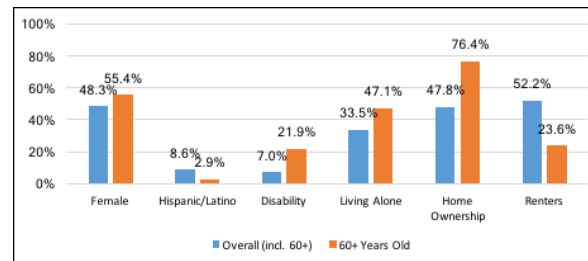


**FIGURE 5:** Demographic Characteristic Comparison of Boulder's Population Age 60+



workforce. The oldest baby boomers started turning 60 in 2006 at the beginning of the department's previous Master Plan. In 2006, approximately 11 percent of Boulder's population was age 60 or older. By 2015, Boulder's 60+ population increased to 16 percent of the total population. See **Figure 2**. Over the next 25 years, Boulder County's older adult population will continue to increase.

The State Demographer's Office does not provide a population projection for the City of Boulder; however, they do predict that 28 percent of Boulder County residents will be at least 60 years old by 2030. The proportion of Boulder's population under age 60 is expected to decline during the same time period. See **Figure 3** and **Figure 4**.

The projected growth in Boulder's older population will have implications for the demand and delivery of human services. Although individual needs can vary, the growth in the number of older residents will place a demand on health care and in-home services as well as other supports that allow older adults to thrive in the community as they age.

## Key Characteristics of Boulder's Older Residents

Several key demographic characteristics distinguish Boulder's older residents from the overall city population including a greater proportion of females, a higher rate of living with a disability and higher rates of home ownership. See **Figure 5**. The needs of an older demographic vary from the overall population as functional limitations increase.

## Aging in Community

In a 2014 survey, 96 percent of Boulder's older adults rated Boulder County as a good or excellent place to live, but only 76 percent rated Boulder County as a good or excellent place to retire. This discrepancy speaks to the challenges facing older adults who are no longer in the workforce but want to remain in their homes or their community as they age. Many older

adults in Boulder gave low ratings to services and community characteristics that enhance livability in the community. See **Figure 6**.

Affordability of the community may have a negative effect on those retiring locally. Older adults choosing to downsize may find it difficult in Boulder due to multiple factors, including a limited available housing stock and rising home values. Housing-cost burden is a consistent issue for both older adult homeowners and renters and can impact the ability to pay for other daily living costs or emergency expenses. See **Figure 7**.

**Volunteer Impact**

In a 2014 survey, 97 percent of Boulder's older adults rated opportunities to volunteer as good or excellent in Boulder County. Many of Boulder's older adults, 41 percent, spend at least one hour each week volunteering their time to some group or activity within the county. About one-tenth (12 percent) of Boulder's older adults reported finding meaningful volunteer work at least a minor problem. Nationally, older adults annually contribute more than 3.3 billion hours of volunteer service in their communities valued at $75 billion.

**Income and Savings for Medicare Beneficiaries**

Health care is a large expense for Boulder's older adult population. Medicare does not eliminate out-of-pocket expenses for enrollees. Issues surrounding the cost of medical expenses are compounded by decreased earnings, limited assets or liquidating hard assets to pay for care. Median income among all Medicare beneficiaries is $26,200, and the average income decreases for several subpopulations. See **Figure 8**. The same subpopulations also have fewer assets, such as savings. On average, Medicare beneficiaries had savings below $74,450 per person, and had home equity below $70,950 per person in 2016.

**FIGURE 6:** Boulder Older Adult Perceptions of Livability in Boulder County

|  | % Rated Good or Excellent |
|---|---|
| Ease of walking in Boulder County | 82% |
| Ease or car travel in Boulder County | 62% |
| Ease in arranging transportation in Boulder County | 58% |
| Availability of long-term care options | 50% |
| Availability of daytime care options for older adults | 37% |
| Variety of housing options | 23% |
| Cost of living in Boulder County | 12% |
| Availability of affordable, quality housing | 10% |

**FIGURE 7:** Housing Tenure and Cost Burden on Boulder's Older Adults (60+)

|  | % Rated Good or Excellent |
|---|---|
| Ease of walking in Boulder County | 82% |
| Ease or car travel in Boulder County | 62% |
| Ease in arranging transportation in Boulder County | 58% |
| Availability of long-term care options | 50% |
| Availability of daytime care options for older adults | 37% |
| Variety of housing options | 23% |
| Cost of living in Boulder County | 12% |
| Availability of affordable, quality housing | 10% |

**FIGURE 8:** Median Per Capita Income Among All Medicare Beneficiaries
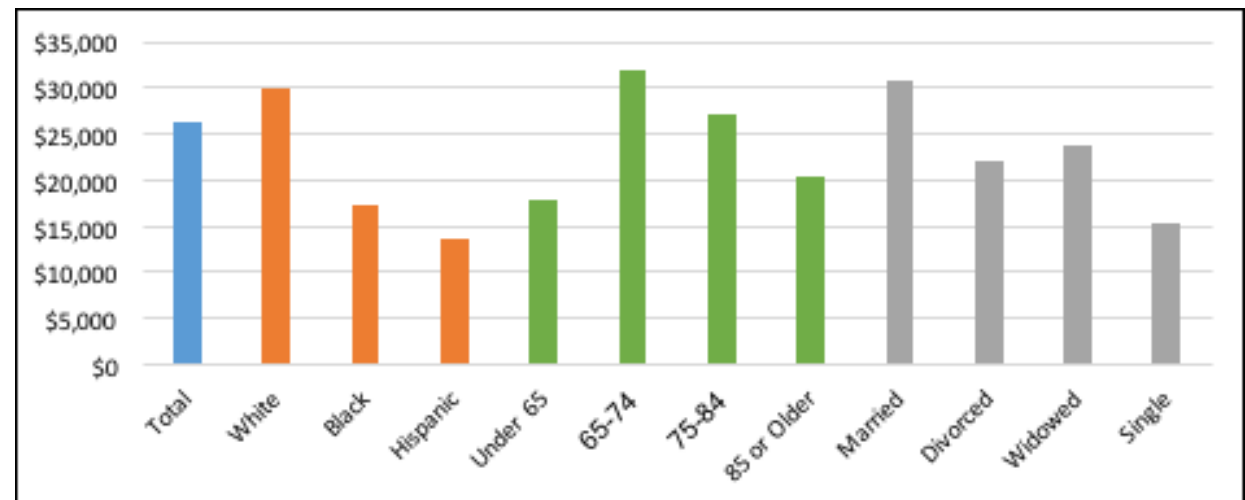
### Economic Impact of Aging Population

As Boulder residents age and retire, there may be implications for the city budget. Older adults tend to spend more on services than on goods, and overall spend less than younger adults. The Colorado Futures Center at CSU estimates the aging of Colorado's population could slow the rate of total revenue growth in the state and place increased expenditure pressure on the state budget. According to the Center, local jurisdictions could be similarly affected. This could impact the revenue from sales and use taxes, which account for 50 percent of the City of Boulder's revenue when utilities revenue is excluded.

### Income and Poverty

By several measures, a significant number of Boulder residents age 65 and older live in or near poverty (below 300 percent of the Federal Poverty Guidelines (FPG)). Based on the national standard, 5.8 percent of residents age 65 and older live in households that earn 100 percent of the FPG or less annually. See **Figure 9**. More than 32 percent of adults age 65 and older live in households that earn less than 300 percent FPG annually. Boulder's older adults are also more likely to be employed and have higher earnings than the national average.
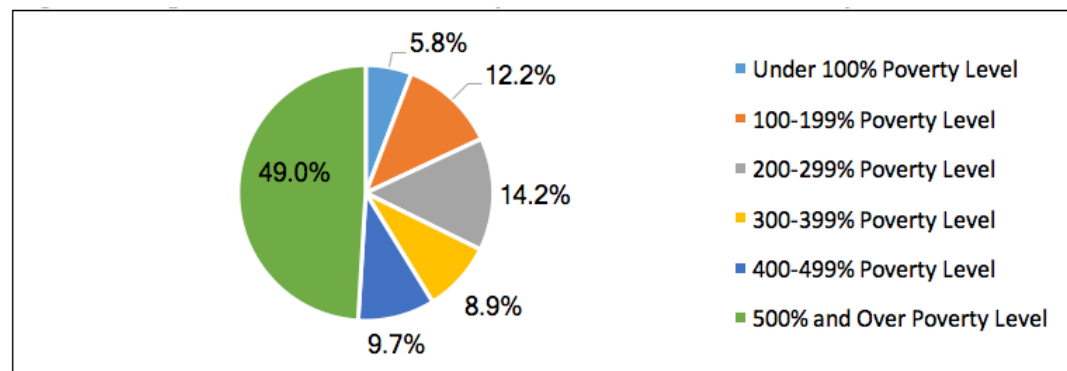
Boulder's older adults are less likely to be on food assistance when compared to older adults in the U.S. Approximately three percent of the older adult population participates in the Supplemental Nutrition Assistance Program (SNAP) and two percent participate in cash assistance programs. Nearly half of Boulder's older adult households have retirement income and more than 85 percent have Social Security income. Older adults with low incomes depend primarily on Social Security income. Social Security income accounts for 82.5% of total income for people in the lowest income quintile versus 16.1 percent for those in the highest income quintile.

### Addressing the Needs of an Aging Population

Addressing the needs of older adults with appropriate services can create or improve financial stability, improve health outcomes and lengthen the time older adults are able to age in community. , Multiple agencies in Colorado at the state, county and local level are working to address issues related to Colorado's growing older adult population. The Colorado Dept. of Human Services' State Unit on Aging, Colorado's Strategic Action Planning Group on Aging and the Boulder County Area Agency on Aging (BCAAA) have plans that serve as roadmaps for addressing the issues of an aging population. To provide opportunities for older adults of all abilities to fully participate and thrive in Boulder, Age Well Boulder County, a strategic plan shared between the county, participant municipalities and community partners, focuses on issues such as affordability, isolation, transportation and housing through a continuum of services. Based on this work, Boulder County was inducted into the AARP/World Health Organization's

Network of Age-Friendly Communities in 2016. The outcomes of focusing on services for older adults include better transportation options that support older adults with mobility issues, improved health, increased social connection and cost-savings.

Staff identified key needs for children age 0-5, school-age children and children transitioning from school to employment or college. The challenges faced by Boulder's children have remained consistent over time. However, the demographics of Boulder's youngest residents have shifted since the city adopted the Human Services Master Plan in 2006.

Residents under age 18 are decreasing as a percentage of Boulder's overall population. This trend is expected to continue through 2040. See **Figure 10**.

### Children Living in or Near Poverty

By multiple measures, many of Boulder's children live in or near poverty. Nearly 10 percent of Boulder's children live in households with income at 100 percent of the FPG or under, and 24.5 percent live in households with income between 100 and 299 percent FPG. See **Figure 11**. In 2015-2016, 298 students in Boulder schools accessed McKinney-Vento services available for homeless families.

In the 2016-2017 school year, approximately 21 percent of Boulder's children accessed the Free and Reduced Lunch (FRL) program available to families earning 185 percent FPG (reduced) or less than 130 percent FPG (free).

**FIGURE 9:** Population 65+ in Boulder by Ratio of Income to Poverty Level, 2015



Pie chart legend:
- Under 100% Poverty Level — 5.8%
- 100-199% Poverty Level — 12.2%
- 200-299% Poverty Level — 14.2%
- 300-399% Poverty Level — 8.9%
- 400-499% Poverty Level — 9.7%
- 500% and Over Poverty Level — 49.0%

Poverty disproportionally affects Boulder's Hispanic/Latino children. Hispanic/Latino children comprise 16.4 percent of Boulder's under 18 population. Nearly half of the estimated 1,300 children in Boulder living in households earning under 100 percent FPG are Hispanic/Latino. ,  Boulder's Hispanic/Latino children are four times more likely to live in poverty than white, not Hispanic/Latino children.

**Early Childhood Development and Education in Boulder**

A child's early years have a profound impact on his or her future. Providing children with safe, stimulating environments has been linked to numerous successful outcomes including the increased ability to navigate adversity. Other components of early childhood development include providing the emotional, social and physical foundations needed for success through adulthood. Exposure to adverse events such as toxic stress, extreme poverty, repeated abuse or severe maternal depression during the early years can damage the developing brain.  By age three, children from families accessing public assistance are exposed to 30 million fewer words than children in high-income families.  When low-income children start school they are already behind, and this deficit can compound over time.

Center-based child care can enhance a child's early development, but affordable center-based care can be difficult to find and access in Boulder. Beginning in 2004, infant and toddler care capacity in Boulder generally flattened.  At the same time, child care costs grew and are now prohibitive for many families. In Boulder, the average annual cost for pre-school care in a center is $15,668. Costs for center-based infant care average $17,423 per year.

To avoid the high costs of center-based care, many families often seek less expensive alternatives in home-based settings or from friends and family. Home-based settings can vary dramatically, however, and may not always enhance a child's development.

**Full-Day Kindergarten**

Full-day kindergarten programs provide structured opportunities for children to develop social, physical and cognitive skills. The importance of full-day kindergarten is increased for children who did not attend a pre-school program.  Boulder Valley School District (BVSD) offers full-day kindergarten opportunities across the district. In Boulder, BVSD offers full-day kindergarten at four schools with high concentrations of low-income students and one tuition-based school. According to BVSD, 32 percent

of kindergartners were enrolled in full-day programs in 2015.

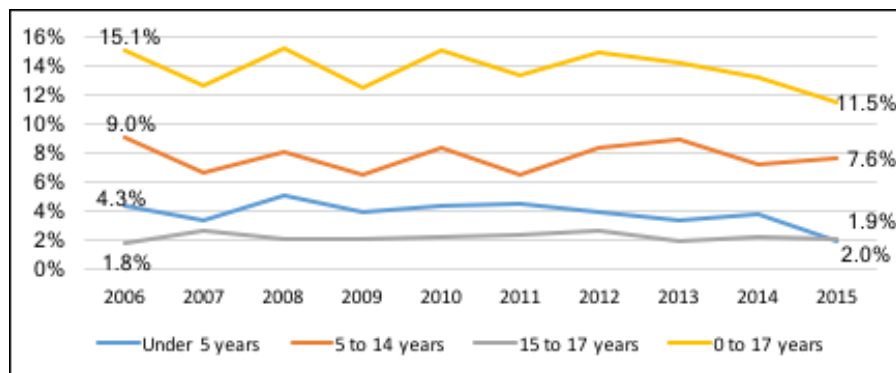**FIGURE 10:** Population Under 18 Years Old in Boulder



**FIGURE 11:** Population Under 18 in Boulder by Poverty Level, 2015
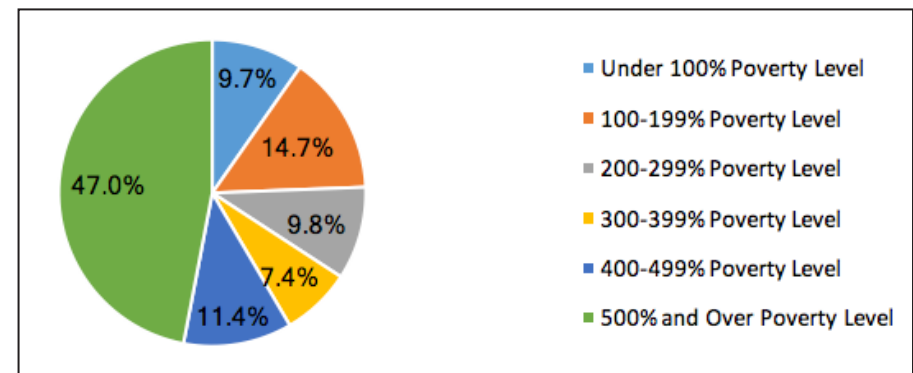
**The Achievement Gap**

Academic achievement disparities linked to poverty, race and ethnicity are evident among Boulder's children in early childhood and persist through graduation. Gaps exist for English language learners, free and reduced lunch recipients and Latino students. See **Figure 12**.

Third grade literacy targets, for example, show a clear division of success based on a student's poverty level and primary language spoken at home. See **Figure 13**.

Gaps persist for at-risk students throughout their time in school and can affect their level of educational attainment and earning potential. See **Figure 14**.

**Protective Factors**

Some BVSD students do not have access to the same supportive network that is available to other students. A protective factor is something that decreases the potential harmful effect of a risk factor. Hispanic and gay, lesbian or bisexual (GLB) BVSD students have less access than other students to some important protective factors. See **Figure 15**.

**FIGURE 12:** Percent of Kindergarten through Third Grade Students Meeting Spring Literacy Benchmark

| | 2016 |
|---|---|
| BVSD Overall | 70% |
| English Language Learners | 29% |
| Free & Reduced Lunch | 39% |
| Non-Free & Reduced Lunch | 79% |
| Latino | 41% |
| White | 77% |

**FIGURE 13:** BVSD 3rd Graders Who Met End-of-Grade Literacy Targets, 2015



**FIGURE 14:** Average ACT Scores for BVSD High School Students



**FIGURE 15:** 2015 BVSD High School Students – Selected Protective Factors

### Graduation Rates

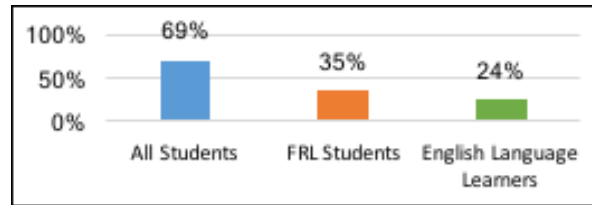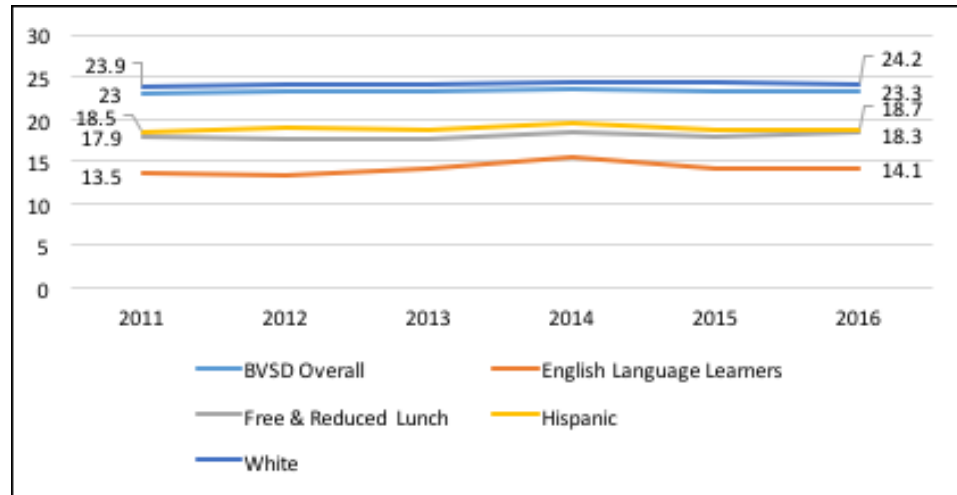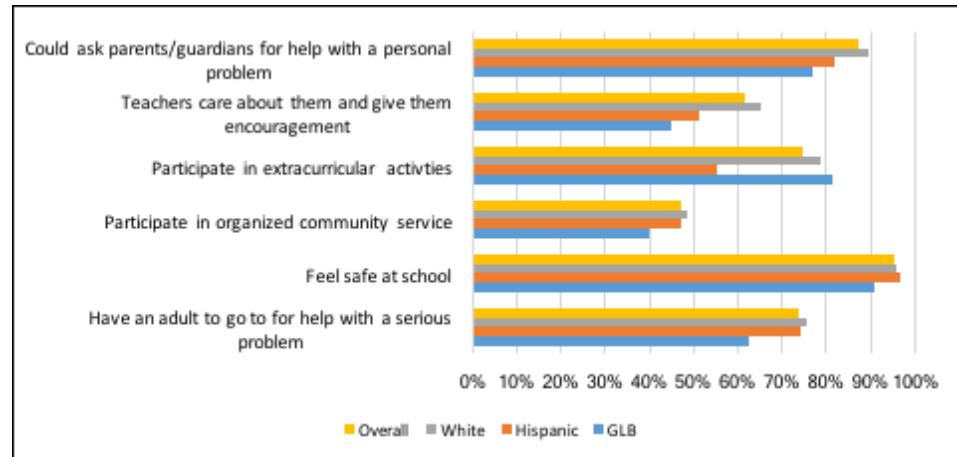The disparities by race and ethnicity demonstrated at third grade carry over into high school. Graduation rates in Boulder high schools differ significantly between white, not Hispanic/Latino and Hispanic/Latino students. See Figure 16.

### Investing in Children and Youth

Investments in early childhood improve long-term outcomes later in life. The American Academy of Pediatrics recommends developmentally appropriate childcare which supports social, emotional, and cognitive development. Such care positively affects academic readiness and long-term performance. Subsidy programs help families pay for quality childcare. Additionally, children and youth with access to adequate and safe shelter and nutritious food have improved concentration, better behavior and fewer health issues. Research suggests that multi-generational approaches are important to a child's development and family stability. The Colorado Department of Education Performance Plan focuses on early education for children, meeting and exceeding testing standards and ensuring

young Coloradans are ready for college and careers. Research demonstrates that adolescents with more developmental assets, such as positive family communication, caring school climate and sense of purpose, have reduced morbidity and better health outcomes.

### ECONOMIC MOBILITY & RESILIENCE

Many Boulder residents struggle daily with affordability of the community. The effects of poverty can be intergenerational and present throughout a lifetime. Poverty can impact a person's level of education and ability to retire well, and can exclude some from the community.

### Definitions of Poverty

Analysts use multiple tools and formulas to assess poverty. The most common measurement, the Federal Poverty Guidelines (FPG), creates a uniform standard for poverty in the 48 contiguous states and helps determine eligibility for more than 30 federal programs and multiple state and local services. The U.S. Department of Health and Human Services (HHS) uses the guidelines for programs such as Head Start, Medicaid and the Low-Income Home Energy Assistance Program (LIHEAP). The Department of Agriculture uses these guidelines to determine eligibility for SNAP, WIC and the national School Lunch Program. See **Figure 17**.

**FIGURE 16:** Boulder and State Graduation Rates by Selected Characteristics, 2015-2016



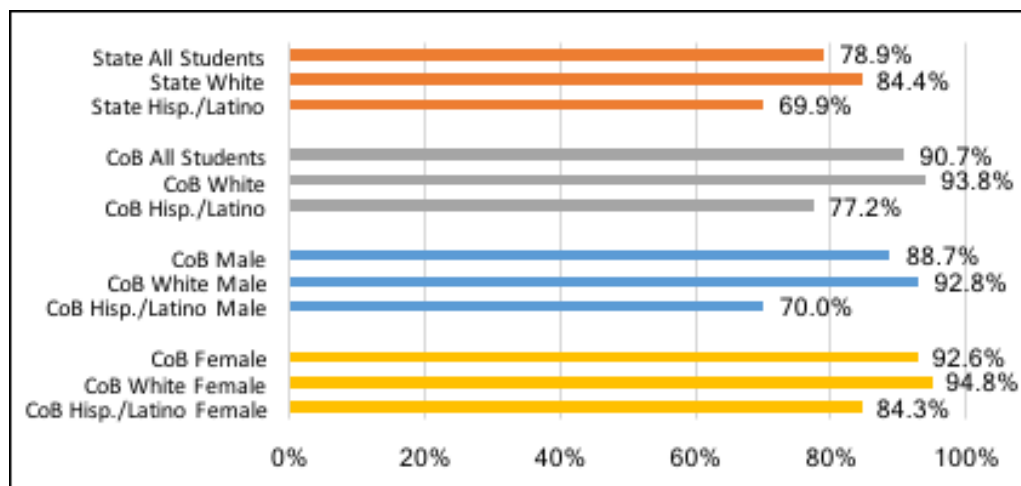**FIGURE 17:** Income Eligibility for Federal Assistance Programs, Family of Four - 2017

| Federal Program | Income Eligibility *(% of FPG)* |
|---|---|
| Head Start | $24,600 *(100%)* |
| Medicaid for Adults (19-65) | $33,948 *(138%)* |
| LIHEAP | $39,852 *(165%)* |
| SNAP | $31,980 *(130%)* |
| WIC | $45,510 *(185%)* |
| School Lunch Program – Free Lunch | $31,980 *(130%)* |

Using FPG to understand poverty has several limitations. First, FPG does not fully account for variations in the cost of living associated with family structure differences. Second, FPG is not adjusted for regional cost-of-living variation. Boulder has a high cost of living, which contributes to the inadequacy of FPG as a measure of self-sufficiency. See **Figure 18**.

The Self-Sufficiency Standard for Colorado (SSS) is another tool used to assess livability and standard of living. The SSS defines the amount of income necessary to meet basic needs without public subsidies such as public housing, food stamps, Medicaid or child care, and without private or informal assistance. This type of private assistance can include free child care by a relative or friend, food provided by local food banks, or shared housing. The SSS differs depending on family size, family type and region, making it a better indicator of family financial conditions than FPG. The estimated SSS for a family of four in Boulder County is approximately 300 percent of FPG. See **Figure 19**.

The U.S. Department of Housing and Urban Development (HUD) calculates Area Median Income (AMI) for households by region each year. This calculation is used to determine eligibility for HUD-assisted housing programs such as Section 8 vouchers. The Boulder County income range for the Section 8 program is 50 percent AMI and below,  the range considered by HUD to be "very low income." For a family of four, the income limit for a Section 8 voucher is $49,100. See **Figure 20**. Availability of this type of housing is limited, with approximate turnover of 100 vouchers each year.

Several earnings benchmarks can be used to inform policy and are set nationally, at the state level and in Boulder. See **Figure 21**.

Based on FPG, SSS and AMI, a growing number of people in Boulder are living in or near poverty. Over the last decade, Boulder experienced a significant

economic recession followed by sustained economic growth. Boulder experienced an increase in the number of high and low earners and a decrease in middle-income residents. According to 2015 census estimates, 48 percent of Boulder residents live in households making less than 300 percent FPG.  See **Figure 22**. Excluding college students, approximately 10 percent, or nearly 7,000 Boulder residents, live in households with income under 100 percent FPG.

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**Poverty and Income Disparities**

Poverty disproportionately affects Boulder's Hispanic/Latino residents. According to five-year census estimates, median family income for Boulder's Hispanic/Latino families ($33,810)  is 30 percent of median income for white, not Hispanic/Latino families ($113,920).  Approximately 36 percent of Boulder's Hispanic/Latino residents live in households earning at or below 100 percent FPG. In comparison, only 21 percent of white, not Hispanic/Latino residents live at or below 100 percent FPG.

Approximately 50 percent of Boulder's Hispanic/Latino residents live at or below 125 percent FPG. In comparison, approximately 24 percent of Boulder's white, not Hispanic/Latino residents earn 125 percent FPG or below.

Median family income for female householders with

children is $40,000. In comparison, median family income for married couples with children in Boulder is $141,166.  Female-led family households with no husband present make up nearly 1,300 households in Boulder.  Among Hispanic/Latino households, more than 27 percent are female-led with no husband present.  Among white, not Hispanic/Latino households fewer than 11 percent are female-led.

The median income of women who worked full-time, year-round in the past 12 months is $50,561, 77 percent of the median annual income for Boulder men ($65,480).

**Housing**

Boulder's increasing housing costs are making home ownership and rental housing unaffordable for many residents. The average single-family home price in Boulder for 2016 was $1,066,674.

The average monthly rent in Boulder is over $1,700. Renters occupy slightly more than half of Boulder's housing units. Approximately 62 percent of Boulder's rental units are occupied by tenants who spend at least 30 percent of their income on rent.

There is a stark difference in the percentage of Hispanic/Latino and white householders who own their homes. In Boulder, 51 percent of white householders own their home  while 32 percent of Boulder's Hispanic/Latino households own their home.  Median net worth is much greater for homeowners than renters, at $195,400 and $5,400 respectively.

**Transportation**

Transportation is a significant expense for many Boulder households. A Boulder family making median income spends, on average, around 17 percent of their income on transportation.  Lower-income households are further burdened as they tend to spend the same amount as higher earners with lower overall income to allocate. Although

**FIGURE 18:** HHS Poverty Guidelines for 2017

| Persons in Family/Household | 100%* | 200% | 300% | 400% | 500% |
|---|---|---|---|---|---|
| 1 | $12,060 | $24,120 | $36,180 | $48,240 | $60,300 |
| 2 | $16,240 | $32,480 | $48,720 | $64,960 | $81,200 |
| 3 | $20,420 | $40,840 | $61,260 | $81,680 | $102,100 |
| 4 | $24,600 | $49,200 | $73,800 | $98,400 | $123,000 |
| 5 | $28,780 | $57,560 | $86,340 | $115,120 | $143,900 |
| 6 | $32,960 | $65,920 | $98,880 | $131,840 | $164,800 |
| 7 | $37,140 | $74,280 | $111,420 | $148,560 | $185,700 |
| 8 | $41,320 | $82,640 | $123,960 | $165,280 | $206,600 |

*At 100% FPG, for families/households with more than 8 persons, add $4,180 for each additional person.

**FIGURE 19:** 2015 Self-Sufficiency Standard for Boulder County, CO as Compared to 2017 100 Percent Federal Poverty Guidelines for Various Family Structures

| | Adult | Adult Pre-schooler | Adult Infant Pre-schooler | Adult Pre-schooler School-age | Adult School-Age Teen-ager | Adult Infant Pre-schooler School-age | 2 Adults Infant Pre-schooler | 2 Adults Pre-schooler School-age |
|---|---|---|---|---|---|---|---|---|
| Annual Income | $28,209 | $56,718 | $79,794 | $67,837 | $50,470 | $104,858 | $86,644 | $75,906 |
| 100% FPG | $12,060 | $16,240 | $20,420 | $20,420 | $20,420 | $24,600 | $24,600 | $24,600 |
| Difference | $16,149 | $40,478 | $59,374 | $47,417 | $30,050 | $80,258 | $62,044 | $51,306 |

*Monthly costs and annual credits included in these calculations are housing, child care, food, transportation, health care, miscellaneous, taxes, earned income tax credit (EITC), child care tax credit, and child tax credit, where applicable.

**FIGURE 20:** Fiscal Year 2017 Income Limits for Boulder County

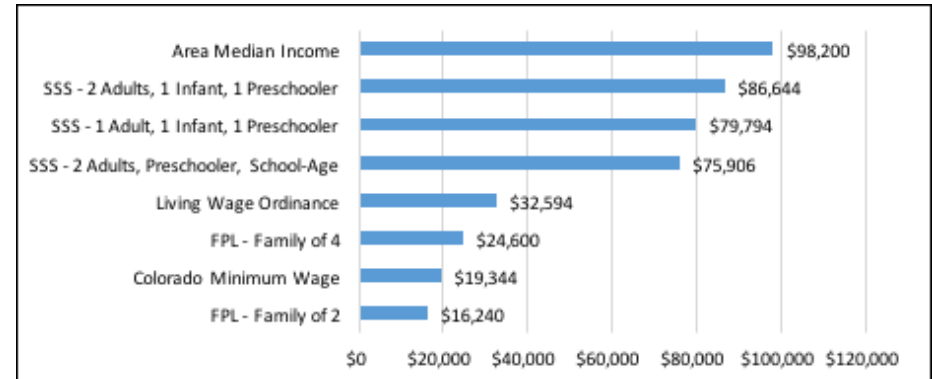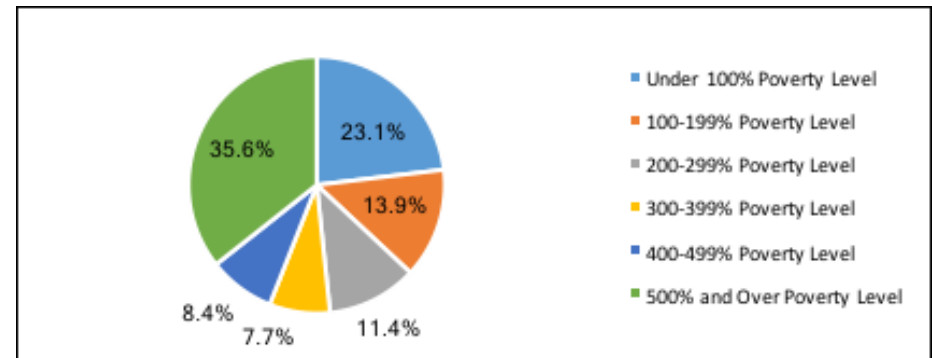| | Persons in Family | | | |
|---|---|---|---|---|
| Income Limit Categories | 1 | 2 | 3 | 4 |
| Extremely Low Income Limits | $20,650 | $23,600 | $26,550 | $29,450 |
| Very Low Income Limits (50%) | $34,400 | $39,300 | $44,200 | $49,100 |
| Low Income Limits (80%) | $47,600 | $54,400 | $61,200 | $68,000 |
| Median Income | $68,800 | $78,600 | $88,400 | $98,200 |

**FIGURE 21:** Annual Earnings Benchmarks



**FIGURE 22:** Boulder Population by Ratio of Income to Poverty Level



*This chart includes the higher education student population.

transportation is outside the scope of the Human Services Department, it is important to note that the city's Transportation Master Plan addresses potential public transportation solutions including development of a community-wide EcoPass within Transportation Demand Management.

**Economic Mobility and Children**

A parent's income can significantly affect a child's economic mobility. According to the Pew Charitable Trusts, 43 percent of children born into households where the parents' income is in the bottom quintile were likely to remain in the bottom quintile as adults. Only 27 percent manage to move into the next highest income quintile in adulthood.  See **Figure 23**. Low-income children are less likely to attend preschool, less likely to meet or exceed academic achievement milestones and less likely to graduate high school.

**Education, Jobs and Earnings**

The potential for multi-generational effects from poverty and lack of educational achievement are particularly evident among Boulder's Hispanic/Latino residents. Overall, more than 70 percent of Boulder's residents age 25 and older had attained a bachelor's degree or higher, but a disparity exists in level of education for Hispanic/Latino residents.  See **Figure 24**.

A disparity exists for the community's Hispanic/Latino population around earnings as well. Median earnings for Boulder's Hispanic/Latino residents are half of what white, not Hispanic/Latino residents earn at $31,056  and $63,282,  respectively.

Residents with a lower level of education may lack the training and knowledge to fill well-paid local jobs. A bachelor's degree was the minimum required education level on 41 percent of job openings advertised online in Boulder County in April 2017.

Income is a determinant of health and well-being. Those with lower incomes are more likely to suffer chronic conditions, to require the use of health services and to experience mental health issues.

**Initiatives and Programs to Address Poverty**

Poverty and affordability are core issues that have an impact on all aspects of daily life. At the federal level, key initiatives and programs such as the Earned Income Tax Credit, Medicaid and the Supplemental Nutrition Assistance Program have been instrumental in providing a safety net. These programs have demonstrated value in helping improve employment rates for parents, which in turn has long term benefits for their children including better school performance and higher earnings as adults. Additional research supports the premise that simple programs that provide direct cash in the hands of individuals and families can provide positive outcomes with low administrative costs.  Beyond providing financial assistance, best practices to assist those living in or near poverty include employment assistance and education programs.  Improving an individual or family's financial outlook can have positive impacts by reducing intergenerational poverty, increasing resilience and preventing a costly slide into homelessness.

**FIGURE 23:** Economic Mobility of Children Based on Parent Earnings
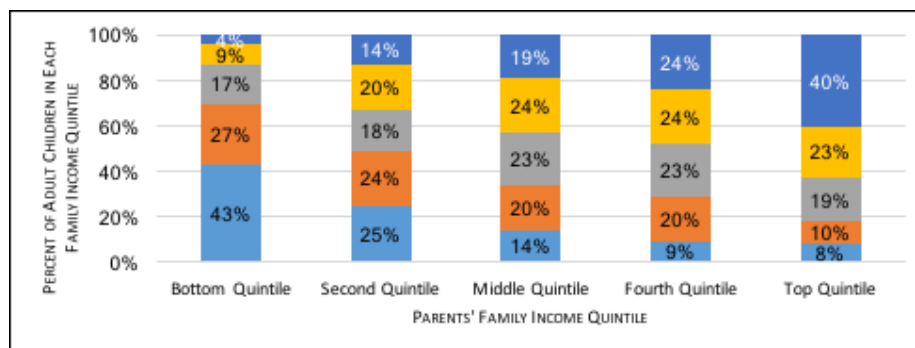


**FIGURE 24:** Level of Education by Hispanic/Latino Origin in the City of Boulder
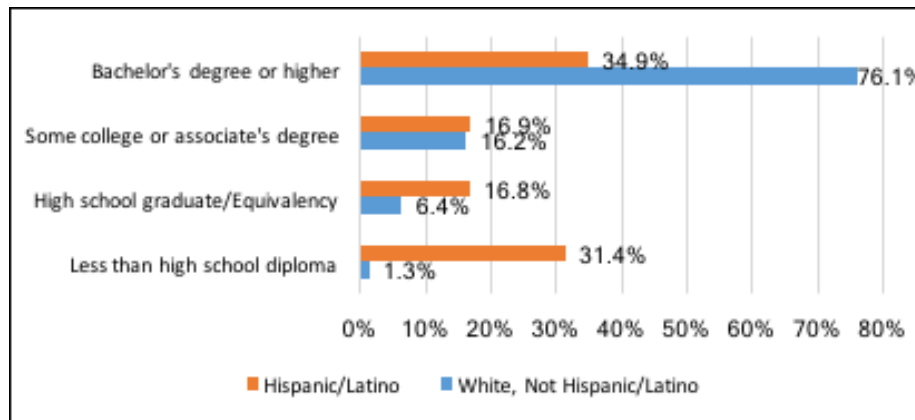
## HEALTH & WELL-BEING

The department identified specific issues related to individual and community health and well-being which includes access and affordability of healthcare, including physical, mental, and oral healthcare services as well as appropriate insurance coverage, substance use services, availability of nutritious food and physical activity.

### Health Insurance Coverage

Since the enactment of the Patient Protection and Affordable Care Act (ACA) in 2010, health insurance coverage has expanded dramatically in Boulder, with public insurance accounting for much of the increase. Colorado was one of 32 states, along with the District of Columbia, to expand Medicaid coverage. Now more than 30 percent of Boulder's children and youth and approximately 9 percent of adults age 18-64 are covered by CHP+ or Medicaid. See **Figure 25**.

Nearly 98 percent of Boulder's residents have some insurance coverage. A disproportionate number of those who remain uninsured are Hispanic/Latino. See **Figure 26**. Additionally, Boulder residents earning between 138 and 199 percent FPG are uninsured at higher rates than other income brackets. See **Figure 27**.

People with lower incomes search out low-cost insurance plans, which often have higher deductibles and limited coverage. These types of insurance plans mean more out-of-pocket spending resulting in higher underinsurance rates. The Colorado Health Institute estimates that 15.9 percent of residents in Boulder and Broomfield counties are underinsured. ,

Before the ACA, single adults and parents earning at or below 138 percent FPG were ineligible for public insurance. In January 2014, Colorado expanded Medicaid coverage through the ACA to include more adults and former foster kids up to age 26. See **Figure 28**.

**FIGURE 25:** Public Insurance Rates in Boulder by Age Group, 2010-2015
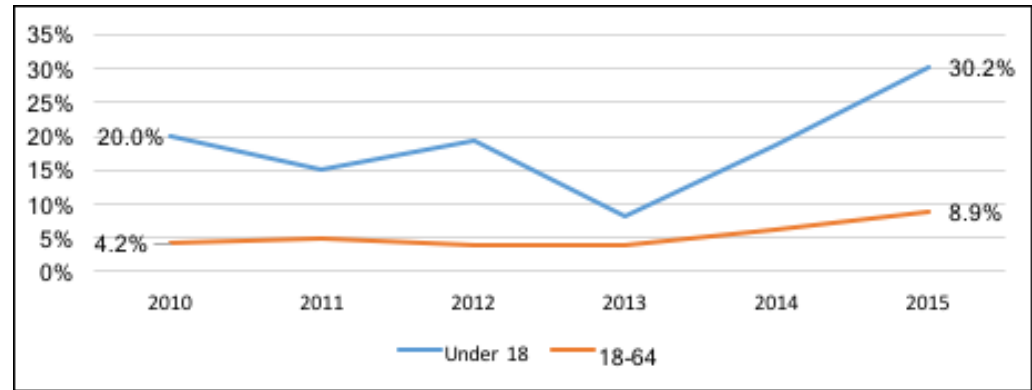


**FIGURE 26:** Health Coverage in White and Hispanic/Latino Populations in Boulder

| | 2010 | 2014 | 2015 |
|---|---|---|---|
| White alone, Not Hispanic/Latino | 92.4% | 95.1% | 97.2% |
| Hispanic/Latino | 61.1% | 79.1% | 86.1% |

**FIGURE 27:** Uninsured Rates for Boulder Residents at Different Income Levels



**FIGURE 28:** Medicaid Member Caseload, Boulder County

While Medicaid enrollment increased, the number of providers accepting Medicaid did not increase proportionally with enrollment. Residents with insurance coverage could have difficulty seeing a provider. As of June 2017, 35 family practice physicians were accepting Me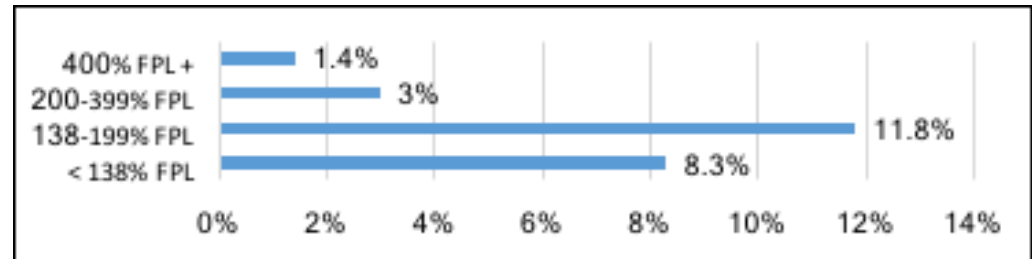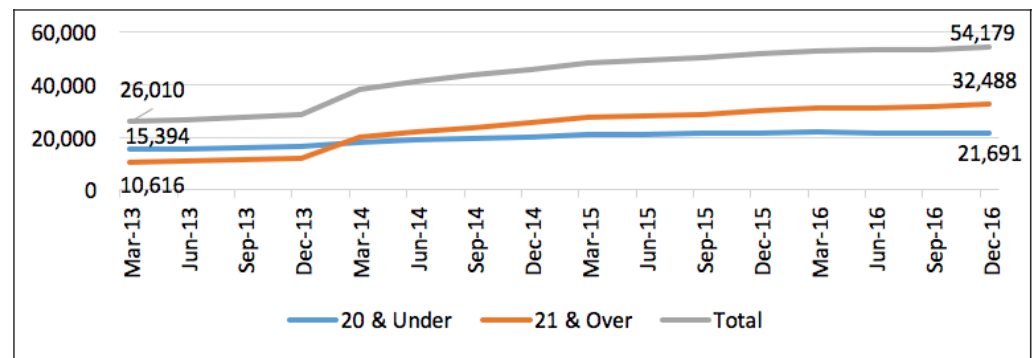dicaid and only 25 were accepting new patients. None of the 25 family practice physicians accepting new patients listed Spanish as a language option.

**Oral Health**

Poor oral health care has been linked to many chronic diseases including diabetes and heart disease. According to the Colorado Health Access Survey, approximately 35 percent of Boulder and Broomfield County residents do not have dental insurance. Only 75.9 percent of respondents report visiting a dentist in the 12 months prior to the survey and 9.4 percent reported that their oral health was poor or fair.

Boulder residents who rely upon public health insurance coverage can still be limited in access to dental care services by cost and limited provider options. The limit on the annual dental benefit through Health First Colorado is $1,000 and enrollees may be responsible for any additional charge above the coverage cap. As of April 2017, only 29 dentists accepted Medicaid in Boulder and only 14 dentists were accepting new patients. Only one practice of the 14 accepting new patients listed Spanish as a language option.

**Substance Use**

Substance use during childhood or adolescence poses a greater risk of long-term health issues. Youth who start using marijuana, alcohol or other drugs may be more likely to continue using later in life. In 2015, 3.9 percent of all BVSD high school students, including 5.5 percent of male students and 7.5 percent of Hispanic students, reported trying marijuana before the age of 13. More than 22 percent of BVSD high school students reported that they had participated in binge drinking (consuming five or more drinks in a row) in the previous 30 days. Many students reported engaging in risky decision-making involving alcohol or drug use, including operating vehicles following drug or alcohol consumption, or riding in vehicles driven by people who had used substances. See **Figure 29**.

Perceptions of harm for marijuana use decrease as students age: 69.5 percent of 9th grade students but only 32.7 percent of 12th grade students think people who use marijuana regularly have moderate or great risk of harming themselves. Youth who use marijuana regularly are more likely to have a challenging time learning, problems remembering and lower math and reading scores.

Many young adults in Boulder also struggle with challenges around substance use. The second largest group of Boulder County residents who are IV drug users seeking substance use treatment are those aged 17 to 24.

In addition to concerns about youth and young adults, substance use in Boulder is concerning because of the types of substances being used.

Although city-specific data is unavailable, the Colorado Office of Behavioral Health reported that heroin eclipsed marijuana and methamphetamine as the second highest drug of choice for Boulder County residents admitted for substance use disorder treatment in fiscal years (FY) 2014 and 2015. Alcohol was the primary drug for 62.3 percent of Boulder County residents who sought treatment for substance use in 2015.

Among Boulder County residents who sought treatment in FY 2014-2015, most admissions were men (65.1 percent) and most were between 18-34 years of age (59.3 percent). Methamphetamine and heroin use trend slightly more toward younger age groups, with 67.5 percent of methamphetamine users and 83.3 percent of heroin users under age 35. Most IV drug users are 25-34 years old.

Since 2000, the rate of death from drug overdoses in the U.S. has increased 137 percent, including a 200 percent increase in the rate of overdose deaths involving opioids. Heroin-related deaths more than tripled between 2010 and 2015, with 12,989 heroin deaths in 2015. In Boulder County 75 deaths were either alcohol- or drug-induced in 2015. See **Figure 30**.

**FIGURE 29:** BVSD High School Students Alcohol and Marijuana Use While Driving, 2015

| | Alcohol | Marijuana |
|---|---|---|
| Rode one or more times during the past 30 days in a vehicle driven by someone who had used… | 13.2% | 20.1% |
| In past 30 days, drove after they had used… | 6.2% | 12.6% |

**FIGURE 30:** Drug- or Alcohol-Induced Deaths in Boulder County, 2015

| | 15-24 Years | 25-44 Years | 45-64 Years | 65+ Years |
|---|---|---|---|---|
| Drug-Induced | 3 | 16 | 16 | 5 |
| Alcohol-Induced | 1 or 2 | 8 | 19 | 7 |

Substance use disorder treatment can be provided in inpatient or outpatient settings, depending on the specific needs of the individual and variables such as the type of substance used, severity of the disorder, co-occurring conditions and the preferences of the individual.  For example, some detoxification programs can be as short as three days and methadone maintenance can last up to a year or longer. Treatment usually involves a combination of interventions including the use of medications, counseling and recovery support systems such as community recovery groups.

In Boulder, several facilities offer a variety of outpatient services, but inpatient services are limited to only two locations.  Benefits of inpatient treatment include a stable environment, around the clock support and reduced risk of relapse.

Cost is another variable that impacts treatment. Exact costs are difficult to pin down, because the level of services provided can vary dramatically. At one end of the scale are minimum outpatient programs where an individual sees a patient a few times a week, and at the other end are "luxury" centers. Costs for outpatient services range from $1,000 to $10,000. Residential programs range from a few thousand dollars to more than $80,000. ,  For each dollar spent on treatment, an average of $7 is saved in benefits (decreased crime, increased employment, and fewer medical expenses).

Treatment and recovery are at the far end of the substance use care continuum. Prevention efforts are the most cost-effective solution for substance use. Effective prevention programs use the following principles: enhance protective factors, reduce risk factors, address all forms of drug abuse, and address risks specific to populations to improve program effectiveness.

**Mental Health**

Mental health is a significant concern for Boulder residents who face many of the same challenges as residents of other cities with access, affordability and disparities. A significant number of BVSD high school students reported that their mental health was not good on one or more days during the previous 30 days.

- 68.4 percent reported that their mental health was not good on one or more days during the previous 30 days.

- 98.2 percent of GLB students reported that their mental health was not good on one or more days.

Mental health is also a concern for Boulder's adult population. Eleven percent of Boulder County adults reported being in poor mental health,  while 13 percent of Boulder County's Medicare population reported having depression.

For those seeking treatment in Boulder County, the top two mental health diagnoses are mood disorders (depressive and bipolar) at 28.1 percent and PTSD at 11.7 percent.  When mental health issues are left untreated, one outcome can be suicide. Boulder County reported a rate of 16 suicide deaths/100,000 residents.  See **Figure 31**.

With an increase in Medicaid enrollees locally, there

continues to be a community shortage of providers and prescribers. In addition, inflexible insurance plans with limited coverage, limited provider availability and lack of substance use treatment increase the difficulty of accessing treatment. A community mental health assessment identified gaps and barriers including incarceration instead of treatment and transitions, difficulty accessing services in a timely manner, high costs of services, limited support and curriculum in schools and stigma.

**Addressing Access and Affordability**

The U.S. Office of Disease Prevention and Health Promotion has recommended access to health care to achieve health equity. Access and affordability of health services, substance use treatment, nutritious food and physical activity can impact an individual's health. A considerable number of people in Boulder remain uninsured post-ACA. Best practices around health and well-being include increasing access to physical, mental  and oral health  and substance use services,  including prevention and treatment. Addressing basic health needs, like food access, is a building block of long-term health. Programs that focus on the causes of health inequities are a best practice to serve those who may not typically have sufficient access due to low income and other barriers.

**FIGURE 31:** Suicide Deaths in Boulder County, 2015
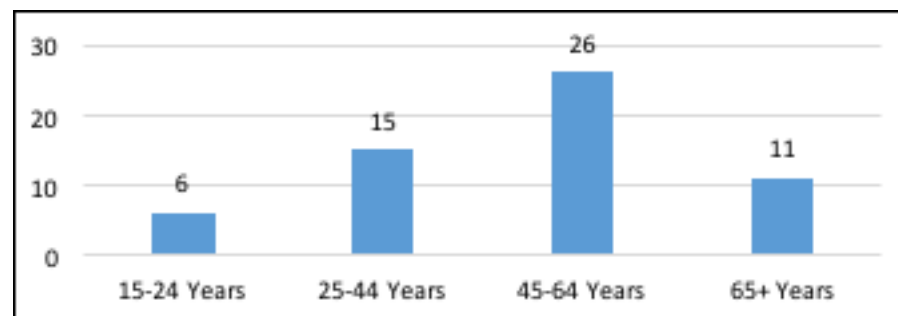
## HOMELESSNESS

Homelessness continues to be one of Boulder's most visible and important human services challenges. Homelessness is fundamentally an issue of poverty and lack of ability to remain financially self-sufficient. Many in Boulder struggling with affordability need assistance to have their basic needs met and reach self-sufficiency.

### Estimates of Those Experiencing Homelessness

According to Point-in-Time (PIT) estimates, approximately 500 people experience homelessness in Boulder on any given night. Homeless population counts are difficult, however, and the exact number of people experiencing homelessness in Boulder is unknown. See **Figure 32**.

A number of populations experience homelessness in Boulder. There may be some overlap between populations displayed in **Figure 33**.

### Reported Reasons for Homelessness

According to 2016 PIT data, the inability to pay rent or mortgage was the most frequently reported reason for homelessness. See **Figure 34**.

### Risk Factors

Risk factors associated with homelessness for children and adults can be used to predict and prevent homelessness. For families, extreme poverty is the strongest predictor of homelessness. Female-headed households and teen parent family structures are at significant risk of homelessness. For adults, risk factors include race, being extremely low-income, aged 50-64, disruptive events in youth, substance use, psychiatric disorders, prior history of homelessness and physical health.  Lack of affordable housing is another contributing risk factor, especially for families spending more than 50 percent of their income on housing.

Demographic Information for Homeless Defendants

Boulder's Municipal Court extracted data for citations issued to homeless defendants from Jan. 1, 2010, through Mar. 13, 2017. Most homeless defendants were between 20 and 29 years of age and most were male. Over 50 percent of homeless violators aged 30 and over were Colorado residents. For those under 30, only 32 percent of the homeless violators were Colorado residents. Camping citations were highest in the summer months when local emergency sheltering options were not available.

Those aged 20 to 29 years received the greatest proportion of camping violations.

### Service Utilization

In 2016, approximately one-fifth of single adults experiencing homelessness in Boulder were moderate or heavy users of local day shelter. The moderate and heavy users accounted for nearly 80 percent of all interactions. Similar trends were seen in night shelter data. See **Figures 35 and 36**.

**FIGURE 32:** Yearly and Average Homeless Count – All Homeless, City of Boulder
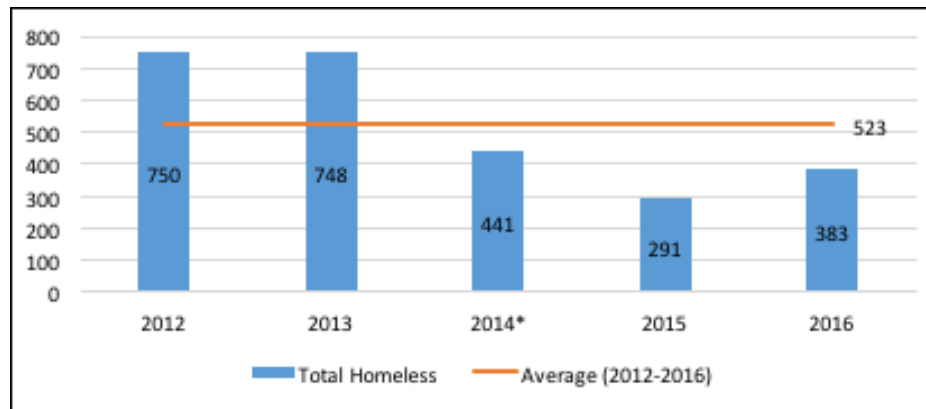


**FIGURE 33:** Homeless Population, City of Boulder
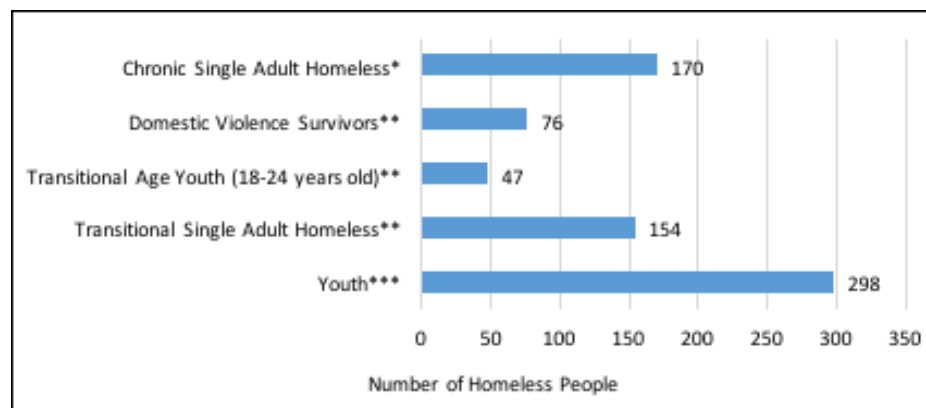
**FIGURE 34:** Top Reported Reasons for Homelessness, City of Boulder, 2016

|  | Families with Children | All Homeless |
|---|---|---|
| Unable to pay rent/mortgage | 58% | 31% |
| Asked to leave | 40% | 18% |
| Relationship problems or family break-up | 27% | 19% |
| Abuse or violence in the home | 27% | 18% |
| Bad credit | 25% | 14% |
| Lost job/couldn't find work | 15% | 29% |
| Alcohol or substance abuse problems | 5% | 22% |
| Mental illness | 4% | 21% |

**FIGURE 35:** Number of Clients by Level of Service Utilization – Day Shelter (DS) and Community Table (CT) 2016

| Type of User | Heavy | Moderate | Light |
|---|---|---|---|
| Definition | 120-271 Interactions | 15-118 Interactions | 14 or Fewer Interactions |
| Unique Persons | 27 | 382 | 1,484 |
| % of Total Client Population | 1.4% | 20.2% | 78.4% |
| DS and CT Interactions | 4,524 | 14,949 | 5,174 |
| % of Total Interactions | 18% | 61% | 21% |

**FIGURE 36:** Boulder Night Shelter Data Trends – 2015

| Type of User | Heavy | Moderate | Light |
|---|---|---|---|
| % of Total Client Population | 3% | 20% | 77% |
| Unique Persons | 71 | 454 | 1,811 |
| Cumulative Nights at BSH+BOHO | 18,360 | 37,839 | 14,878 |
| % Cumulative Nights | 26% | 53% | 21% |
| Definitions (# of Nights) | 193 to 348/person | 35 to 192/person | 1 to 34/person |
| Avg. # of Shelter Nights | 261 | 80 | 8 |

**FIGURE 37:** Resource Center Service Utilization, 2015 to 2016
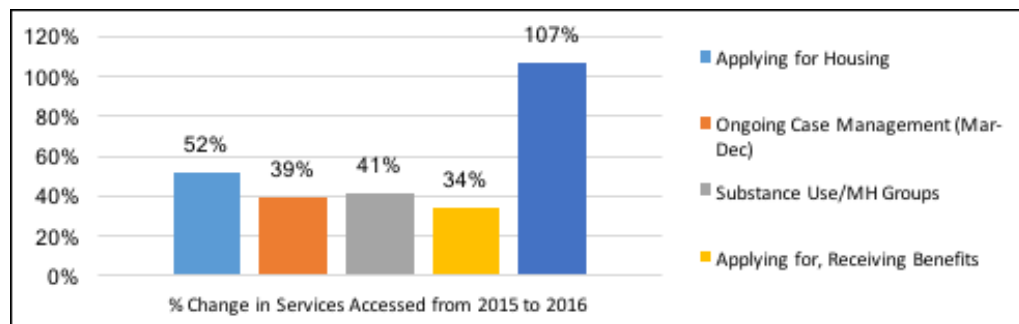


Light users, which constituted 77 percent of the single adult homeless clients at Boulder night shelters, spent an average of eight nights each in 2015. See **Figure 36**.

While service utilization is not a measure of need or residency, it is a proxy for these characteristics. This information suggests that approximately 400-500 single adults have higher support needs to exit homelessness, and are more likely to be long-term Boulder residents. Some light users may have higher needs, but seldom interact with the service system.

Service integration improved locally with the formation of Boulder Homeless Services Collaborative (BHSC), a partnership between Boulder Shelter for the Homeless, Bridge House and Boulder Outreach for Homeless Overflow in 2016. Collaboration between BHSC, the city and the county has led to progress on system goals. Progress achieved included service provider data integration and an increased number of clients moving beyond emergency shelter to engagement in long-term, sustainable services. See **Figure 37**.

**Adverse Effects**

Childhood homelessness can have lifelong consequences. A quarter of homeless children have witnessed violence and 22 percent have been separated from their families. Half of school-age homeless children experience problems with depression and anxiety. Homeless children are twice as likely to have a learning disability, repeat a grade or be suspended from school.

**Preventing and Addressing Homelessness**

Homelessness prevention focuses on housing retention through subsidies and rapid rehousing. Homeless or at-risk individuals and families may have vastly different experiences; therefore, a continuum of services is recommended to

address homelessness and the varying needs of those experiencing it. Coordinated entry, as part of a homeless service system, improves outcomes by increasing efficiency and avoiding duplication of services. National best practices and policy focus on key themes of housing, support services and system improvements. The United States Interagency Council on Homelessness recommends a comprehensive response to the issue of homelessness to be effective in preventing or shortening the duration of episodes of homelessness. Permanent housing is a key component of programs that successfully address homelessness. Permanent supportive housing (PSH) gives those who are chronically homeless an opportunity to move into housing without meeting some requirements for entry, including sobriety. Local data show an average cost-savings of $31,545 over two years when a chronically homeless individual moved to PSH. Approximately 68 percent of chronically homeless individuals placed in PSH programs locally remain in housing after two years.

## INCLUSIVE & WELCOMING COMMUNITY

Fostering an inclusive and welcoming community in Boulder is important because the community benefits when people with diverse experiences have a voice at the table. The City of Boulder has demonstrated this as a community value through the establishment of the Human Rights Ordinance in 1972 and the continued strengthening of the language in subsequent years to increase civic inclusion and protect against discrimination. Data show there is room for improvement, as residents' feelings of inclusion differ based on several factors including race and ethnicity, income level, sexual orientation and physical and mental ability. Real or perceived discrimination is connected to and can influence a person's health, economic status and ability and desire to age in the community.

Boulder is more affluent and less racially and ethnically diverse than statewide averages. See **Figure 38**. In 2015, Boulder's median family income was $105,034, while Colorado's was $74,826.

### Residents Living with a Disability

Nationally, discrimination based on a disability has imposed significant economic and social costs. Numerous studies link living with a disability to educational and health disparities, which can lead to lower earning potential, poverty and decreased work opportunities. This cycle can ultimately lead to homelessness. Approximately 7 percent of Boulder's residents report that they are living with a disability. The figure increases with age: 16 percent of residents age 65 to 74 and 44 percent of those age 75 years and older are living with a disability.

Many residents living with disabilities struggle financially. Among Boulder residents age 20 to 64 who report living with a disability, 39 percent report annual income at 100 percent FPG or below. This is nearly 14 points higher than the portion of the population 20 to 64 that does not have a disability.

Many factors affect the health and livelihood of those living with a disability at higher rates than those without disabilities. See **Figure 39**.

### Inclusiveness for Youth

Many youth in BVSD schools report not feeling welcomed and included. Data show that students are more likely to be teased or name-called based on their sexual orientation, race or ethnic background. See **Figures 40 and 41**.

Disparities in protective factors and attempted suicide are present in Hispanic and GLB high school students in BVSD schools. See **Figure 42**.

**FIGURE 38:** Race and Ethnicity in Boulder, 2015

| Race*/Ethnicity | Boulder | Colorado |
|---|---|---|
| White | 82.4% | 69.1% |
| Black or African-American | 1% | 3.9% |
| American Indian or Alaska Native | 0.1% | 0.5% |
| Asian | 5% | 2.8% |
| Native Hawaiian or Other Pacific Islander | 0.1% | 0.1% |
| Some Other Race | 0.1% | 0.2% |
| Two or More Races | 2.7% | 2.3% |
| Hispanic/Latino | 8.6% | 21.1% |

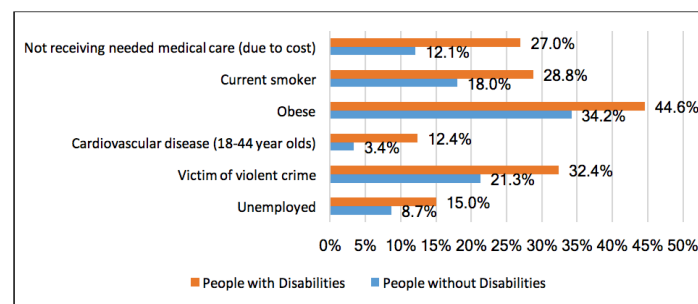**FIGURE 39:** Factors Affecting the Health of People with Disabilities and without Disabilities

**FIGURE 40:** Percentage of BVSD High School Students Who Have Been Teased or Name-Called Because of Their Race or Ethnic Background

| | |
|---|---|
| Overall | 9.8% |
| Asian | 25.4% |
| Hispanic | 16.1% |
| White | 5.3% |

**FIGURE 41:** Percentage of BVSD High School Students Who Have Been Teased or Name-Called Because of Their Perceived Sexual Orientation

| | |
|---|---|
| Overall | 7.4% |
| GLB | 35.9% |
| Heterosexual | 4.9% |

**FIGURE 42:** Characteristics of BVSD High School Students and Disparities Between Racial/Ethnic and Sexual Orientation

| | Teacher Connection* | Adult Connection** | Attempted Suicide*** |
|---|---|---|---|
| Overall | 61.4% | 73.9% | 6.3% |
| White | 65.2% | 75.5% | 4.8% |
| Hispanic | 51.3% | 74.3% | 9.8% |
| Asian | 61.7% | 67.5% | 2.7% |
| Heterosexual | 63.1% | 76.8% | 5% |
| GLB | 45% | 62.3% | 17.8% |

\* Agree or Strongly Agree That Teachers Care About Them and Give Them a Lot of Encouragement
\*\* Have an Adult to Go to With a Serious Problem
\*\*\* Suicide Attempt One or More Times in the Past 12 Months

### Community Perceptions

Data shows that many Boulder residents don't perceive Boulder as an inclusive and welcoming community. In 2016, 59 percent of Boulder Community Survey participants rated "openness and acceptance of the community toward people of diverse backgrounds" as "excellent" or "good." A similar measure from the 2014 survey, "community acceptance of all people in Boulder," received an average rating of 65 out of 100 from survey participants. Data on race and ethnic relations were not collected in the 2016 survey. Race and ethnic relations received a rating of 58 out of 100 in the 2014 survey.

A county-wide survey conducted in 2014 further explored perceptions of specific populations:

- 76 percent open to the gay and lesbian community;
- 67 percent open to families with young children;
- 60 percent open to senior citizens;
- 49 percent open to immigrants from other countries; and
- 41 percent open to racial and ethnic minorities.

Participants in several recent forums have reported that Boulder is not accepting of all people equally, especially those from other countries and racial and ethnic minorities. A majority of respondents to the 2013 Boulder County Latino Community Assessment indicated they were discriminated against in their community because they are Latino. The survey report stated, "one of the most concerning issues… is the evidence of the many underlying problems related to poverty, white privilege and institutional racism in Boulder County."

The 2016/17 Community Perceptions Assessment revealed that nearly all phone (96 percent) and web survey (82 percent) respondents generally felt somewhat or very safe in the Boulder community. When asked if they had ever felt unsafe in the Boulder community during the past year, 22 percent of phone survey and 54 percent of web survey respondents indicated they had felt unsafe. Those who do not feel safe commonly cited public spaces, stores and city council meetings as locations where they felt unwelcome. Common reasons people reported for feeling unwelcome include being treated with less respect than others, comments made by others and being ignored or dismissed.

Affordability, lack of diversity and lack of services were the biggest challenges identified about living in Boulder. A predominant theme from the Community Perceptions Assessment stakeholder interviews was a lack of awareness in the Boulder community of the discrimination and exclusion that many individuals experience. Stakeholders also mentioned affordability as a major concern and felt that residents were excluded based on their income level. Listening sessions supported the interview findings. Inclusivity and belonging were associated with income inequality and affordability as well as lack of diversity.

### Human Rights Protection

Boulder's Human Rights Ordinance protects against discrimination in the areas of housing, employment and public accommodations. In 2016, the city processed 241 inquiries related to potential violations of the city's Human Rights Ordinance,

including 52 related to employment, 79 related to housing and 12 related to public accommodations. The most common basis for discrimination cited in these inquiries was national origin. In addition to the 241 inquiries processed in 2016, the city processed 12 formal complaints under the Human Rights Ordinance. Among the 12 formal complaints, disability was the most frequently cited basis for discrimination. See **Figure 43**.

Boulder's Failure to Pay Wages ordinance protects people from non-payment of wages owed to them for work performed within Boulder's city limits. The most recent year of complete data is 2015 because several 2016 cases are still pending. In 2015, the city processed 41 Failure to Pay Wages Ordinance inquiries. A total of eight Failure to Pay Wages ordinance complaints were filed in 2015, and $17,375 in unpaid wages was recovered.

**Opportunities**

The City of Boulder has demonstrated the goal of creating a welcome and inclusive community through a variety of actions, including the Human Rights Ordinance, but there is more work to be done. Embracing diversity involves making people feel welcome, giving a voice to minority populations, ensuring protection of human rights, enhancing connections between demographic groups and providing culturally appropriate services. Some populations in Boulder, including racial and ethnic minorities and those with a lower socioeconomic status, continue to highlight issues around inclusivity through measures at the city and county level. Research suggests that acknowledging and valuing diversity has substantial benefits for the community. These benefits include increased academic success for children that attend more inclusive schools  and higher profits for businesses that hire more minority employees.

**FIGURE 43:** Human Rights Ordinance Cases and Formal Complaints, 2011-2016
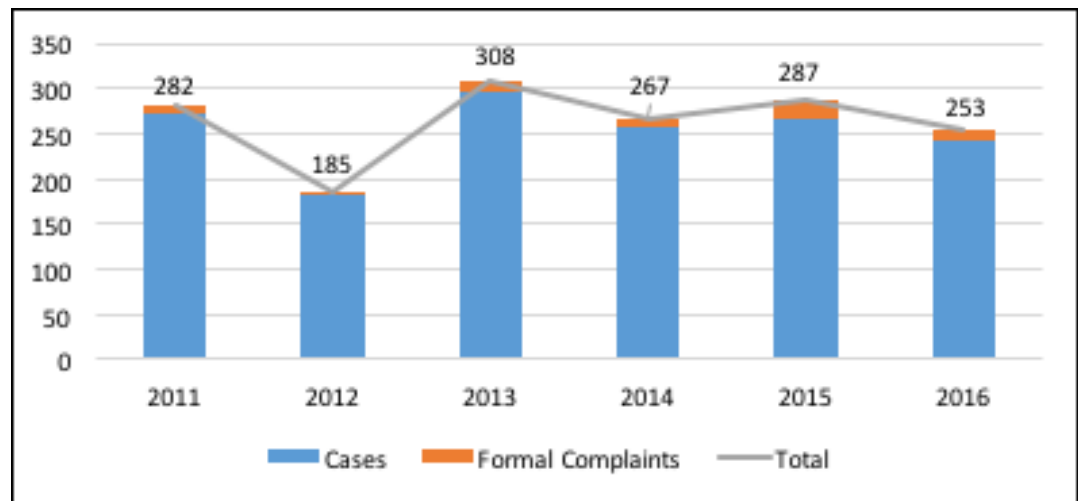
# APPENDIX C

## PHASE TWO COMMUNITY ENGAGEMENT

This full report can be found at:
**https://bouldercolorado.gov/links/fetch/42824**

### Purpose

To inform the Human Services Strategy, the department engaged in a robust, two-year process to collect and distill feedback representative of the diverse views of Boulder residents and stakeholders. Community feedback helped identify and confirm key human services issues, defined specific concerns and provided an enhanced understanding of community priorities.

### Process

The city used multiple methods to collect representative feedback from the community. With assistance from two consultants, BBC Research and Consulting and Civic Canopy, the department conducted 41 different activities from June 2015 through April 2017. The city received feedback from 71 different organizations and over 2,000 individuals. See **Figure 1**. A matrix of all community engagement activities and full list of partners is included after the staff summary. A final report by BBC Research and Consulting that provides a more robust account of community engagement is located in Appendix D.

The community engagement process provided numerous opportunities for residents to provide feedback about the Human Services Strategy. The department engaged residents and stakeholders with surveys, open house events, focus groups, partner meetings and open conversations at public events. Each method included a variety of ways for the public to interact. Surveys were available in English and Spanish, via the telephone, on the computer and offered in person in paper form with and without assistance. Similarly, focus groups and open house events were designed to remove barriers to participation by providing food, child care, translation services and flexible scheduling. The variety of events helped capture feedback from traditionally underrepresented audiences.

### Community Engagement Participants

The goal of the community engagement process was to seek input from Boulder residents to identify issues important to them and develop strategies to address issues and concerns. In the process of these efforts, Boulder Human Services oversampled subpopulations that utilize existing services impacted by the Human Services Strategy.

Surveys provided the most accurate demographic information about community engagement participants. The percentage of participants aligned with census estimates, which supports engagement findings being representative of all of Boulder. More importantly, the final numbers matched or exceeded expectations for reaching traditionally under-represented populations in Boulder. Active outreach efforts were used and included a variety of tools such as a purposely shortened "outreach survey," presentations at back-to-school nights, parent-teacher conferences and Family Learning Center parent meetings. Outreach survey responses exceeded census estimates, with 76 percent of households reporting income below $75,000 and a majority (51 percent) self-identifying race or ethnicity as other than white. The combined outreach, phone and online survey results provide an overall view of the demographics. See **Figure 2**.

**FIGURE 1:** Community Engagement Summary

| Event format | Number of events | Number reached |
|---|---|---|
| Surveys | 8 | 1,302 |
| Facilitated focus groups | 8 | 82 |
| Board and commission meetings | 10 | 64 |
| Community organization meetings | 6 | 108 |
| Subject matter expert meetings | 6 | 56 |
| Open houses | 2 | 105 |
| Curbside conversations | multiple events counted as one event | 300+ |
| City Council correspondence | N/A continuous collection | 186 |
| **Total** | **41** | **2,098+** |

**FIGURE 2:** Comparison of Collected Survey Responses to Boulder Census Data

| Age | | Racial/Ethnic Identification | | Household Income Range | |
|---|---|---|---|---|---|
| *Survey demographics* | | | | | |
| 18-24 | 19% | White | 79% | <$75,000 | 51% |
| 25-64 | 65% | Hispanic/Latino | 11% | $75,000 up to $150,000 | 32% |
| 65+ | 16% | Non-white and Non-Hispanic/Latino | 10% | $150,000 and above | 17% |
| *Census demographics (2015 ACS 5-year estimate)* | | | | | |
| 18-24 | 30% | White | 82% | <$75,000 | 59% |
| 25-64 | 46% | Hispanic/Latino | 9% | $75,000 up to $150,000 | 24% |
| 65+ | 10% | Non-white and Non-Hispanic/Latino | 9% | $150,000 and above | 17% |

Focus groups were the primary tool used to reach Boulder's under-represented populations. The format made it easier to remove barriers to participation and offered an environment that was more accommodating to special needs. In total, eight facilitated focus groups provided the opportunity to speak to lower-income families, Latino older adults and youth leaders. The remaining groups either focused on community members using services (e.g., homeless adults) or with partners and subject matter experts who work directly with the community.

**Limitations**

Only the phone survey was a random, statistically valid sample. Results of other feedback methods were representative of those who chose to participate, and do not statistically represent the views of Boulder's population as a whole. For that reason, the phone survey results serve as the Boulder community baseline, and other targeted methods were employed to discern the critical needs of underrepresented populations.

In addition, overall survey demographics skewed older than the census target. This result was anticipated for two reasons: outreach included an older adult 55+ survey and outreach did not target students at local colleges and universities, many of whom are provided with similar services and are part-time residents.

Finally, a few survey questions evolved over the community engagement period, which hampered direct response comparisons. As an example, a question that community members found confusing was reworded for clarity. While the intent of the question remained the same, it is possible that the change impacted how it was perceived by the respondent.

**Findings**

Community engagement findings supported the key human services issues identified through Phase One research

Staff and consultants analyzed results from the community engagement process and determined that most community priorities fit within one of the six key human services issues identified during Phase One research. Several community engagement examples supported this connection.

In the statistically valid phone survey, 401 Boulder residents were asked: "Now that you have additional background on the planning and the process, what are your top three priorities for social welfare issues that the City of Boulder should focus on over the next five years?"

- This question prompted over 1,200 responses, 85 percent of which fit within one of the six key human services issue identified by staff.
  - Other answers either aligned with the responsibilities of other departments or were outside the scope of city authority.

Additional validation came from a companion online survey. The survey asked whether there were "Any additional priority areas missing?"

- Of the more than 230 responses received, approximately 64 percent fit within one of the six key human services issues identified through research.

In "curbside discussions" conducted at the Boulder County Farmers Market, staff asked residents an open-ended question: "What should the city prioritize over the next five years?"

- Approximately 90 percent of responses fit within one of the six key human services issues.

*Findings from community engagement mirrored Phase One research*

Two key concerns that emerged during both research and community engagement were the affordability of Boulder and the disproportionate challenges facing residents of color. See **Figure 3** for consistent concerns across engagement methods and demographics.

An individual's race and/or ethnicity most significantly affected results. See **Figure 4**. To lesser degrees, age, income and gender also influenced responses:

- Race and ethnicity:
  - Hispanic, Latino and non-white respondents identified an inclusive and welcoming community as a higher priority than white, not Hispanic/Latino respondents.
  - Hispanic or Latino respondents identified physical health care and substance abuse and addiction as higher priority needs than all other races and ethnicities. White, not Hispanic/Latino respondents identified mental health as a more significant concern.
- Household income:
  - Lower-income respondents identified an inclusive and welcoming community as a more significant concern than higher-income respondents.
- Age:
  - Older adults generally rated rent and mortgage costs as less significant concerns than other age groups.

**AGING WELL**

Aging Well was near the bottom of the six key human services issues. However, older adults (65+) were more supportive of older adult programs and services than younger age groups. Throughout the community engagement process, the primary community concern was the ability to age in the

**FIGURE 3:** Key Community Concerns



Affordability of Boulder impacting daily life

Shortage of affordable housing

Support for programs and services for families emphasized over individiuals

Needs and programs for children were prioritized over adults

Affordability and access of healthcare

Within Aging Well, transportation, basic needs and services and aging in place

Homelessness overall, though concerns varied by participant

**FIGURE 4:** Key Community Concerns

| Percent responding "very important" on a scale of 1 to 5 with 5 being very important | Overall | Hispanic/ Latino | Household income <$75,000 |
|---|---|---|---|
| Mental health and well-being | 48% | 56% | 57% |
| Children | 46% | 56% | 49% |
| Providing basic needs for people who are homeless | 37% | 44% | 42% |
| Local human rights protection | 37% | 44% | 41% |
| People in poverty | 37% | 44% | 46% |
| Families with children | 37% | 50% | 43% |
| Preventing homelessness | 36% | 37% | 46% |
| Physical health and well-being | 31% | 80% | 45% |
| Youth and young adults | 30% | 49% | 30% |
| Adults age 60 and older | 23% | 31% | 32% |
| Creating a welcoming community | 21% | 56% | 19% |

community (place). To achieve this goal, residents also consistently cited needs for:

- assistance with basic needs such as food, housing and health care;
- support with transportation; and
- long-term case management.

**Surveys**

In the phone and online surveys, older adults also emphasized their support for caregivers. Within the same question, residents were asked their support for centers that serve older adults only or centers that serve multiple generations. The community preference was for centers that serve multiple generations.

In the outreach survey, another question asked about preference for older adult programs and services, and the top overall answer was the desire to age in the community and have the resources to remain independent.

- Non-white respondents still supported aging in place as the top choice, but placed increased emphasis on:
  - health and wellness programs;
  - resources for caregivers; and
  - help understanding available resources for food and medical care.

When asked the biggest barrier to aging in place, the top overall answer by a wide margin was the cost of in-home support services.

- Older adults emphasized this barrier more than younger residents; and
- Asian and Hispanic/Latino residents prioritized in-home support as the top barrier, but placed increased emphasis on high medical expenses as an issue.

The older adult survey was completed by adults and/or caregivers over 55 years of age. Residents wanted a continuum of programs to serve their needs. Health and wellness, social services and resources were the most popular choices. Another question addressed the desire for older adult-only facilities, or ones that serve multiple generations. In alignment with the phone and online surveys, 69 percent of older adults preferred space that served mixed ages in one space either completely integrated or with space separations in the same building.

Two additional surveys collected feedback from older adult residents. The first asked about the types of programs and services that the community wanted. Findings aligned with previous surveys: Community members wanted a continuum of services with increased focus on programs that enhanced educational and cultural learning. Fitness opportunities, health screenings, day travel and other services and resources that support aging in community were also among the top responses. The second survey primarily asked questions about facility preference. When asked the type of facility they preferred, 62 percent of residents supported a multi-generational facility either completely integrated, or with shared space and separate defined spaces for older adults. Residents were also asked where they would like the center to be located and what factors influenced their decision. The majority, 53 percent, wanted the location to remain in the current West Senior Center space, while 20 percent wanted it to move and 28 percent had no preference. Parking and proximity to public transportation were the two biggest amenities desired for an older adult center.

**Focus Groups and Open Feedback**

Focus groups and other open feedback confirmed findings from the surveys. Older adults and partners that primarily serve older adults reinforced the

need for a continuum of services, and emphasized that two adults of the same age could have vastly different abilities and needs. Beyond just having services, residents felt it was important to have long-term case management to help navigate existing community resources. Case management was emphasized, because of the flexibility to help a little or a lot depending on an individual's needs. Another key theme was the need to keep older adults connected to the community to prevent social isolation. Potential strategies shared by the groups were to:

- increase volunteer opportunities (both for older adults helping younger residents and younger residents helping older adults);

- connect residents to opportunities through the older adult centers; and

- create better natural neighborhood connections.

**A GOOD START**

 key human services issue of A Good Start was near the top of the community's concerns. Within the issue, programs for younger children and families with children were favored over programs for older children or young adults.

**Surveys**

The phone and online surveys both had strong support, regardless of demographics characteristics, for programs and services for children. Both asked participants to restate their top three priorities at the end of the survey and issues related to A Good Start were second to only Economic Mobility & Resilience. The online survey had a question that asked what was important for the city to focus on for youth through high school graduation. The top choices were:

- employment/volunteer opportunities at 33%

- increasing youth civic engagement at 17 percent;

- after-school programs at 15 percent; and

- substance abuse prevention at 14 percent.

The outreach survey asked more detailed questions about programs for children and young adults. When asked about the top priorities for middle and high school students, the community responded that substance abuse education was the top choice. A similar question was posed for children age zero to five, and the top answer was programs that help children prepare for starting school. This result was also consistent with the ranking exercise at the first Mapping our Future Open House that had school readiness as the top overall choice within A Good Start.

Differences occurred in responses from white, not Hispanic/Latino residents and Asian residents. See **Figure 5**.

**Focus Groups and Open Feedback**

Focus groups helped confirm the finding that transitions (starting school, adolescence, high school graduation) were important areas for the department to address. Focus groups were also the only opportunity to speak directly with high school students. College readiness and support was a consistent theme from students. In addition, students emphasized:

- increasing access to mental health services;

- the desire for additional comprehensive health education; and

- the pressures of being a teenager without always having the appropriate outlet or knowledge of all community resources.

**ECONOMIC MOBILITY & RESILIENCE**

The issue of Economic Mobility & Resilience (EM&R)

**FIGURE 5:** Key Community Concerns

| | White Only | Asian Only | Hispanic/Latino Only |
|---|---|---|---|
| **Programs that help children prepare for starting elementary school** | 48% | 21% | 40% |
| **Access to nutritious food** | 27% | 14% | 13% |
| **Safe transportation to and from school** | 2% | 29% | 13% |
| **Access to physical activities throughout the day** | 10% | 7% | 13% |
| **Availability of English as a second language (ESL) classes** | 4% | 29% | 17% |

was the top overall issue for Boulder residents. Residents with lower household incomes were most supportive of helping people in poverty. In other key human services issues, an individual's race and ethnicity were most likely to influence their responses. However, in an EM&R household, income was the stronger predictor of an individual's response.

### Surveys

Both the online and phone survey featured a question that illustrated income's impact. As a respondent's income increased, the level of difficulty meeting basic needs decreased. See Figure 6.

Survey respondents, near the end of the phone survey and online survey, reflected on their answers and provided their top priorities and/or any missing priorities, and in both instances EM&R was the top overall choice. The specific concerns related to:

- affordability in general;
- affordable housing; and
- affordable public transportation.

The outreach survey confirmed the finding that EM&R was the top community priority by asking respondents to choose which audience the city should focus on with programs and services. Respondents chose low-income families as the top

answer with 51 percent of the responses. The next closest were older adults with 19 percent, low-income adults at 8 percent and immigrants at 8 percent. When asked, "What the city should focus on to help families in need," the top answers were:

- access to affordable housing with 42 percent;
- access to affordable child care with 18 percent;
- assistance with basic needs with 13 percent;
- assistance with securing health care with 13 percent; and
- employment and training at 12 percent.

### Focus Groups and Open Feedback

Other forms of feedback produced the same results, with EM&R as the top community concern. For example, at the Boulder County Farmers Market, had affordable housing been treated as its own issue, it would have been the third overall choice behind health and well-being and homelessness. Through several focus groups, residents voiced concerns that the cost of living in Boulder was having an impact on their daily lives.

Focus groups and open-ended feedback also provided additional information on potential strategies including:

- increasing employment opportunities;

- providing a living wage to all employees; and
- increasing access and availability of education and training programs.

### HEALTH & WELL-BEING

Health & Well-Being was an issue area that many residents felt was important, but residents varied in their prioritization.

### Surveys

The phone and online surveys both had mental health programs and services at the top of the responses in the overall results, while physical health was at the middle or bottom third. Physical health was significantly more supported by Hispanic and Latino residents.

- In the phone survey, physical health was rated most important by 80 percent of Hispanic and Latino residents, making it the top overall choice by a large margin.

Hispanic and Latino residents also experienced more difficulty than white, not Hispanic/Latino residents in making ends meet for:

- health insurance;
- mental health care;

- physical health care; and
- medication.

Non-white and non-Hispanic/Latino residents also experienced similar difficulty, especially for physical health and medication costs.

The outreach survey featured more in-depth questions that addressed some of the barriers to healthcare. White, not Hispanic/Latino residents were more likely to have insurance but still identified issues with the cost of healthcare, while Hispanic and Latino residents identified having no insurance at all, or insurance that did not cover necessary services. Having to pay completely out-of-pocket for care may help explain why Hispanic and Latino residents prioritized physical health across the community engagement process.

### Focus Groups and Open Feedback

Focus group participants and open-ended responses also identified healthcare as an issue in Boulder. Mental health access was identified as a key concern for homeless individuals, families and lower-income families. City boards and commissions and funding partners also prioritized mental health as a community need. Healthcare access was also mentioned as a barrier for specific populations, including:

- members of the undocumented community;
- adults with children eligible for health services;
- Boulder's gay community members; and
- adults with children eligible/utilizing public health services mentioned dental care as their largest unmet need.

### HOMELESSNESS

The key human services issue of Homelessness was a top area of concern for the community, with strong feelings for continuing or expanding current services and conversely equally strong feelings that there is too much being done already, or that doing more will create a bigger community issue.

### Surveys

In the phone and online surveys, a similar question asked residents to share their concerns. See **Figure 7**.

Emergency shelter and long-term housing were the fourth and fifth choices in the online survey.

A second question asked about the support for a year-round overnight shelter. Respondents in the phone survey supported a year-round shelter at a rate of 66 percent while the online survey had the support of 55 percent. A key point that may explain the differences between the results is the timing of the surveys. The online survey was open longer and had potential to be impacted by current events. Further supporting this notion is that early online

**FIGURE 7:** Top Three Community Concerns for Homelessness

| Choices | Phone Survey | Online Survey |
|---|---|---|
| 1. | Homeless families | Homeless families |
| 2. | Emergency shelter | Maintaining safe and accessible public spaces for all Boulder residents |
| 3. | Long-term housing | Preventing homeless |

results matched the phone survey more closely.

The outreach survey featured several questions on the key human services issue of homelessness. In the first question, residents were asked about their top concern related to the topic. The top answers were:

- availability of affordable housing at 30 percent;
- providing basic needs and resources at 23 percent; and
- public spaces are safe and accommodating for all residents at 19 percent.
- The second question asked residents to look at the draft goals of the proposed Homelessness Strategy and determine what they wanted the city to address first. The top answers were:
- support services (including basic needs) that provide stability for homeless individuals and families at 34 percent;
- programs that prevent homelessness at 30 percent; and
- develop pathways to long-term housing and retention at 22 percent.

### Focus Groups and Open Feedback

Open-ended feedback and focus group meetings also helped explain differences between surveys. Unlike the other key human services issues, homelessness support was not as dependent on a person's demographic characteristics, but was more influenced by a person's role/interaction with homelessness. Homeless families remained a top concern regardless of the audience. Groups representing current or former homeless service utilizers were more interested in immediate support such as food or access to shelter and showers while community providers supported longer-term solutions such as setting housing goal targets or supporting a more coordinated regional system.

A concept that was not emphasized in the prompted survey responses was the linkage between mental health and substance abuse and homelessness. Current or former homeless individuals stated both as barriers to service entry. Partners and boards and commissions also discussed this topic as an area of focus for increased partnership. Lastly, open-ended feedback solidified that respondents were significantly more in favor of helping residents versus someone that might be passing through. There were also comments that pushed for stronger law enforcement efforts and programs to make Boulder less attractive to the Homeless population from a service perspective.

**Inclusive and Welcoming Community**

An Inclusive and Welcoming community was at the bottom of the community's list of key human services issues. However, when looking at the results by demographic characteristics, it was clear that traditionally underrepresented populations felt differently.

**Surveys**

Both the phone and online survey asked about the importance of a variety of programs and services as well as populations to serve. The markers of creating a welcoming community and support for local human rights protection were the most relevant to the key issue. Support for local human rights was in the bottom third of choices and creating a welcoming community was at the bottom of the response list. As income level increased, support for both generally decreased. Support also was affected by race and ethnicity. All non-white residents, but especially Hispanic/Latino residents supported both at higher rates than white residents.

The outreach survey had one specific question that asked for potential strategies to address the issue of openness in the community. All residents were in support of organizing more community events to improve residential interaction. White, not Hispanic/Latino residents were more supportive of expanding community education about invisible populations and communities of color, while Asian and Hispanic/Latino residents felt it was more important to have resources in other languages and more culturally appropriate services. In the same question respondents had the ability to choose, "making people feel more welcome in Boulder is not a concern."

- A total of 17 percent of white, not Hispanic/Latino respondents chose this option.
- No Hispanic/Latino residents chose this option.
- A total of 32 percent of adults over 65 chose this option.
- A total of 7 percent of residents below 65 chose this option.

**Focus Groups and Open Feedback**

Focus group and feedback session participants reiterated that Boulder is an expensive community, and that there is a feeling of the haves versus the have nots. Feedback from marginalized members emphasized:

- stronger support for more basic services;
- helping residents that are not eligible for all services such as undocumented individuals; and
- support for those making too much to qualify for assistance programs.

Healthcare was another issue mentioned by several groups as being a barrier. In some instances, their children could access services such as dental care, but this was not readily available to parents. Another concern was the lack of overall diversity in Boulder. Several community members wanted to see more inclusive activities, and a government that represented all of Boulder's residents.

**Sample Open-Ended Responses**

"Is there any other group or issue that is important for the City of Boulder to support?" Examples include:

- affordability and diversity;
- bringing down the price of living for students, creating diversity and supporting groups of people who are not white;
- diversity should be a major issue;
- ethnic diversity, LGBTQ not a lot diversity; and
- we need more support to enhance and support diversity in our community.

On the other side of the conversation, open-ended feedback in several instances was negative. Several comments talked about the city focusing less on Hispanic/Latino residents and more on white, not Hispanic/Latino residents. Other comments suggested that there is not a need for the city to be diverse or that the city is better off without an inclusive and diverse community.

**Sample Open-Ended Responses**

"When you moved here what helped you feel welcomed into the community?" Examples include:

- no diversity, therefore safe and clean;
- I was not welcomed... very elitist city;
- honestly, I don't feel very welcome. I've lived in Colorado for my whole life, and Boulder for years, but I can barely, barely afford to pay rent and childcare; and
- take care of white middle class current residents.

## COMMUNITY ENGAGEMENT MATRIX

Community and stakeholder feedback provided critical input used to develop the Human Services Strategy. The Community Engagement Matrix describes each public engagement activity including the type of activity, intended audience, number of attendees or participants and available demographic information about respondents.

Public engagement reached diverse stakeholders and utilized multiple mechanisms including focus groups, community partner organization meetings, board and committee feedback sessions, open house events, curbside conversations and surveys. Through the engagement process, the city provided 41 unique community feedback opportunities and engaged 2,098 Boulder residents and stakeholders. Although many of the city's community engagement activities were not conducive to collecting demographic data, staff collected information about the age, income and race or ethnicity of respondents from four community surveys. Summary demographic information from the three all-ages surveys is charted below. See **Figure 8**. The department also conducted three older adult and caregiver focused surveys. Almost all the respondents were greater than 65 (84 percent) and nearly half were above the age of 75 (47 percent). Most respondents, 66 percent, had a household income below $75,000.

The department shared research and community engagement findings with key community stakeholders and partners that either directly serve or support Boulder residents. Stakeholders attended issue area-specific sessions that featured short presentations by staff followed by an open period for questions and feedback.

Several consistent themes emerged across all community engagement methodologies.

- Affordability was regularly identified as a top community concern.

- Affordable housing was identified as a specific concern, although respondents often defined the challenge differently.

- Programs supporting families were generally emphasized over programs that support individuals.

- The needs and programs for children were emphasized over adults.

- Healthcare access and affordability were identified as a top concern.

- Within the Aging Well key human services issue, respondents identified transportation, basic needs and aging in place or community as top concerns.

- Homelessness was identified as a top issue, but specific community concerns varied.

This matrix describes each specific engagement tool and event. See **Figure 9**.

**FIGURE 8:** Top Three Community Concerns for Homelessness

| Age | Total |
|---|---|
| 18-24 (19%) | 154 |
| 25-64 (65%) | 516 |
| 65+ (16%) | 125 |

| Household Income | Total |
|---|---|
| < $75,000 (51%) | 364 |
| $75,000 to $150,000 (32%) | 225 |
| $150,000+ (17%) | 122 |

| Race/Ethnicity | Total |
|---|---|
| White-only (79%) | 619 |
| Non-White, Non-Latino/Hispanic (10%) | 81 |
| Latino/Hispanic (11%) | 88 |

**FIGURE 9:** Community Engagement Opportunities Categorized by Outreach Mechanism

| Community Engagement – Public Facilitated Focus Group/Meeting Opportunities | Outreach Mechanism | Audience | Number in Attendance or Engaged and Demographic Information |
|---|---|---|---|
| **Single Adults with Lived Homelessness Experience** | Focus group | Adults that were either currently experiencing or previously experienced homelessness | TOTAL: 8<br>*Demographic Information:* Unavailable<br>Significant input from homeless community |
| **Youth/Young Adults with Lived Homelessness Experience** | Focus group | Youth/young adults that were either currently experiencing or previously experienced homelessness | TOTAL: 10<br>*Demographic Information:* Unavailable<br>Significant input from homeless community |
| **Aging Well** | Focus group | Older adults 60+, mostly long-time residents familiar with Boulder's Senior Services | TOTAL: 21<br>*Demographic Information:* Unavailable<br>Significant input from 55+ community |
| **Family Resource Schools Families*** | Focus group | Families and parents - primarily Hispanic/Latino and lower-income, currently utilizing services | TOTAL: 15 families<br>*Demographic Information:*<br>Median Age – 42<br>Level of Education:<br>1 – Elementary<br>1 – Middle School<br>3 – High School<br>3 – University<br>1 – Ph.D.<br>Significant input from low-income and Hispanic/Latino families |
| **Boulder Housing Partners Families*** | Focus group | Families and parents - primarily Hispanic/Latino and lower-income, currently utilizing services | TOTAL: 5 families<br>*Demographic Information:* Unavailable<br>Significant input from low-income and Hispanic/Latino families |
| **EFAA Families*** | Focus group | Families and parents - primarily Hispanic/Latino and lower-income, currently utilizing services | TOTAL: 4 families<br>*Demographic Information:* Unavailable<br>Significant input from low-income and Hispanic/Latino families |
| **Faith Community**<br>*Faith organizations that participate in human services* | Focus group | Representative members from nine Boulder faith organizations participated | TOTAL: 10<br>*Demographic Information:* Unavailable |
| **Latino Older Adults/San Juan del Centro*** | Focus group | Low-income, Latino older adults living at San Juan del Centro and are Cafecito participants | TOTAL: 9<br>*Demographic Information:*<br>100% Hispanic/Latino<br>Significant input from Hispanic/Latino and 55+ community |
| | | Total Groups = 8 | Total Participants = 82 |

| Community Engagement – Survey Opportunities | Outreach Mechanism | Audience | Number in Attendance or Engaged and Demographic Information |
|---|---|---|---|
| **Phone Survey** | Survey | Representative sample, random digit dial of Boulder residents available in English and Spanish | TOTAL: 401 - Results weighted to match Boulder's demographics<br><br>Age – 18-24 (34%), 25-64 (57%), 65+ (9%)<br><br>Race/Ethnicity – White only (82%), Non-White and Non-Latino/Hispanic (9%), Latino/Hispanic (9%) |

| Community Engagement – Survey Opportunities | Outreach Mechanism | Audience | Number in Attendance or Engaged and Demographic Information |
|---|---|---|---|
| | | | Income - <$75,000 (50%), $75,000 to $150,000 (33%), $150,000+ (17%) |
| Online/paper Survey* | Survey | Online and paper survey available in both English and Spanish available to all Boulder residents above age 18 | TOTAL: 303<br><br>Age – 18-24 (1%), 25-64 (77%), 65+ (22%)<br><br>Race/Ethnicity – White only (81%), Non-White and Non-Latino/Hispanic (9%), Latino/Hispanic (10%)<br><br>Income - <$75,000 (44%), $75,000 to $150,000 (37%), $150,000+ (19%) |
| Mapping our Future Event | Open house with survey | Open public event for all Boulder residents | TOTAL: 60 (10 additional prioritizations from WSC lobby event not counted in total) |
| Business Survey | Survey | Open survey available to all Boulder business owners and employees, distributed through Downtown Boulder and Boulder Chamber of Commerce | TOTAL: 18 |
| Mapping our Future Event II | Open house with survey | Open public event for all Boulder residents | TOTAL: 45 at the event<br><br>Age – 18-24 (19%), 25-64 (55%), 65+ (26%)<br><br>Race/Ethnicity – White only (49%), Non-White and Non-Latino/Hispanic (22%), Latino/Hispanic (29%)<br><br>Income - <$75,000 (76%), $75,000 to $150,000 (15%), $150,000+ (9%) |
| Outreach to Underrepresented Populations* | Survey | A shortened version of survey # 2 was distributed to underrepresented populations including, Latino families and older adults, and Asian families that attend Family Resource Schools | TOTAL: 64<br>Significant input from low-income, Asian, and Hispanic/Latino families (see above for total demographics) |
| Older Adult Survey | Survey | Open online and paper survey available in English and Spanish. Distributed broadly to current users at the East and West Senior Centers as well caregivers and older adults not currently utilizing Boulder senior services | TOTAL: 122 – Race/Ethnicity not collected in this instrument<br><br>Age – 18-24 (0%), 25-64 (10%), 65+ (90%)<br><br>Race/Ethnicity – N/A<br><br>Income - <$75,000 (65%), $75,000 to $150,000 (29%), $150,000+ (6%) |
| Older Adult Facility Survey | Survey | Open online and paper survey available in English and Spanish. Distributed broadly to current users at the East and West Senior Centers as well caregivers and older adults not currently utilizing Boulder senior services | TOTAL: 140 – Race/Ethnicity not collected in this instrument<br><br>Age – 18-24 (1%), 25-64 (19%), 65+ (80%)<br><br>Race/Ethnicity – N/A<br><br>Income - <$75,000 (63%), $75,000 to $150,000 (30%), $150,000+ (7%) |
| Older Adult Programs Survey | Survey | Open online and paper survey available in English and Spanish. Distributed broadly to current users at the East and West Senior Centers as well as caregivers and older adults not currently utilizing Boulder senior services | TOTAL: 149<br><br>Age – 18-24 (N/A), 25-64 (15%), 65+ (85%) |
| Community Engagement – Survey Opportunities | Outreach Mechanism | Audience | Number in Attendance or Engaged and Demographic Information |
| | | | Race/Ethnicity – White only (97%), Non-White and Non-Latino/Hispanic (1.5%), Latino/Hispanic (1.5%)<br>Income - <$75,000 (63%), $75,000 to $150,000 (30%), $150,000+ (7%) |
| | | Total Groups = 8 | Total Participants = 1302 |

| Community Engagement – Partner Opportunities | Outreach Mechanism | Audience | Number in Attendance or Engaged |
|---|---|---|---|
| Boulder Homelessness Planning Group | Feedback session | Boulder community partners that provide direct services or support related to homelessness issues | TOTAL: 11 |
| Human Services Alliance/HSF Grantees | Feedback session | Alliance membership is composed of Boulder County human service agencies. A full list of members can be found at www.hsacfbc.org. | TOTAL: 31 agencies represented |
| Community Funders Meeting | Feedback session | Primary agencies that provide community funding in Boulder County.<br><br>Boulder County, City of Longmont, Foothills United Way and City of Boulder | TOTAL: 5 |
| Boulder County Ten-Year Plan to Address Homelessness Advisory Board | Interactive presentation and feedback session | County-wide Board with multi-sector representation and expertise related to homelessness | TOTAL: 10 |
| Out Boulder County and LGBTQ Allies Meeting* | Feedback Session | Out Boulder County, residents and allies representing the Boulder LGBTQ Community | TOTAL: 13 |
| Human Services Alliance/HSF Grantees Meeting II | Feedback session | Alliance membership is composed of Boulder County human service agencies. A full list of members can be found at www.hsacfbc.org. | TOTAL: 38 agencies represented |
| Boulder Good Start Subject Matter Expert Meeting | Interactive presentation and feedback session | Invitations were sent through the Human Services Alliance membership and to community funded organizations that provide direct services or support in the area of a Good Start | TOTAL: 12 |
| Boulder Aging Well Subject Matter Expert Meeting | Interactive presentation and feedback session | Invitations were sent though the Human Services Alliance membership and to community funded organizations that provide direct services or support in the area of Aging Well | TOTAL: 8 |
| Boulder Economic Mobility & Resilience Subject Matter Expert Meeting | Interactive presentation and feedback session | Invitations were sent through the Human Services Alliance membership and to community funded organizations that provide direct services or support in the area of Economic Mobility and Resilience | TOTAL: 6 |
| Boulder Health and Well-being Subject Matter Expert Meeting | Interactive presentation and feedback session | Invitations were sent through the Human Services Alliance membership and to community funded organizations that provide direct services or support in the area of Health and Well-Being | TOTAL: 8 |
| Boulder Homelessness Subject Matter Expert Meeting | Interactive presentation and feedback session | Invitations were sent through the Human Services Alliance membership and to community funded organizations that provide direct services or support in the area of Homelessness | TOTAL: 12 |
| Boulder Inclusive and Welcoming Subject Matter Expert Meeting | Interactive presentation and feedback session | Invitations were sent through the Human Services Alliance membership and to community funded organizations that provide direct services or support in the area of Inclusive and Welcoming | TOTAL: 10 |
| | | Total Groups = 12 | Total Participants = 164 |

| Community Engagement – Advisory Board/Commission Opportunities | Outreach Mechanism | Audience | Number in Attendance or Engaged |
|---|---|---|---|
| Senior Community Advisory Committee (SCAC) | Presentation and feedback session | SCAC Members appointed by the city manager that provides policy and program guidance for Boulder's Senior Services | TOTAL: 5 |
| Family Resource Schools Advisory Committee* | Introduction to process and feedback session | Families and parents that partner and participate in the Family Resource Schools Program | TOTAL: 3 families<br><br>Significant input from low-income and Hispanic/Latino families |
| Youth Opportunities Advisory Board (YOAB)* | Interactive presentation and feedback session | YOAB Members (enrolled in Boulder Valley School District and are Boulder residents 2015-2016) | TOTAL: 13<br>Significant input from youth, including Hispanic/Latino and Asian youth |
| Downtown Management Commission | Interactive presentation at a public meeting | Commission member appointed by City Council. Three members must own property in downtown Boulder and two are citizens | TOTAL: 5 |
| Library Commission | Interactive presentation and feedback | Commission members consists of five members appointed by the city council for five-year terms | TOTAL: 5 |
| Human Relations Commission | Study session, presentation and feedback | Commission members consists of five members appointed by the city council for five-year terms | TOTAL: 4 |
| YOAB Meeting II*<br>*Group was asked about three specific topics.* | Interactive presentation and feedback session | YOAB Members (enrolled in Boulder Valley School District and are Boulder residents 2016-2017) | TOTAL: 16<br>Significant input from youth, including Hispanic/Latino and Asian youth |
| Human Relations Commission II | Study session, presentation and feedback | Commission members consists of five members appointed by the city council for five-year terms | TOTAL: 4 |
| Senior Community Advisory Committee (SCAC) II | Presentation and feedback session | SCAC Members appointed by the city manager that provides policy and program guidance for Boulder's Senior Services | TOTAL: 4 |
| Library Commission II | Interactive presentation and feedback | Commission members consists of five members appointed by the city council for five-year terms | TOTAL: 5 |
| | | Total Groups = 10 | Total Participants = 64 |

| Community Engagement – Curbside Conversations | Outreach Mechanism | Audience | Number in Attendance or Engaged |
|---|---|---|---|
| Boulder County Farmers Market (BCFM) | Street survey | Open to all BCFM attendees and guests | TOTAL: 250 |
| Council Correspondence | Emails to council | Emails, calls and in-person meetings that come directly to City Council and are distributed to the department or departments that can respond appropriately to the requests from residents | TOTAL: 186 |
| Central Broadway Planning Projects Open House | Facility Survey and open discussion | Open to all residents interested in planning and development current and future projects in central Boulder | TOTAL: 50 |
| | | Total Groups = 3 | Total Participants = 486 |

| Community Engagement – Internal Focus Groups | Outreach Mechanism | Audience | Number in Attendance or Engaged |
|---|---|---|---|
| Internal – Senior Services | Focus group | City of Boulder Senior Services staff | TOTAL: 10 |
| Internal – Youth and Family Services | Focus group | City of Boulder Youth and Family Services staff | TOTAL: 7 |
| Internal – Human Rights, Community Relations, Youth Opportunities, Mediation | Focus group | City of Boulder Human Rights, Community Relations, Youth Opportunities, and Mediation staff | TOTAL: 5 |
| Internal groups not counted towards the final total | | Total Groups = 3 | Total Participants = 22 |

## COMMUNITY ENGAGEMENT PARTNERS LIST

Across 41 community engagement events and opportunities, a total of 70 organizations have provided feedback as of 6-1-17:

- Adult Care Management Inc.
- Alternatives for Youth
- Alzheimer's Association
- Association for Community Living
- Attention Homes
- Audio Information Network of Colorado, Inc.
- Blue Sky Bridge
- Boulder Chamber of Commerce
- Boulder County (Area Agency on Aging, Community Services, Head Start, Health and Human Services, Public Health, Women Infants and Children)
- Boulder County Aids Project
- Boulder County CareConnect
- Boulder County Legal Services
- Boulder Day Nursery Association
- Boulder Food Rescue
- Boulder Housing Partners
- Boulder Jewish Family Service
- Boulder Outreach for Homeless Overflow
- Boulder Rights Watch
- Boulder Shelter for the Homeless
- Boulder Valley Christian
- Boulder Valley School District (Teen Parent Program)
- Boulder Valley Women's Health Center
- Bridge House

- Center for People with Disabilities
- Children First of the Rockies
- Children's House Preschool
- Circle of Care
- City of Longmont
- Clinica Campesina Family Health Services
- Colorado Legal Services
- Community Action Development Corporation
- Community Food Share
- Congregation Har HaShem
- Cornerstone Church of Boulder Valley
- Crestview Church
- Dental Aid
- Downtown Boulder Inc.
- Early Childhood Council of Boulder County
- Emergency Family Assistance Association
- Executive Funders Committee (not included in the count as individual members were counted)
- Family Resource Schools
- Foothills United Way
- Frasier Meadows Retirement Community
- Global Service Office
- Habitat for Humanity St. Vrain Valley
- Hope for Longmont
- Human Services Alliance of Boulder County (not included in the count as individual members were counted)
- I Have a Dream Foundation
- Immigrant Legal Center of Boulder County
- Intercambio de Comunidades
- Latino Task Force of Boulder County

- Meals on Wheels of Boulder
- Mental Health Partners
- Mother House, Inc.
- New Horizons Cooperative Preschool
- Out Boulder County
- Pine Street Church
- Programs for All-Inclusive Care for the Elderly
- Project YES
- Sacred Heart of Mary Church
- Safe Shelter of St. Vrain Valley
- Safehouse Progressive Alliance for Nonviolence Inc.
- Saint Aidan's Episcopal Church
- San Juan Del Centro
- Sister Carmen Community Center
- The Center for People with Disabilities
- The Reverence Movement
- Thistle Community Housing (Worthy Cause)
- TLC Learning Center
- TRU Community Care
- Via Mobility Services
- YWCA of Boulder County

# APPENDIX D

# APPENDIX E

## FACILITY RECOMMENDATION

Recommendations for the Human Services West Senior Center (WSC) facility were guided by a combination of staff feedback, community input and research. Feedback from the community was collected in 2016 and 2017 through five surveys, one focus group, one community partner meeting and two advisory board/committee meetings. Community input was also collected in coordination with the Boulder County Area Agency on Aging during the engagement phase of the Age Well Boulder County Master Plan in 2014. Research efforts focused on relevant city-wide planning projects to ensure alignment with the overall development goals and vision.

### Key Results

- Community members support facilities that provide a "one-stop shop" of multiple services;
- Community members support facilities serving multiple generations, with a preference for defined spaces, e.g., for older adults and youth; and
- Community members prefer that the WSC remain at its current location at 909 Arapahoe Avenue. If it were to relocate, community members prefer that senior services move to the Alpine-Balsam site.

### Survey Feedback

Human Services conducted a total of five community surveys which included facility questions during July 2016 to April 2017. See Figure 1.

Results of Surveys 1 (random sample phone survey) and 2 (non-random online survey) indicated support by all audiences for centers for multiple human services purposes and serving multiple generations over single-purpose facilities for older adults only. See Figure 2.

Surveys 3 and 5 asked a similar question in a multiple-choice format. See Figure 3.

Survey participants were also asked about the location of the facility. In both Survey 3 (the general older adult survey) and Survey 5 (the older adult facility survey), residents were asked if they preferred that the WSC stay at its current location, or relocate to another space. In both surveys, most respondents wanted the center to remain at its current location at 909 Arapahoe Avenue. See Figure 4.

Residents who chose "prefer if it move" or "no preference" were prompted to choose a new relocation site. The most popular choice in both surveys for a potential relocation was the Alpine-Balsam site. The Alpine-Balsam site was listed in a randomized set of choices in Survey 3 and as a sole choice with the option to write in additional sites in Survey 5.

Survey 4 (older adult programs survey) did not feature questions specifically on facility location, but did ask about programs, services and logistics that impact facility location. Most respondents preferred that the center remain open during the current week day hours. Around 22 percent of respondents wanted later evening hours (5-7 p.m.), and would be more likely to visit if Saturday (33 percent) or Sunday (22 percent) hours were available. When asked about wellness programs, fitness was the top overall choice with 55 percent. Offering expanded fitness would likely require space modifications at the current West Senior Center.

### Focus Group, Partner Meeting, Board and Commission Meetings, and Open-Ended Feedback

Open-ended responses in the surveys, as well as anecdotes collected through facilitated focus groups and board and commission meetings were consistent with the survey findings.

In the facility survey, respondents were asked to describe the types of spaces and services they would like to see in an integrated center.

- The responses ranged from having informal space or services to more specific recommendations like having child care centers where the older adults

**FIGURE 1:** Summary of Surveys with Questions about the West Senior Center

| Survey | Sample Size | Type | Target Audience |
|---|---|---|---|
| 1 | 401 | Statistically Valid Random Sample Phone Survey | Broad community |
| 2 | 303 | Non-random online survey | Broad community |
| 3 | 122 | Non-random general older adult survey | Older adults and caregivers |
| 4 | 149 | Non-random older adult | Older adults and |

**FIGURE 2:** (Survey 1 & 2) On a scale of 1 to 5, where 1 is not important and 5 is very important, how important to you is it that the City of Boulder supports the following programs and services for older adults.

| | Senior centers for older adults only (Rated) | Centers for multiple purposes and generations together (Rated) |
|---|---|---|
| **Survey 1 Phone survey (n=401)** | Very Important = 15%<br>Somewhat Important = 29%<br>Neutral = 32%<br>Somewhat Unimportant = 15%<br>Very Unimportant = 9% | Very Important = 27%<br>Somewhat Important = 35%<br>Neutral = 22%<br>Somewhat Unimportant = 14%<br>Very Unimportant = 3% |
| **Survey 2 Online survey (n=303)** | Very Important = 22%<br>Somewhat Important = 30%<br>Neutral = 25%<br>Somewhat Unimportant = 15%<br>Very Unimportant = 9% | Very Important = 37%<br>Somewhat Important = 30%<br>Neutral = 19%<br>Somewhat Unimportant = 6%<br>Very Unimportant = 7% |

**FIGURE 3:** (Surveys 3 and 5) What is your preference for the type of facility the city provides for older adult programs and services? Please choose the one option that is your top choice.

| | A facility that provides services and gathering space for older adults only | An integrated service center for mixed ages sharing common areas and space | An integrated service center for mixed ages with separate defined spaces for older adults | Total for integrated space that is defined or separate |
|---|---|---|---|---|
| **Survey 3 Older Adult Survey (general)** | 29% | 23% | 46% | 23%+46%=69% |
| **Survey 5 Older Adult Facility Survey** | 33% | 22% | 40% | 22%+40%=66% |

**FIGURE 4:** (Surveys 3 and 5) Do you prefer that the West Senior Center stay at its current location near the main library, or do you think it should relocate?
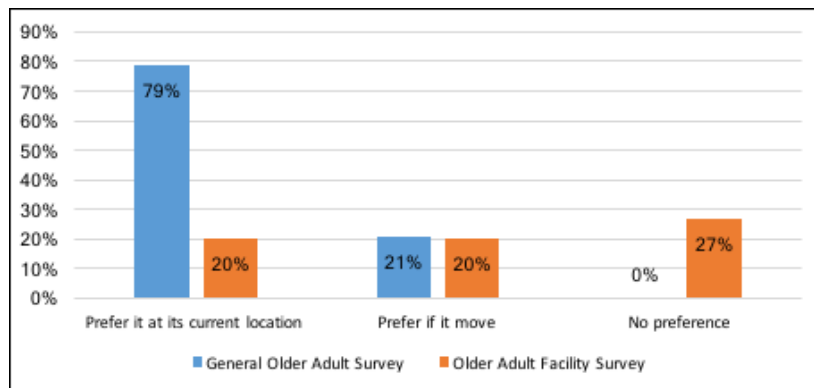


can help support the younger children.

- One resident commented that mixed generation activities with grandchildren is important because "there seems to be a loss of connection of the family."
- One focus group, one partner meeting and two advisory committees were queried about Human Service facilities. A summary of the results is as follows:
- Partners in the Aging Well subject matter expert meeting stressed the importance of keeping older adults engaged to prevent depression. They also talked about how there is a "general sense that senior services [in Boulder] are fractured and hard to navigate without a one-stop shop."
- Participants in the Aging Well focus group talked about transportation as a barrier to services. Having to travel from one site to the other for exercise and services is difficult. They also mentioned the need for intergenerational activities, but still having senior only space too.
- The Senior Community Advisory Committee supported the survey findings, and preferred a center that had integrated services and space with separate areas for older adults. For them, one of the biggest barriers at the existing site was parking.
- The Youth Opportunity Advisory Board also supported an integrated facility with separate defined spaces for youth and adults. They cited the enhanced collaboration of youth and adult programs and better sense of community made possible by integrated services. Board members preferred separate space for youth to feel safe, and rooms/activities geared towards their specific needs.

**Age Well Boulder County – City-Specific Feedback**

In the summer of 2014, the city partnered with the

county on four meetings to collect community input for the Boulder County Age Well Master Plan. Each meeting was comprised of survey and discussion, and included Boulder Human Services-specific facility questions. Three were open to the general public and one was focused on the Latino community.

Two questions addressed the type of facility that residents preferred. The results for both questions show a clear preference for combining facilities and near-even support for a multi-generational service center versus an older adult-only service center. See Figures 5 and 6. Though not provided as an explicit choice, most comments mentioned that residents wanted a facility that combined older adult-only space with a center that served multiple generations. Several participants talked about a stronger nexus with the library and a preference for combining multiple services such as exercise and senior services, as is found at the East Boulder Community Center/East Boulder Senior Center site.

In addition to the survey responses, participants also provided written comments. The biggest barrier cited for the WSC was the lack of parking. Transportation was also mentioned by several residents as a need in the community and as a barrier to attending programs and services. Latino respondents voiced many of the same concerns and emphasized low-cost transportation and translation as barriers. Several Latino residents also expressed a desire for more informal gathering space.

**Staff Feedback**

Staff from Public Works and Facilities and Maintenance provided input on the future of the WSC. During the facilitated discussion, staff considered the pros and cons of the current location and of the Alpine-Balsam space to best serve the needs of Boulder's residents. Ideas that informed consideration included a space with co-located services, community gathering space and ways to access information and services such as kiosks. See **Figures 7 and 8**.

**FIGURE 5:** Do you think Boulder should continue to offer stand-alone senior centers, or provide services to older adults in combination with other facilities, such as libraries, community centers, and rec centers?

| Combined Survey Results | Stand Alone | Combine with other facilities | Other |
|---|---|---|---|
| (N=16) | 31% | 69% | 0% |

**FIGURE 6:** Do you like the idea of providing a range of services for families, including older adults, at one location? Or do you prefer an older adults-specific service center?

| Combined Survey Results | Multi-generational service center | Older adult-specific service center |
|---|---|---|
| (N=17) | 47% | 53% |

**FIGURE 7:** Location – Current (909 Arapahoe Avenue)

| Pros | Cons |
|---|---|
| Existing synergy with the library | Currently limited parking especially for older adults and families |
| Opportunity to connect community gathering space with planning and direct services. Capacity to integrate staff and services without a large expansion | Located in the 100-year flood plan conveyance zone and did receive damage during the most recent flooding in 2013 |
| Pick up /drop off structure already in place for older adults and families with small children | |
| Close to transit center | |
| Flood mitigation work has commenced reducing the flood risk | |
| Community engagement indicated that the community prefers the center to stay here | |
| Community benefits from shared space and adjacent properties | |

**FIGURE 8:** Location - Alpine-Balsam (8.8-acre site of the former Boulder Community Health Hospital)

| Pros | Cons |
|---|---|
| Parking will be more readily available | Not a large overlap in service nexus for clients with county offices that are proposed to share the space |
| Potential synergies and overlap with county services | |
| Large space for community gatherings | |
| Opportunity to forge or expand partnerships with other city departments, community nonprofits and related services | |
| Community benefits from shared space and adjacent properties | |
| Would align with the site's vision for multi-generational, multi-cultural and affordable housing | |

### Research

Staff performed a literature review of relevant city-wide planning projects to determine alignment with the overall goals and council direction. Plans reviewed were:

- Civic Area Master Plan

  o Goal of consistent design and building feel

  o Creating a downtown hub for a signature inclusive space

  o Direct mention of WSC

  o Calls for any new senior center to be consistent with best practices and models providing a wider range of access for older adults to resources, socialization and continuous leaning enrichment

  o Implores the city to explore co-location of the center with other services either at the current location (with redevelopment) or elsewhere close to other services and amenities

- Alpine-Balsam Vision Plan

  o Goal of consistent design and building feel

  o Creating a hub for a signature inclusive space

  o Describes an emphasis on affordable housing and a "15 minute" neighborhood

- Facilities and Maintenance Master Plan

  o Maintenance-focused and provides details of needed improvements

  o Describes the flood plain and that the WSC is in the 100-year conveyance zone

  o Calls for improvements for environmental sustainability

  o Attachments to the plan provide additional detail on WSC

- Facilities Strategic Plan

  o Direct mention of WSC

  o Maintenance focused and provides details of needed improvements

  o Describes the flood plan and that the WSC is in the 100-year conveyance zone

The data and planning reports support the co-location of services for multiple generations, but renovations to the current WSC will be necessary to accommodate public need and maintain a central design theme.

### Recommendations

Council guidance, community engagement results and research efforts support exploration of an integrated Human Services center for multiple ages and services, with some defined areas such as for older adults and youth.

Specific recommendations for consideration are:

1. Provide a multi-generational, multipurpose Human Services center for multiple ages and services. This includes Human Services community funding, homelessness planning and administration, children and family services, community mediation services, youth opportunity programs, and older adult services. Include some defined areas such as for older adults and youth.

2. In addition to space for programs, meetings and offices, there is a need for the facility to serve as a community gathering space. Examples of community gathering space needs include older adult, children and family programs and  events; Office of Human Rights and Community Relations work group and Human Relations Commission-related events such as cultural grants and festivals; programs related to the Inclusive and Welcoming Community work plan; gathering related to immigrant issues; mediations involving multiple parties over a period of time; Youth Opportunity Program gathering spaces for youth; and other Human Services-related community engagement programs.

3. In conjunction with Alpine-Balsam and Civic Area citywide planning efforts, determine location/s of services.

4. If services co-locate at 909 Arapahoe site, redevelop, renovate, remodel or rebuild facility to accommodate public need, address structural deficiencies and align with the Civic Area flood assessments and facility assessments. Conduct a space study to inform optimal use of the current facility footprint.

5. Include a welcoming entry and non-bureaucratic atmosphere where people feel safe. Examples would be the undocumented immigrant community, older adults, people who may be afraid of or intimidated by government.

6. Pursue ways for community to access information and services without physically being on site, such as online and via community kiosks.

7. If services co-locate, repurpose the Human Services building located at 2160 Spruce Street to the highest and best city use.

# APPENDIX F

## COMMUNITY FUNDING

This full report can be found at:
**https://bouldercolorado.gov/links/fetch/42828**

### Framework for Community Funding

Priorities and Guiding Principles of the City of Boulder Human Services Strategy (Strategy) form the foundational framework for the city's community funding methodology.

### Priority on Economic Mobility and Resilience and Homelessness

Economic Mobility and Resilience and Homelessness are two goal areas identified for expanded focus in the Human Services and Homelessness Strategies over the next five years. The Homelessness Strategy identifies a new system of services focused on a coordinated entry, assessment and service delivery system, which prioritizes client need and permanent housing for better long-term outcomes, while continuing to ensure safety net services are available.

Boulder residents consistently identified poverty and affordability as top community concerns during public engagement. Poverty factors significantly influence other human services challenges and are a root cause to many long-term, downstream social welfare issues.

National research data suggests that by reducing poverty, improving resilience to economic downturns and expanding opportunities to become economically mobile, communities can significantly improve the quality of life for residents and, over time, reduce the demand on emergency and crisis services. By prioritizing goals related to economic mobility and resilience, the city can positively affect multiple populations and community needs.

### Core Principles

Consistent with the Strategy, three core principles will influence future human services community funding decisions:

- focus more resources on upstream investment;

- data-driven decision making based on outcomes; and

- focus more resources on integrated and coordinated services for greater effectiveness and efficiencies.

These principles will be used as criteria to evaluate funding applications. Program proposals will be eligible for higher scores for incorporating one or more of the core principles described below.

The core funding principles will not be a required element of every proposal for community funding. Instead, the principles are factors that will be considered in evaluating proposals and funding decisions. Other factors that will affect funding include:

- The strength of connection to specific goals and strategies. Proposals more strongly linked to specific strategies will be considered more favorably.

- The degree of collaboration. The department encourages organizations to apply for funding with partner organizations and to work collectively on targeted strategies and shared programs.

- Use of evidence-based, promising and innovative practices. The department encourages programs that feature established practices that are well grounded in academic and empirical research. The department also encourages use of innovative or promising practices that may help the city find new solutions for human services challenges.

*Upstream investment* – Community funding will support early interventions that target the root causes of social problems. Upstream investment focuses on outcome-based programs and policies designed to address problems before they become more critical and expensive. More downstream interventions should identify how programs and services are connected to prevention and upstream programs. In the upstream investment model, programs may also be prioritized for funding based on: evidence-based, promising practices or innovative practices. Service providers are encouraged to adopt one of these practices. An example of evidence-based programs and their definitions can be found at SAMHSA's National Registry of Evidence-based Programs and Practices.

*Data-driven outcomes* – The city will use outcome performance measures to drive funding decisions and services. Meaningful indicators will measure client outcomes rather than outputs – such as the number of services provided or clients served.

*System integration* – Community funding will support approaches that provide a client-centric, no-wrong-door access to services and emphasize funding partnerships over a funder/grantee contracting relationship. System integration emphasizes a seamless social safety net that is more efficient and effective for both service delivery agencies and clients. Funders and agencies will commit to common goals and outcomes and create mechanisms for accountability, particularly regarding data and performance measurement.

**Current Community Funding Mechanisms**

Human Services Fund ($2.1 million annually)

The City of Boulder's Human Services Fund (HSF) provides approximately $2.1 million annually to community agencies providing direct services to Boulder residents in support of the current Human Services Master Plan. Awards are made through a competitive process based on alignment with City of Boulder priorities, goals and outcomes.

Utilizing the regional grants management system (GMS) e-CImpact, nonprofit, government and educational agencies target and report on human service community indicators and outcomes. The GMS is shared by Boulder County, and the cities of Boulder and Longmont. It provides a common application and standard impact areas, outcomes and indicators.

HSF awards are made for ongoing operating support of human services programs. Capital projects, one-time events, technical assistance and general agency operating expenses currently are not eligible for HSF. Funding recommendations are determined by a five-member Human Services Fund Advisory Committee (HSFAC) and are approved by the city manager and City Council. Funded agencies provide a mid-year and year-end report on selected outcomes and indicators. For additional information about the funding process and the committee and to see a list of currently funded agencies, see the Human Services Fund website.

The current HSF impact areas roughly translate into the six new human service goals proposed for the updated Human Services Strategy.

In 2016, HSF funds were distributed as follows:

- Approximately 49 percent for community health and well-being;
- 24 percent for homelessness;
- 20 percent for children;
- 4 percent for inclusive and welcoming programs;
- 2 percent to economic mobility and resilience; and
- 1 percent for older adults.

See Figure F-1 for funding applied to each of the six goals.

The HSF's 2016 funding priorities and system includes some challenges that affect the new Strategy.

- Community priorities have shifted since the previous Master Plan was approved in 2006. This includes the new Strategy focus on economic mobility and resilience and homelessness. Funding strategies for the city need to reflect these changes.
- Many current indicators and program-level data received from agencies funded through the HSF are not as informative as needed to assess impact and broader community outcomes.
- Current HSF allocations are spread broadly across many organizations and are not focused on a deep community investment strategy.

Human Relations Commission (HRC) - Human Relations Fund ($30,575 in 2016)

The HRC Human Relations Fund supports events and initiatives that celebrate and appreciate diversity and inclusion in Boulder. Objectives are to support Boulder's diverse communities to celebrate cultural events, support education and outreach initiatives and promote inclusion and diversity in the community. The HRC supports community initiated activities that raise awareness on emerging civil rights issues in Boulder, facilitates interaction and understanding between communities, encourages collaboration among diverse communities, strengthens civic participation among Boulder's diverse communities, and promotes an inclusive society. The HRC encourages funding requests that

**FIGURE F-1:** 2016 Human Service Fund Awards by Human Services Strategy Goals
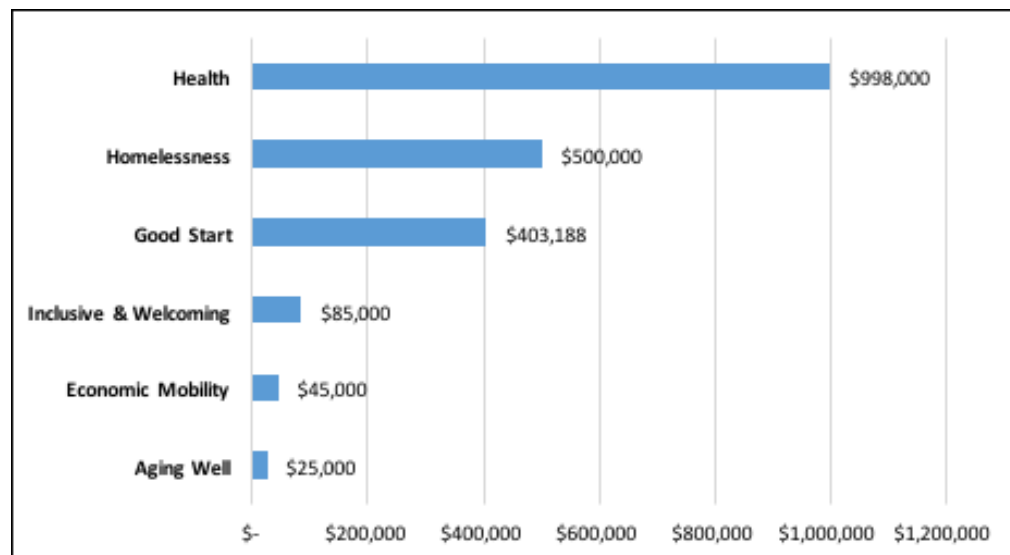
address or provide leadership development, youth involvement and collaborations with other groups to promote inclusivity and respect for diversity.

Youth Opportunities Fund ($20,000 Individual Fund, $35,000 Group Activities Grants, $115,000 Annual Grants in 2016)

The City of Boulder established the Youth Opportunities Program (YOP) in 1994 to provide cultural, educational and recreational opportunities for youth in the city. The program supports positive youth development programming that uses a strengths-based approach with special emphasis on meeting the needs of under-served youth. The Youth Opportunities Fund (YOF) is divided into allocations for annual grants, group activities grants, and individual grants for youth in exchange for community service. The middle and high school members of the Youth Opportunities Advisory Board (YOAB) oversee the allocation of the Annual Grants fund, including providing funding recommendations to the city manager.

Substance Education and Awareness (SEA) - $250,000 in 2016

The SEA program is funded through recreational marijuana tax revenues that City Council has designated for substance use prevention, treatment, and education programming with an emphasis on children and youth. In April 2016, a six-member review panel recommended allocation of $193,000 in funding to Boulder County Community Services Healthy Futures Coalition (HFC) as part of a competitive RFP process. Consistent with City Council direction on Nov. 17, 2015, the SEA contract with HFC was designed for a term of five years, with funding contingent on annual budget approval by City Council and achievement of annual program benchmarks and outcomes.

SEA is a community collective impact effort, with multiple partners implementing shared messaging, goals and measurement. A formal evaluation plan was developed by an independent evaluator hired by the city through a competitive RFP process. As a funder and a partner, city staff engage in regular meetings, progress check-ins, planning and course corrections with the HFC. This project is an early step into a community funding partnership incorporating the core principles from the new Strategy. The longer funding time-frame is aligned with an emphasis on long-term community outcomes, including changed perceptions of risk for substance use among youth.

Double Up Food Bucks (DUFB) - $15,000 in 2017

The Double Up Food Bucks (formerly called Double SNAP) program is a collaboration between the City of Boulder, Boulder County Public Health (BCPH) and Boulder County Farmers Markets (BCFM). Program partners seek to increase health equity by improving access to fresh, local fruits and vegetables for Boulder's low-income, Supplemental Nutrition Assistance Program (SNAP)-eligible residents, and by promoting local food production. The program provides a match of up to $20 on federal nutrition benefits available to SNAP participants for purchase of produce at the market.

The pilot program began in 2014 and continued in 2015. DUFB became part of LiveWell Colorado's "Double Up Colorado" program in July 2016. LiveWell Colorado is a statewide nonprofit organization committed to preventing and reducing the barriers to healthy eating and active living in Colorado communities that face inequity.

Keep Families Housed Pilot - $263,000 in 2017

The Emergency Family Assistance Association (EFAA) Keep Families Housed Pilot provides short-term rental assistance for families with children at extreme risk for housing insecurity. The pilot expands an existing rental assistance program that provides one month rent (up to $500) to reach additional families and provide for a second and in some instances a third monthly payment for up to 200 families. The second and third payments are conditional on a set of accountability measures aimed at ensuring that key children and adult outcomes are achieved (e.g., medical and dental check-up in the last year, enrollment in SNAP food assistance and other programs if eligible, school attendance). The pilot leverages public and private funding as well, and will be evaluated by an independent, third-party evaluator.

**Changes to City of Boulder Community Funding in Human Services**

Several changes are proposed to the city's community funding process to implement HS Strategy goals.

Human Services Fund Recommendations

At the Feb. 14, 2017 City Council study session on the Strategy, staff recommended significantly increasing funding to the Economic Mobility and Resilience (EMR) goal as a top priority area in the Strategy. A shift to EMR without additional resources would have resulted in significant funding reductions for other human services goals, particularly the Health and Well-Being goal, which currently comprises half of HSF funding. Council indicated support for more focus on EMR, but not at the expense of health or other goals.

Proposed HSF allocations and processes under the new HS Strategy are described below in two different scenarios.

Scenario 1 - Total funding allocated to HSF remains unchanged.

Scenario 2 - Total funding allocated to HSF is increased.

In either scenario, several common themes will apply.

- Under both scenarios, HSF funding will be targeted to specific strategies identified for each of the six human services goals. Although funding for programs depends on alignment with goals, strategies, key principles and quality of proposals, an initial analysis of currently funded programs suggests that nearly all would continue to be eligible to apply for funding in new goals and strategies. Some new strategies create opportunities for additional programs to be funded, including Economic Mobility and Resilience, Aging Well and Homelessness.

- Funding will be competitively awarded through a Request for Proposal (RFP) process conducted every four years. Options for funding in interim years are included below.

- Four-year grants will focus on long-term outcomes and consist of a funder/partner approach. City and program staff will regularly meet to assess progress toward goals and make recommendations regarding program adjustments and advancement. This funder/partner role redirects some staff time from annual fund rounds to partnership check-ins and dialogue on what's working or change recommendations. Longer funding terms are a national trend as more cities choose to focus on long-term strategies and outcomes. Four-year terms are dependent on appropriations and appropriate progress on program metrics and milestones. The city recognizes that four years may not be enough time to capture many long-term outcomes; however, this longer funding time-frame offers more opportunity to capture changes over time than previous one- and two-year cycles.

- The HSFAC will evaluate proposals and make funding recommendations to the city manager.

- Funded programs will report regularly on metrics and outcomes that are closely aligned with demonstrated results. Annually, each goal area will have a summit, where all funded programs communicate about their outcomes and learnings. The summit will provide an opportunity to share information with city agencies, similar programs and other community partners. For example, all programs funded in the Health and Well-being goal area would meet with staff and other Health and Well-being agencies to present on their program's outcomes project learning. The summits will be in conjunction with other funders. The summits would also provide an opportunity for cross-pollination and idea generation for new programs, program enhancements, or new partnerships. This is different from individual agency mid-year and year-end reports currently submitted as part of one-year cycles, with a deeper commitment to, and action on, results-driven contracting.

As part of the Homelessness Strategy and Homelessness Working Group recommendations, a new adult homeless services system is being launched in October 2017. This will require new contract structures with adult homeless services providers and re-allocation of some funding previously provided for adult homeless services through the HSF competitive fund round to a contracting process outside of the HSF competitive round.

***Scenario One: Total funding allocated to HSF remains the same***

In this scenario, HSF funds would be allocated by strategies within each of the six goals and would likely result in a funding scenario similar to the 2016 fund round (See **Figure F-1**).

**FIGURE F-1:** 2016 HSF Funding Allocations

| Health | $ | 998,000 |
|---|---|---|
| Homelessness | $ | 500,000 |
| Good Start | $ | 403,188 |
| Inclusive and Welcoming | $ | 85,000 |
| Economic Mobility | $ | 45,000 |
| Aging Well | $ | 25,000 |
| | | |
| **Total** | **$** | **2,056,188** |

**FIGURE F-2:** 2016 Human Service Fund Awards by Percentage
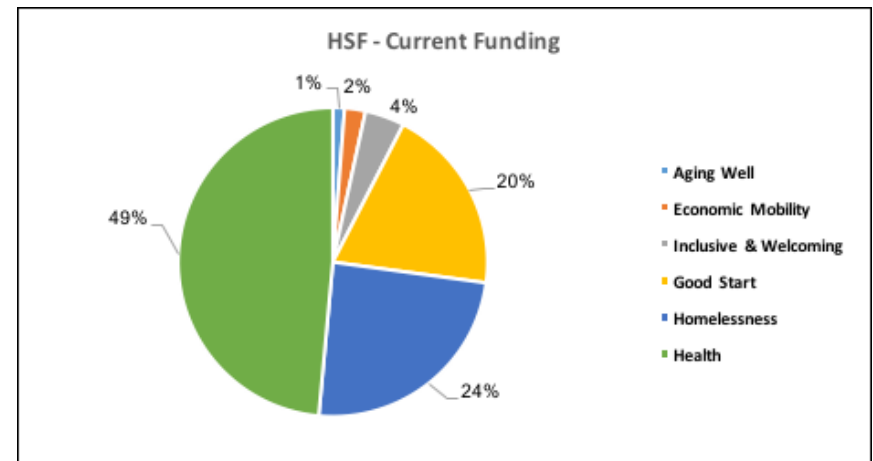
The funding allocation by percentages are shown in **Figure F-2** below.

As part of HS Strategy implementation, staff will work with partners to advance EMR and Homelessness goals across the community through partnerships and community funding. However, without additional funding to target EMR or Homelessness, proposals are likely to fall into historical patterns and the department is unlikely to reach goals for these areas.

The Scenario One funding process would include the following elements:

- The RFP would request proposals for programs targeted to strategies within each goal.

- Proposals within each strategy will be ranked higher (more points) if they incorporate core funding principles including upstream investment, system integration and data-driven service delivery.

- The RFP would encourage collaborative proposals involving

- Multiple organizations that apply jointly and work collectively on a program with shared metrics within a targeted strategy.

- Proposals that demonstrate evidence-based or evidence-informed practices will be rated higher.

*Scenario Two: Funding allocated to HSF is increased*

In scenario two, as new resources become available for the HSF, they will be allocated to all goal areas, with a greater focus on expanding Economic Mobility and Resilience as the key driver of other social welfare issues and Homelessness as a high priority area of community investment. As the real-time data is available with implementation, resource allocation can be adjusted to meet needs. Target percentages for additional funding are described below. In developing target percentages, a variety

of factors were considered, including: priorities in the HS Strategy, other sources of funding, current level of funding for existing programs and promising pilot programs. These targets are guidelines and have flexibility based on potential for innovative/cross-cutting programs, and changing community conditions. Table F-2 below presents priority areas targeted for additional funding.

Using the proportional allocation for new resources of $300,000, $500,000 and $1M, as examples, the Department can roughly estimate the total funding allocations by goal: (See **Figure F-2**).

If the city receives too few proposals targeting EMR, it could convene and re-engage community partners to build community capacity to address the deficit. Other regional funding partners share this intention to build community capacity for EMR programming and there is potential for regional collaboration moving forward. This partnership is described in "Funding Partnerships" below.

A benefit in this scenario is that no single goal will experience a funding decrease and destabilize the human service safety net. However, the city currently supports few programs that have Economic Mobility and Resiliency as their primary mission; additionally, community capacity to augment EMR programming may be limited.

The Scenario Two funding process would include the following:

- RFP that prioritizes programs which measurably target goals and their related strategies.

- Proposals will also be ranked higher if:

  - The proposal is collaborative with multiple organizations applying and working collectively on metrics within a targeted strategy area.

  - The proposal demonstrates upstream investment through evidence-based, promising

practices or innovative practices identified in national literature.

A reasonable outcome of early competitive procurement process with new goals may be fewer EMR proposals initially than there is available funding designated for that goal. Therefore, in Years One and Two, staff recommends that EMR resources build upon the principles of upstream investment - convening funders and community agencies to commit to common goals and outcomes and create mechanisms for accountability, particularly around data and performance measurement, specifically with the objective of strengthening the city's Economic Mobility infrastructure.

One example of this concept is to convene Economic Mobility and Resiliency learning labs, with the following elements:

- Community partners are invited to submit a one-page description of their current or intended Economic Mobility work.

- Invited attendees are placed in working groups dependent on a mix of existing, experienced programs and forming or new programs.

- Participants conduct a data walk and hear from policy makers on trends and findings related to EMR.

- Participants hear from (or visit) an existing, local example of a successful Economic Mobility partnership.

- Groups create action plans and commitments based on their program goals.

- Agencies having attended a learning lab and completed an action plan may apply for additional Economic Mobility funding.

Although this example involves more staff time and commitment to capacity building than currently may be resourced at the city, there is excellent

**FIGURE F-2:** Proportional Allocation of New HSF Resources

| Goal | Approximate Target Allocation Amount from New Resources | Rationale |
|---|---|---|
| Homelessness | 40 percent | Many of the services prioritized in the city Homelessness Strategy would be funded through the HSF. |
| Economic Mobility and Resilience | 23 percent | Economic mobility and resilience is a core issue and a central priority for future department investment. New investments would significantly expand community capacity and positively affect multiple human services goals. |
| Aging Well<br><br>A Good Start<br><br>Health and Well-being<br><br>Inclusive and Welcoming Community | 37 percent combined | New funding will be used to support remaining four key human services goals. The Department anticipates that new resources available for these four goals would be distributed based on funding proposals. |

**FIGURE F-2:** Proportional Allocation of New HSF Resources
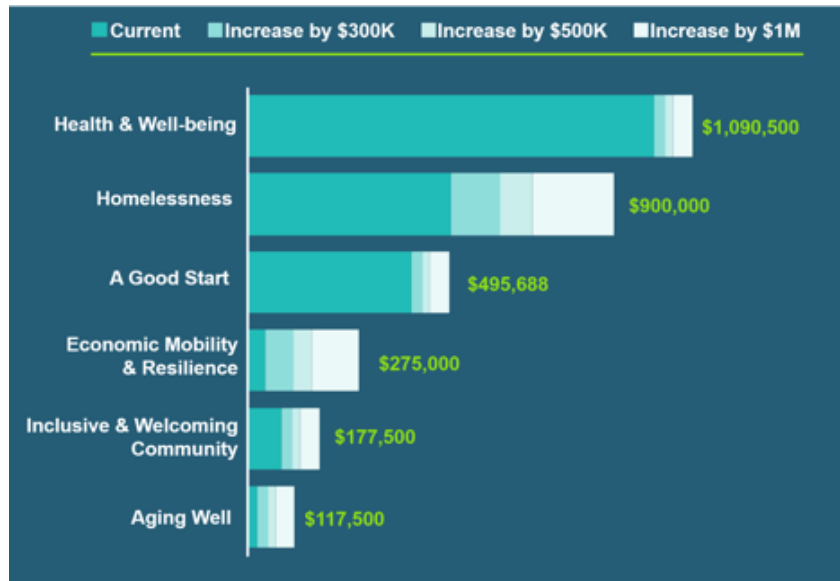


opportunity to collaborate with regional funding partners; some are already involved in community capacity-building. Some options in this area are included in the "Funding Partnerships" section below.

Youth Opportunity Fund Recommendations

Annual grants from the YOF are used to fund community youth programs in amounts up to $15,000. In addition, the city recently implemented the Substance Education and Awareness (SEA) program, providing dedicated community funding of up to $250,000 annually to support drug and alcohol education and prevention for children, youth, and families. The awards have potential to overlap with HSF funding targeted to youth.

**Recommendations**

To clarify the differences between YOP and HSF funds and eliminate overlap between these funds and SEA, the following criteria are recommended:

• YOP annual grants are primarily used for cultural, educational and recreational programs that meet a community need, provide pro-social opportunities, develop youth leadership and engage youth as partners in their planning and implementation with a concentration on underrepresented middle and high school age youth. YOP educational focus in areas such as peer education, substance use prevention and programs helping students learn about college and careers. Examples include:

    o High school age peer educators participate in a leadership program and teach their classmates about healthy eating through interactive workshops.

    o Mentoring program where college students introduce underrepresented high school students to STEM careers through field trips and mentoring.

    o High school youth plan ecological restoration and environmental education projects for middle

school students.

    o A community center offers free sports programming on weekend evenings for high school age students.

• HSF funding for youth programs is leveraged primarily for basic needs, social welfare and educational services directly aligned with academic outcomes such as tutoring or academic case management, and substance treatment programs. Examples include:

    o Provide academic case management and tutoring assistance for students living in affordable housing.

    o Providing a social worker to address mental health needs at a youth shelter.

• SEA funding (marijuana sales and use tax dollars) is leveraged for substance abuse education, prevention and limited treatment programming for youth.

Overall, changes recommended for YOP and HSF funding eligibility for youth programs will not significantly impact currently funded agencies.

Sugar-sweetened Beverage Product Distribution Tax (SSBPD Tax)

On Nov. 8, 2016, City of Boulder voters approved Ballot Issue 2H, which authorized the city to impose an excise tax of up to two cents per ounce on the first distributor in any chain of distribution of drinks with added sugar, and sweeteners used to produce such drinks. Although sugar sweetened beverage distribution taxation is new in Colorado and the United States, substantial research has been done on the consumption of sugary drinks and healthy weight status, dental caries, diabetes, and chronic diseases associated with sugar sweetened beverage consumption.

Boulder Revised Code Section 3-16-1 expresses the Legislative Intent of revenues generated by these taxes:

• The administrative cost of the tax; and thereafter for:

o health promotion;

o general wellness programs and chronic disease prevention in the city of Boulder that improve health equity, such as access to safe and clean drinking water, healthy foods, nutrition and food education, physical activity; and

o other health programs especially for residents with low income and those most affected by chronic disease linked to sugary drink consumption.

Programs funded with SSBPD tax dollars to promote health equity will be awarded through a competitive RFP process. A seven-member health advisory committee will be established whose main purpose is to provide recommendations for the funding of city and community programs that engage residents most affected by health equity and chronic disease caused by consumption of sugar-sweetened beverages. The health advisory committee will be seated in 2017 and competitive fund rounds will occur in 2017 and 2018.

**Community Funding Option Between Fund Rounds**

Opportunity Fund

The City will conduct a competitive fund round in 2018 for a four-year fund cycle beginning January 1, 2019 to December 31, 2022. The Human Services Opportunity Fund (OF) serves as a community funding option between competitive fund rounds.

The OF is a reserved amount of the HSF to fund emergency services, innovative new programs or an opportunity or community need which has emerged outside of the competitive fund round cycle.  Use of opportunity funds is approved by the City Manager. Applicants should demonstrate an unexpected or new need, or unanticipated opportunity to address a human services goal. Agencies apply to the OF on a

rolling basis.

Eligibility criteria for the OF are similar to that of HSF. Both funding sources seek to fund agencies:

• serving primarily Boulder residents that are low-income or at-risk ;

• aligning with HS Strategy, core principles and community priorities; and

• providing direct service(s) to vulnerable populations;

• demonstrating strong and longer-term evaluation of outcomes;

• demonstrating strong collaboration and partnerships; and

• exhibiting diverse funding sources.

HSF does not fund seed, startup or programs that do not demonstrate longer-term evaluation of outcomes. The OF will consider funding for startup programs that align with HS Strategy goals and demonstrate innovation and core principles. OF will also continue to fund unexpected needs or unanticipated opportunities that arise between fund rounds. As part of the HS Strategy, funding set aside for the OF will increase.

**Role of data-driven performance and outcome metrics development**

Harvard Kennedy Government Performance Lab and homelessness goal metric development

As part of Bloomberg Philanthropies' What Works Cities initiative, the Harvard Kennedy School Government Performance Lab conducted research on cities' procurement practices with regard to data-driven contracting. They found that when city leaders align their procurement practices with a data-driven strategy, they move father along a results-based continuum. In the absence of any data-driven strategy, the procurement process is not informed

by a market analysis that would advance goals or milestones.

Boulder has been selected as one of the What Works Cities test sites to apply data-driven funding strategies to the existing procurement process, with the homelessness goal as a starting place. Through this partnership, the city will develop metrics and improvements to the procurement process that will drive agency performance and attainment of community goals related to homelessness. These metrics for contract performance will align with the overall system designed by the Homelessness Working Group, with the help of the Corporation for Supportive Housing (CSH). After the HS Strategy is finalized in June 2017, HS will work with consultants and grantees to define specific performance measures for all strategies as part of the 2017 work plan.

Boulder County Client Portal

Boulder County Housing and Human Services has created a county data warehouse to support the county "data platform" to integrate client level data from across systems and programs to track and report community-wide outcomes. The City of Boulder will work with the County to leverage this platform as much as possible for community funding outcomes tracking on a community level.

**Funding Partnerships**

Regional Grant Management System (GMS) Partners

Regional GMS funding partners (City of Boulder, City of Longmont, and Boulder County Community Services) have committed to addressing regional housing, health and human services related problems by investing collaboratively, across the partners, in evidence-informed strategies grounded in the social determinants of health. Other general concepts agreed to include:

- Develop a common philosophy and approach

(guiding principles) for investments.

- Work together to reach agreement on two or three high priority regional issues that serve as the focus of collaboration.

- Develop a funding strategy that includes investments across partners that would effectively impact one or more of the priorities.

- Develop a common RFP or alternative process that specifically targets agreed upon priorities, structure and review procedures, and common outcomes across partners that would guide collaborative funding decisions.

- Develop a private-public collaboration approach to managing the effort to ensure a greater likelihood of success and guide the efforts of the funded entities.

- Develop common outcomes, measures and evaluation procedures to assess impacts on the selected priorities.

- Explore and adopt (where appropriate and feasible) enterprise level data sharing strategies at the client, program and community level and advance and complement the current efforts already underway with the county data warehouse model.

**2018 as a Transition Year for HSF**

The fund round for 2018 HSF funding will take place in late summer and fall of 2017. Strategy metrics are in development as part of the Human Services work plan for the second half of 2017. In addition,

**FIGURE F-2:** Proportional Allocation of New HSF Resources

GMS funding partners are evaluating next steps for the partnership. For these reasons, staff anticipates a one-year fund round as a transition to the longer-term community funding methodology.

For this transition year, staff will use current GMS impact areas, outcomes, and indicators and prioritize indicators most closely linked to new Strategy goals and strategies for community funding. For example, the Good Start strategy of accessible, affordable, quality infant, toddler and preschool care would be represented by the current HSF indicator most closely aligned with: "percentage of families provided quality affordable and/or culturally competent child care options."

The Strategy core principles would be implemented for the transition year, including a scoring emphasis on evidence-based, evidence-informed and promising practices.

Table F-3 below provides examples of how current HSF impact areas align with new HS Strategy goals.

A few indicators may be added to the current system to ensure that all new Strategy goals are appropriately represented in funding opportunities. In addition, funding for evaluation and data collections will be allowable as some portion of expenses in program applications.

As part of the process of implementing the Homelessness Strategy and new adult homeless services system, some adult homeless services funding will be allocated outside of the 2018 HSF process.

| Current HSF Impact Areas | 2017 HS Strategy Goals |
|---|---|
| **Impact Area 1**: Preparing low-income and at-risk children and youth for success | A Good Start |
| **Impact Area 2**: Improving economic well-being, independence and self-reliance for adults | Economic Mobility, Homelessness, Aging Well |
| **Impact Area 3**: Meeting basic needs for individuals and families | Health and Well-being, Homelessness |
| **Impact Area 4**: Building a safer community | Health and Well-being, Inclusive and Welcoming |

## 2017 Human Services Fund Awards

| | |
|---|---:|
| Alternatives for Youth | 10,000.00 |
| Attention Inc. (shelter and services) | 40,000 |
| Blue Sky Bridge (Child and Family Advocacy Program) | 25,000 |
| Boulder County AIDS Project (BCAP) | 25,000 |
| Boulder County Legal Services (All Programs) | 37,000 |
| Boulder County Public Health Department (GENESIS/GENESISTER) | 55,000 |
| Boulder Day Nursery | 65,000 |
| Boulder Valley School District (Adelante and Teen Parent Program) | 45,000 |
| Boulder Outreach for Homeless Overflow (BOHO) | 20,000 |
| Boulder Shelter for the Homeless | 120,000 |
| Boulder Valley Women's Health Center (subsidized services) | 98,000 |
| Bridge House (formerly Carriage House Community Table) | 90,000 |
| Bridge to Justice | 5,000 |
| Boulder County CareConnect | 25,000 |
| Center for People with Disabilities (CPWD) (Advocacy Services; Home Care; Independent Living Program) | 35,000 |
| Children First of the Rockies | 5,000 |
| Children's House Preschool | 25,000 |
| Clinica Campesina Family Health Services | 290,000 |
| Community Action Development Corporation (CADC) - Circles Program | 10,000 |
| Community Food Share | 5,000 |
| Dental Aid | 125,000 |
| Emergency Family Assistance Association (Emergency Shelter & Transitional Housing; Basic Needs) | 125,000 |
| Family Learning Center | 60,000 |
| Foothills United Way | 35,000 |
| I Have A Dream Foundation | 46,188 |
| Immigrant Legal Center | 23,000 |
| Intercambio Des Comunidades | 20,000 |
| Mental Health Partners* | 350,000 |
| Mother House | 10,000 |
| New Horizons Preschool | 42,000 |
| Safehouse Progressive Alliance for Nonviolence (SPAN, -Domestic Violence & Victim Svcs; Outreach; Violence Prevention) | 95,000 |
| YWCA of Boulder County | 80,000 |
| **Totals** | **2,041,188** |

## 2017 Contracts and One-time Funding

| | |
|---|---:|
| Boulder County Farmers Market | 15,000 |
| EFAA - Keep Families Housed | 263,000 |
| Meals on Wheels | 75,000 |
| Mental Health Partners - EDGE Program | 142,000 |
| Mental Health Partners - Family Resource Schools Program | 121,000 |
| Mental Health Partners - Prevention & Intervention Program | 148,430 |
| **Totals** | **764,430** |

## 2016 HRC Funding

| | HRC - Community Event Fund | HRC - Community Impact Fund |
|---|---:|---:|
| Barrio é | | 1,830 |
| Boulder Asian Pacific Alliance | 1,600 | |
| Boulder Dance Coalition | 1,600 | |
| Boulder Friends | 930 | |
| Boulder Jewish Festival | 1,600 | |
| Boulder Museum of Contemporary Art | | 3,100 |
| Boulder Pride | 6,600 | |
| Boulder School for German Language and Culture | | 500 |
| Bridge House (formerly Carriage House Community Table) | 3,000 | 1,500 |
| El Centro Amistad | | 1,500 |
| Intercambio Des Comunidades | 1,500 | |
| Motus Theater | | 3,500 |
| Peers Building Justice | 1,000 | |
| Playback Theatre West | 1,430 | |
| Postoley Dance Ensemble | 1,600 | |
| Standing Up for Racial Justice | | 750 |
| Via Mobility | | 1,000 |
| **Totals** | **20,860** | **13,680** |

## 2016 Youth Opportunity Fund Awards

| | |
|---|---:|
| Attention Inc. (Education for homeless youth) | 15,000 |
| Boulder Judo Training Center | 14,966 |
| Boulder Museum of Contemporary Art | 3,000 |
| Boulder Pride | 8,290 |
| Boulder Valley School District ARHS - R.E.A.L. | 14,939 |
| Boulder Valley School District ARHS - Robotics Club | 2,392 |
| Boulder Valley School District BHS - Sí se puede | 12,590 |
| Boulder Valley School District BHS - Las Panteras Soccer | 1,500 |
| Boulder Valley School District Centennial MS - Zero Waste Fridays | 500 |
| Boulder Valley School District FHS - National Honors Society | 1,000 |
| Boulder Valley School District FHS - Connecting the Castle | 920 |
| Boulder Valley School District FHS - Latino Leadership Club | 1,616 |
| Boulder Valley School District Manhattan MS - Outdoor Education | 3,000 |
| Boulder Valley Women's Health Center (SHAPE Program) | 9,174 |
| Colie's Closet (suicide prevention) | 2,815 |
| Growing Gardens | 8,500 |
| I Have A Dream Foundation - Academic Incentive Trips | 3,000 |
| Mountain Flower Urban Goat Dairy | 10,120 |
| Natural Highs | 14,973 |
| Parks and Rec - YSI Getting Fit | 7,448 |
| Parlando School for the Arts | 3,000 |
| Sacred Heart MS - Theater | 3,000 |
| Teen Creekfest | 3,000 |
| Voices Out of Silence / Stories on Stage | 3,000 |
| YMCA Boulder | 3,000 |
| Individual Fund grants | 25,700 |
| **Totals** | **176,443** |

# APPENDIX G

## DIRECT SERVICES ASSESSMENT

This full report can be found at:
**https://bouldercolorado.gov/links/fetch/42829**

### PURPOSE

The mission of the City of Boulder Human Services Department is to create a healthy, socially thriving, and inclusive community by providing and supporting human services to Boulder residents in need. To achieve this mission, the department plays three roles: direct services provider, funder and community partner/leader. The city limits its role as a direct services provider to situations where there is an expressed desire of City Council or the community, a demonstrated need cannot be met through other sectors or the nature of the service requires a broad community collaborative effort that is more appropriate for the city to lead.

As part of the Human Services Strategy (Strategy) development process, staff assessed current direct service programs to understand areas of community need, community service gaps, and the fit with other existing community services. The outcome of the assessment is a set of recommendations about how the department can better focus its direct services to meet present and future community needs in alignment with the Strategy's highest priorities.

### DIRECT SERVICES OVERVIEW

The department is organized by five work areas: Administration, Family Services, Community Relations, Community Funding and Project Management, and Senior Services. The department provides direct services in three of these areas: Family Services, Community Relations and Senior Services.

### Family Services

Family Services supports children and families through regional collaborative planning and quality programs. The city provides two types of direct family services: child care subsidies and family resource schools.

*Child Care Subsidies*: The city provides subsidies to help families with low and lower-middle incomes pay for child care. These subsidies supplement support provided by the Boulder County Child Care Assistance Program (CCAP). The city manages two subsidy programs, Gap and Cliff.

• The Gap program pays child care providers the difference between the amount paid by CCAP and the average market rate for child care in the Boulder area. These additional funds have the potential to provide families with an expanded choice of child care providers. Gap is available to those who qualify for CCAP and live in Boulder.

• The Cliff program is available for families who do not qualify for CCAP and Gap, either due to a slightly higher income or their residency status, and who live in Boulder.

*Family Resource Schools (FRS)*: The city partners with the Boulder Valley School District to provide outreach, direct services and referrals for families and children to remove barriers to academic achievement and success for at-risk families in five Boulder elementary schools. Services available through FRS include case management, counseling, referrals to service providers, parent development classes and after-school programming.

### Community Relations

The Community Relations division protects civil and human rights, facilitates positive community relations and promotes social equity policy.

Community Relations provides three types of direct services: the Youth Opportunities Program, ordinance enforcement, and community mediation.

*Youth Opportunities Program (YOP)*: YOP strengthens the community by empowering youth, providing opportunities for youth and encouraging youth civic participation and volunteer work. A significant number of youth served by YOP are of low income or people of color. YOP coordinates the city manager-appointed Youth Opportunities Advisory Board (YOAB). YOAB advises city departments and local agencies on youth-related issues, promotes the youth voice in Boulder, implements community projects to help address youth needs through action teams and distributes approximately $130,000 annually to local youth programs through competitive grant processes. In addition to the grants distributed by YOAB, YOP also awards approximately $20,000 annually in small grants to individual resident youth to help pay for cultural, educational or recreational activities in return for volunteer service.

*Ordinance Enforcement*: The Office of Human Rights helps enforce two city ordinances, the Human Rights Ordinance and the Failure to Pay Wages Ordinance.

• **The Human Rights Ordinance** protects against illegal discrimination in the areas of housing, employment and public accommodation. The city investigates formal complaints filed with the office. Complaints may be addressed through mediation or through a quasi-judicial hearing in front of the Human Relations Commission.

• **The Failure to Pay Wages Ordinance** protects workers from non-payment of wages. Formal complaints may be addressed through neutral investigation to determine duty to pay, mediation and/or prosecution by the City Attorney's Office.

*Community Mediation Service (CMS)*: CMS helps Boulder residents resolve disputes. Parties served

by CMS include landlords, tenants, roommates, neighbors, seniors, parents, teens, victims, offenders, community groups, schools and employees of nonprofit agencies or the city. CMS also assists in disputes related to race and cross-cultural relations and human rights. CMS' work includes Restorative Justice (RJ). In RJ, a crime is viewed as an act that causes harm to people, interpersonal relationships and the community rather than just as a violation of the law. Consequently, the focus of RJ is the repair of harm.

### Senior Services

Boulder's Senior Services helps the city engage with and improve the well-being of older adults and promote a positive image of aging through community collaboration and services. Senior Services provides five types of direct services: senior resources, health and wellness programming, enrichment programming, the Food Tax Rebate Program, and senior center operations. Senior Services works with the Senior Community Advisory Committee (SCAC), a seven-member committee appointed by the city manager.

***Senior Resources***: Senior Resource Specialists offer information and assistance, short-term case management and community programs for older adults and family caregivers.

***Health and Wellness Programming***: Senior Services offers wellness clinics and programs as well as fitness classes for older adults. Examples of program offerings include hosting a monthly hearing clinic, diabetes prevention classes and functional fitness assessments. Examples of fitness offerings include T'ai Chi, weight room training for older adults, seated restorative yoga and dance classes, massage and reflexology. The SilverSneakers® program, a free program for older adults with certain Medicare health plans, provides unlimited access to specific fitness classes for pass holders.

***Enrichment Programming***: Senior Services offers classes, clubs and day trips for older adults. Class offerings cover topics such as communication and computer skills, nature and history, and current events. Clubs include Bridge, Table Tennis and Community Book Club. Day trip offerings take participants to destinations such as historical sites, cultural events and wildlife areas.

**FIGURE 1:** Direct Services Assessment and Recommendation Process

***Food Tax Rebate Program (FTRP)***: Each year, the City of Boulder provides rebates to help compensate residents with lower incomes for the city sales tax they pay on food. To be eligible for a food tax rebate, a resident must meet financial eligibility guidelines and must be age 62 or over the entire preceding year, an adult with a disability or a family with children



**Information Gathering**
Research was conducted on program demand, historical and demographic trends, applicable laws, best and innovative practices, peer cities, costs, fees and local availability of similar services.

**Information Synthesis**
MacMillan matrix and a decision tree helped synthesize research with legal requirements, council direction, potential duplication and competitive position, subject matter expertise, community engagement results and guiding documents.

**Preliminary Recommendations**
Based on the information synthesis, the department developed recommendations for each direct services program. The recommendations help the department better address the six key human services issues identified in the Strategy.

**City Council Review**
City Council reviewed the direct services recommendations at a Study Session on Feb. 14, 2017. Council provided feedback to a department Information Packet (IP) submitted May 11, 2017.

**Recommendations Finalized**

under 18 years of age in the household for the entire preceding year. In 2017, rebates are $80 for qualified individuals and $245 for qualified families.

**Senior Center Operations**: The department operates the West and East Senior Centers. The senior centers host activities, community gatherings, meetings and rentals. Programs may be generated by the department or provided through partnerships with local agencies and organizations. The West Senior Center hosts the Meals on Wheels congregate and home-delivered meal program.

## ASSESSMENT METHODOLOGY

A five-step process was used to assess current direct service programs and develop recommendations. See **Figure 1**.

## RECOMMENDATIONS SUMMARY

Program changes will include expansions, reductions and realignment of programs to meet community needs and formalization of community partnerships. Based on feedback from council, residents, other community stakeholders and staff, the department will make the direct services changes described below.

**Family Services programs**:

• Formalize partnerships between Family Resource Schools, Family Resource Centers and the Emergency Family Assistance Association;

• Realign direct financial support for families to focus on support needs that cannot be immediately filled by other agencies; and

• Realign and expand parent engagement and education programs to avoid duplication with other agencies and diversify opportunities.

**Community Relations programs**:

• Expand and strengthen city protections against bias and discrimination; and

• Expand city capacity to protect residents against bias and discrimination.

**Senior Services programs**:

• Increase case management focus to keep pace with the anticipated increase in the older adult population;

• Expand partnerships with regional organizations for older residents and their caregivers;

• Continue community resource educational programming;

• Increase customer service focus to match current and anticipated increase in use of senior services facilities;

• Increase program coordination focus for senior services programs;

• Realign enrichment programs to focus on educational, cultural, and community engagement;

• Continue enrichment programs that enhance skills of older adults including those that focus on technology and employment;

• Realign day trip programs to support a focus on educational, cultural, and community engagement and keep department-supported transportation options for day trips;

• Realign health and well-being programs to focus on the specific needs of older adults as they age through the later years of the lifespan; and

• Continue fitness programs for older adults.

**Subsidy programs**

• Expand the Child Care Subsidy Program; and

• Expand the Food Tax Rebate Program.

## RECOMMENDATION DETAILS

**Figure 2** provides details and rationale behind the direct services program recommendations.

**Family Services**

| Program | Recommendation | Recommendation Details | Justification | Alignment with HS Goals and Strategies | Alignment with Strategic Principles | Efficiency, Process Improvement and Service Delivery Effectiveness |
|---|---|---|---|---|---|---|
| Family Resource Schools | Formalize partnerships between Family Resource Schools (FRS), Family Resource Centers (FRC) and Emergency Family Assistance Association (EFAA). | Formalize communication, case management and non-duplication of services between FRS, FRC and EFAA. | In July 2016, FRC program administration transferred from the City of Boulder to Boulder County as part of a new community FRC model expansion. Currently there is no formal agreement in place between the city and the county.  EFAA recently joined the Boulder County Family Resource Network (FRN). EFAA's shift in emphasis to children's support provides opportunities for more integration and/or collaboration with FRS. | **A Good Start**<br>• Strategy: Reduce barriers to successful school achievement and graduation.<br><br>**Economic Mobility and Resilience**<br>• Strategy: Expand financial support programs that enhance family economic stability.<br><br>**Health and Well-being**<br>• Strategy: Support access to quality, affordable services that address mental health and substance abuse.<br>• Strategy: Support access to nutritious food and programs that reduce health risk factors.<br><br>**Homelessness**<br>• Strategy:  Strengthen programs and services that reduce or prevent homelessness.<br>• Strategy: Support a continuum of services as part of a pathway to self-sufficiency and stability. | **Upstream Investment**<br>Providing positive opportunities for children can have many positive long-term impacts<br><br>**System Integration**<br>Formalizing partnerships will create a more streamlined case management process, reduce duplication and enhance interagency communication. | **Service Delivery Effectiveness**<br>Formalizing partnerships will allow partners to focus budgets on requirements tied to mission and program goals. EFAA and FRC can focus on transitional and/or longer-term support for families while FRS can focus on emergency/crisis support for families and expand support for parent engagement and education and after-school programming. |

| Program | Recommendation | Recommendation Details | Justification | Alignment with HS Goals and Strategies | Alignment with Strategic Principles | Efficiency, Process Improvement and Service Delivery Effectiveness |
|---|---|---|---|---|---|---|
| Family Resource Schools | Realign direct financial support for families to focus on support needs that cannot be immediately filled by other agencies. | Realign direct financial support to focus on providing emergency, one-time or crisis intervention.  Maintain direct financial support services that help families experiencing or at-risk of homelessness become or stay housed.  Expand community partnerships and collaborations to provide longer-term or transitional support services.  Determine a continuum of wrap-around services for families needing them using a strengths-based approach.  Determine which agencies are the most appropriate to provide services. | Focusing direct financial support for families on supporting needs that cannot be immediately filled by other agencies will allow for leveraging of resources. This realignment will provide cost savings, and avoid duplication of services and efforts, support shared evaluation and data, allow collaborators to focus services in their realm of expertise and funding capacity and allow for centralized case management, a best practice. | **A Good Start**<br>• Strategy: Reduce barriers to successful school achievement and graduation.<br><br>**Economic Mobility and Resilience**<br>• Strategy: Expand financial support programs that enhance family economic stability.<br><br>**Health and Well-being**<br>• Strategy: Support access to quality, affordable services that address mental health and substance abuse<br>• Strategy: Support access to nutritious food and programs that reduce health risk factors.<br><br>**Homelessness**<br>• Strategy:  Strengthen programs and services that reduce or prevent homelessness.<br>• Strategy: Support a continuum of services as part of a pathway to self-sufficiency and stability. | **Upstream Investment**<br>Providing positive opportunities for children can have many positive long-term impacts.<br><br>**System Integration**<br>Expanding community partnerships and determining which agencies are the most appropriate to provide services will contribute to system integration.<br><br>**Data-driven Outcomes**<br>A strengths-based approach to case management is a best practice. Centralized case management is a best practice. | **Efficiency**<br>Realigning direct support for families will allow for leveraging of resources, provides cost savings, and reduces duplication of services and efforts.<br><br>**Service Delivery Effectiveness**<br>Realigning direct support for families will allow collaborators to focus services in their realm of expertise and funding capacity. This will allow agencies to better meet the needs of program clients. |
| Family Resource Schools | Realign and expand parent engagement and education programs to avoid duplication with other agencies and diversity opportunities. | Realign parent engagement and education to provide these opportunities that meet FRS program goals, cater to specific school community needs, interests and goals, and to avoid duplication of services provided by other agencies and community organizations.  Expand community partnerships and collaborations to provide a diverse range of parent engagement and education opportunities and to leverage funding and resources for parent engagement and education opportunities.  Improve evaluation and shared data. | Realigning and expanding parent engagement and education programs will allow for increased leveraging of resources, provides cost savings, and avoids duplication of services and efforts. | **A Good Start**<br>• Strategy: Reduce barriers to successful school achievement and graduation. | **System Integration**<br>Improving coordination with other agencies and community organizations will contribute to system integration.<br><br>**Data-driven Outcomes**<br>Improved data sharing will support the use of data in decision-making. | **Efficiency**<br>Realigning and expanding parent engagement and education programs will allow for increased leveraging of resources, provides cost savings, and reduces duplication of services and efforts.<br><br>**Process Improvement**<br>Improved data sharing and analysis may lead to process improvement. |

**Community Relations**

| Program | Recommendation | Recommendation Details | Justification | Alignment with HS Goals and Strategies | Alignment with Strategic Principles | Efficiency, Process Improvement and Service Delivery Effectiveness |
|---|---|---|---|---|---|---|
| Office of Human Rights | Expand and strengthen city protections against bias and discrimination. | Amend the city human rights ordinance to include protections from discrimination based on immigration status and source of income. | Discrimination based on immigration status and source of income can prevent Boulder residents from accessing housing, employment and/or public accommodations. These types of discrimination can have negative social and economic impacts. | **Economic Mobility and Resilience**<br>• Strategy: Expand financial support programs that enhance family economic stability.<br>**Homelessness**<br>• Strategy: Develop and improve pathways to permanent housing and retention for families and individuals.<br>• Strategy: Strengthen programs and services that reduce or prevent homelessness.<br>**Inclusive and Welcoming Community**<br>• Strategy: Support access to and availability of resources, services and programs that advance social equity.<br>• Strategy: Strengthen city protections related to discrimination and bias.<br>• Strategy: Encourage and facilitate positive community relations. | **Upstream Investment** Changes to the Human Rights Ordinance in the area of housing could help residents obtain housing or stay housed. | Not Applicable |
| Community Mediation Services | Expand city capacity to protect residents against bias and discrimination. | Expand the Community Mediation Services program. This expansion could include:<br>• Expanding work with landlords and tenants to reach mediated resolutions.<br>• Conducting community outreach related to existing protections against discrimination and best practices for reducing conflict. | Intensive work with landlords and tenants to reach mediated resolutions and proactive community outreach about preventing and resolving tenant/landlord issues without going to court could prevent the creation and/or escalation of tenant/landlord disputes. | **Homelessness**<br>• Strategy: Strengthen programs and services that reduce or prevent homelessness.<br>**Inclusive and Welcoming**<br>• Strategy: Strengthen city protections related to discrimination and bias<br>• Strategy: Encourage and facilitate positive community relations. | **Upstream Investment** Proactive work with landlords and tenants can reduce the need for expensive homeless services or the use of judicial solutions.<br>**Data-driven Outcomes** Staff will compare evictions, case outcomes and other client data before and after implementation of this recommendation to understand the impact on clients. | **Efficiency** Proactive work with landlords and tenants could prevent some cases from having to be resolved judicially, leading to more efficient use of judicial resources.<br>**Service Delivery Effectiveness** Addressing capacity needs will improve service delivery effectiveness. |

**Senior Services**

| Program | Recommendation | Recommendation Details | Justification | Alignment with HS Goals and Strategies | Alignment with Strategic Principles | Efficiency, Process Improvement and Service Delivery Effectiveness |
|---|---|---|---|---|---|---|
| Senior Resources | Increase case management focus to keep pace with the anticipated increase in the older adult population. | Expand partnerships with regional organizations for older residents and their caregivers.<br><br>Continue community resource educational programming. | Over the next 20 years, Boulder County's population between 75 and 79 years old will increase by 182%; older adults 80-84 will increase by 251%. For adults 65+, county population to increase by more than 10,000 older adults every 5 years through 2030. This increase in the older adult population will likely cause an increase in case management focus.<br><br>Case management services and partnerships with other organizations will be essential to help older adults successfully age in place and/or navigate senior housing complexity. | **Aging Well**<br>• Strategy: Support a continuum of age and ability appropriate services for older adults.<br>**Economic Mobility and Resilience**<br>• Strategy: Improve financial literacy, education and investment.<br>**Health and Well-being**<br>• Strategy: Support access to quality, affordable services that address physical and oral health needs. | **Upstream Investment** Case management can connect older adults with needed services to reduce the need for crisis services.<br>**Systems Integration** Case management provides an opportunity for integration with city Family Outreach Coordinators and Boulder County programs. | **Service Delivery Effectiveness** Addressing future capacity needs will improve future service delivery effectiveness. |
| Senior Center Operations | Increase customer service focus to match current and anticipated increase in use at Senior Service facilities. | Increase customer service focus to support the increase in older adult usage, and West Senior Center service integration. | Boulder anticipates a significant older adult population increase over the next 20 years.<br><br>Customer service, with an emphasis on customer experience, is a City of Boulder value and priority. | **Aging Well**<br>• Strategy: Support a continuum of age and ability appropriate services for older adults. | Not Applicable | **Service Delivery Effectiveness** Addressing future capacity needs will improve future service delivery effectiveness. |

| Program | Recommendation | Recommendation Details | Justification | Alignment with HS Goals and Strategies | Alignment with Strategic Principles | Efficiency, Process Improvement and Service Delivery Effectiveness |
|---|---|---|---|---|---|---|
| Enrichment and Health and Wellness | Increase program coordination focus for senior service programs. | The program coordinator initiates, collects, and analyzes data to support programming for growing demographic. | Increased program coordination focus on data-driven outcomes supports the potential increase in program demand associated with demographic predictions. | **Aging Well**<br>• Strategy: Support a continuum of age and ability-appropriate services for older adults. | **Data-driven Outcomes**<br>This increase focus will allow for increased use of data in decision-making. | **Service Delivery Effectiveness**<br>Addressing future capacity needs will improve future service delivery effectiveness.<br><br>**Efficiency**<br>Increased program coordinator hours will allow for the discovery of efficiencies through data analysis. |
| Enrichment | Realign enrichment programs to focus on educational, cultural and community engagement. | Discontinue the Encore Program for Active Adults, per the recommendation of Boulder's Senior Community Advisory Committee.<br><br>Decrease arts and crafts programs.<br><br>Continue enrichment programs that enhance skills of older adults including those that focus on technology and employment.<br><br>Continue focus on STEM (science, technology, engineering and mathematics) intergenerational programs.<br><br>Realign trip programming to focus on social, educational and enrichment trips. Decrease sporting events and shopping trips. Schedule fewer winter trips.<br><br>Maintain department-supported transportation options for day trips and explore opportunities to more effectively leverage funds in the provision of transportation for enrichment trips. | The Encore program creates a barrier for people who cannot afford the early registration benefits of Encore membership.<br><br>Arts and crafts programs have consistently had high cancellation rates due to no or low registrations.<br><br>Tech-related classes are gaining popularity. Research shows an increase in technological skills for older adults serves dual purposes, adding an employment skillset and reducing isolation for older adults.<br><br>Intergenerational programs focusing on STEM have been successful and address a gap in both local older adult programming and a youth education priority.<br><br>Sports and shopping trips have higher cancellation rates than other trips. Trip cancellations are higher in the winter.<br><br>Currently, the most cost-effective and suitable transportation plan for trips involves continuing to fund the replacement cost of the bus used for trips. | **A Good Start**<br>• Strategy: Reduce barriers to successful school achievement and graduation.<br><br>**Aging Well**<br>• Strategy: Support a continuum of age and ability-appropriate services for older adults.<br><br>**Economic Mobility and Resilience**<br>• Strategy: Strengthen access to pathways and opportunities to improve employment situation. | **Upstream Investment**<br>Teaching employment skills supports self-sufficiency.<br><br>Enrichment programs help prevent social isolation, a risk factor for health issues.<br><br>**Data-driven Outcomes**<br>Program cancellation rate data informed staff recommendations about realigning enrichment programs.<br><br>**System Integration**<br>Intergenerational programs involve an integration of family services and older adult services. | **Service Delivery Effectiveness**<br>Better-aligning program offerings with community preferences will improve service delivery effectiveness.<br><br>**Efficiency**<br>Additional analysis may reveal potential cost savings opportunities associated with the bus. |

| Program | Recommendation | Recommendation Details | Justification | Alignment with HS Goals and Strategies | Alignment with Strategic Principles | Efficiency, Process Improvement and Service Delivery Effectiveness |
|---|---|---|---|---|---|---|
| Health and Wellness | Realign health and well-being programs to focus on the specific needs of older adults as they age through the later years of the lifespan. | Continue fitness programs for older adults.<br><br>Realign the massage program to focus on serving an older demographic. | Fitness class attendance is stable and will keep pace with increasing demographics and needs.<br><br>While massage therapy is widely available in Boulder, massage therapy tailored to the needs of older adults is less available. Benefits to older adults of geriatric massage are well documented. | **Aging Well**<br>• Strategy: Support a continuum of age and ability-appropriate services for older adults.<br><br>**Health and Well-being**<br>• Strategy: Support access to quality, affordable services that address physical and oral health needs.<br>• Strategy: Support access to nutritious food and programs that reduce health risk factors. | **Upstream Investment**<br>Massage can have a positive preventative impact on health care and medication costs. | **Process Improvement**<br>Realigning the massage program to focus on serving an older demographic reduces duplication with other services available in Boulder. |

**Subsidy Programs**

| Program | Recommendation | Recommendation Details | Justification | Alignment with HS Goals and Strategies | Alignment with Strategic Principles | Efficiency, Process Improvement and Service Delivery Effectiveness |
|---|---|---|---|---|---|---|
| Child Care Subsidy | Expand the Child Care Subsidy Program. | Shift Child Care Subsidy program focus towards subsidies for families not eligible for CCAP.<br><br>Beginning in 2018, increase the budget for child care subsidies.<br><br>Adopt changes to program administration which mirror recent Boulder County CCAP changes. These changes will improve ease of access for families and create administrative efficiencies. | Boulder County has implemented baseline rates for CCAP at a higher reimbursement level than the state CCCAP rates. As a consequence, Boulder County child care reimbursement rates are now very close to city market rates and there is no longer a "gap" in funding.<br><br>The city budget for child care subsidies has been flat annually since 2013. In most years, all budgeted child care subsidy money is disbursed. Also, census data indicates that a large number of families eligible for this program are not currently enrolled. | **A Good Start**<br>• Strategy: Support accessible, affordable, quality infant, toddler and preschool care.<br><br>**Economic Mobility and Resilience**<br>• Strategy: Expand financial support programs that enhance family economic stability. | **Upstream Investment**<br>Research indicates that high-quality early childhood education has been shown to have positive long-term impacts.<br><br>**Data-driven Outcomes**<br>Research indicates that high-quality early childhood education has been shown to have positive long-term impacts.<br><br>**System Integration**<br>City staff collaborate with Boulder County staff to obtain Cliff program referrals, resulting in better integration of city and county direct services to families, the advancement of a one-stop shop model for effective service delivery and coordination of government child care-related services. | **Efficiency**<br>Focusing funds on families not eligible for CCAP leverages city dollars.<br><br>**Process Improvement**<br>Adopting administrative changes that mirror Boulder County CCAP changes to the eligibility determination process and authorization period will reduce administrative burden.<br><br>**Service Delivery Effectiveness**<br>Adopting administrative changes that mirror Boulder County CCAP changes to the eligibility determination process and authorization period will increase ease of access for families. |

| Program | Recommendation | Recommendation Details | Justification | Alignment with HS Goals and Strategies | Alignment with Strategic Principles | Efficiency, Process Improvement and Service Delivery Effectiveness |
|---|---|---|---|---|---|---|
| Food Tax Rebate Program (FTRP) | Expand FTRP. | Increase rebate dollar amount for all categories.<br><br>Continue tying annual rebate amounts to CPI, but anticipate a reset of individual and family baseline rebate dollar amounts every five years based on the self-sufficiency standard; and<br><br>Expand program participation by:<br>a. Changing eligibility criteria to expand the pool of qualified applicants by changing the proof of residency and income requirements to alternative documentation that would support participation for residents who are homeless or in a domestic violence shelter;<br>b. Increasing outreach, marketing and partnership referral agreements. | Direct cash payments are an effective way to help those in poverty.<br><br>Participation in FTRP has not kept pace with the growth in sales tax paid at food stores.<br><br>Fewer than 9% of eligible Boulder residents applied for and received a food tax rebate in 2015. | **Economic Mobility and Resilience**<br>• Strategy: Expand financial support programs that enhance family economic stability. | **Data-driven Outcomes**<br>Program participation data and demographic data informed staff recommendation to expand FTRP. Fewer than 9% of eligible Boulder residents applied for and received a food tax rebate in 2015. | **Efficiency**<br>Increasing referral agreements will increase the service efficiency of wider human services system in Boulder.<br><br>**Service Delivery Effectiveness**<br>Increasing outreach, marketing and referral agreements will allow the department to reach more of the population that is eligible for this program. |

# APPENDIX H

## GUIDING PRINCIPLES & DOCUMENTS

This full report can be found at:
**https://bouldercolorado.gov/links/fetch/42830**

Many resources shaped Boulder's Human Services Strategy (Strategy). This attachment summarizes the key documents that provided guidance in coordinating and integrating other key approved plans.

Staff reviewed 18 strategic plans from other City of Boulder departments and partners to review alignment with the Human Services Strategy.

- The City of Boulder's Sustainability Framework (2015)
- City of Boulder Resilience Strategy (2016)
- City of Boulder Social Sustainability Strategic Plan (2007)
- City of Boulder Housing Boulder Action Plan 2016/2017
- The City of Boulder's Climate Commitment (2017)
- City of Boulder Economic Sustainability Strategy (2013)
- 2015 Boulder Valley Comprehensive Plan Update (March 24, 2017 Public Review Draft)
- City of Boulder Transportation Master Plan: 2014 Action Plan
- City of Boulder Parks and Recreation Department Master Plan (2014)
- City of Boulder Police Department 2013 Master Plan
- City of Boulder 2012 Fire-Rescue Master Plan Update

- City of Boulder Community Cultural Plan (2015)

Other strategic planning documents reviewed include:

- Boulder County Human Services Strategic Plan 2008-2013
- Boulder County Department of Housing and Human Services Strategic Priorities (2014)
- Boulder County Public Health Strategic Plan 2013-2018
- Boulder County Ten-Year Plan to Address Homelessness (2010)
- Boulder County Area Agency on Aging: Age Well Boulder County Strategic Plan (2015)
- The Early Childhood Council of Boulder County's Early Childhood Framework for Boulder County (2014)

The strategic document review identified 12 common guiding principles. See **Figures 1** and **2**. The department reviewed applications of these 12 principles. See **Figure 3**. Staff evaluated Human Services Strategy alignment with Boulder's Sustainability Framework. See **Figure 4**.

**Figure 1: City of Boulder Guiding Documents and Alignment with the Human Services Strategy**

| | Collaborate with City and Community Partners | Promote Inclusivity and Celebrate Diversity | Engage and Listen to the Community | Consider Climate Change and Environmental Sustainability in Decision Making | Practice Stewardship | Maintain Flexibility | Support Resilience, Social Capital Development and Self-Sufficiency | Support Access to Basic Needs | Support Workforce Development that Matches Community Needs | Promote Services for and Engagement of Non-English Speakers | Capitalize on Volunteerism | Take Calculated Risks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Sustainability Framework | X | X | X | X | X | | | | X | | | |
| Resilience Strategy | X | X | X | X | | | X | X | | | X | |
| Social Sustainability Strategic Plan | X | X | X | X | | | X | X | | X | | |
| Housing Boulder Action Plan 2016/2017 | X | | X | | X | X | | | | | | |
| Climate Commitment | X | X | X | X | X | X | X | X | X | | | |
| Economic Sustainability Strategy | X | X | | X | | | | | X | | | |
| Boulder Valley Comprehensive Plan | X | X | X | X | X | X | X | X | X | | | |
| Transportation Master Plan: 2014 Action Plan | X | X | X | X | X | X | X | | | | X | |
| Parks and Recreation Department Master Plan | X | X | X | X | X | X | X | | | X | X | X |
| Police Department 2013 Master Plan | X | X | X | X | | | | X | | X | | |
| 2012 Fire-Rescue Master Plan Update | X | X | | X | | | | | | | | |
| Community Cultural Plan | X | X | X | | X | X | X | | X | | X | X |
| **Total** | 12 | 11 | 10 | 10 | 7 | 6 | 7 | 5 | 5 | 3 | 4 | 2 |

**Figure 2: Other Strategic Planning Guiding Documents**

| | Collaborate with City and Community Partners | Promote Inclusivity and Celebrate Diversity | Engage and Listen to the Community | Consider Climate Change and Environmental Sustainability in Decision Making | Practice Stewardship | Maintain Flexibility | Support Resilience, Social Capital Development and Self-Sufficiency | Support Access to Basic Needs | Support Workforce Development that Matches Community Needs | Promote Services for and Engagement of Non-English Speakers | Capitalize on Volunteerism | Take Calculated Risks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Boulder County Human Services Strategic Plan | X | X | X | | X | X | X | X | X | X | | |
| BCDHHS Strategic Priorities | X | | X | | | X | X | X | X | | | |
| BCHP Strategic Plan | X | X | | X | X | X | | X | | X | | |
| Ten-Year Plan to Address Homelessness | X | | X | | | | X | | X | X | | |
| Age Well Boulder County Strategic Plan | X | X | X | X | | | | | X | | X | |
| Early Childhood Framework for Boulder County | X | X | | | | | | X | X | | | |
| **Total** | 6 | 4 | 4 | 2 | 2 | 4 | 3 | 6 | 3 | 3 | 1 | 0 |

**Figure 3: Examples of Applications of Guiding Principles**

| Guiding Principle | Examples of Applications of Guiding Principle |
|---|---|
| Collaborate with City Staff Members and Community Partners | Collaboration with City of Boulder staff members and community partners was a key aspect of the Strategy formulation process. One example was the department's involvement with the Homelessness Working Group (HWG). The HWG, composed of local homeless service providers, health providers, local government staff and people currently or formerly experiencing homelessness, worked with a consultant during 2016 and 2017 to improve local homeless services. HWG's recommendations form the foundation of the Strategy's approach to addressing homelessness.<br><br>Collaboration is also essential to the department's current service delivery. Examples of current collaboration include Senior Services' work with the Area Agency on Aging to deliver the Diabetes Prevention Program, Family Resource Schools' work with the Boulder Valley School District to deliver services to families in need and the Office of Human Rights' work with the City Attorney's Office to enforce the Failure to Pay Wages ordinance.<br><br>Collaboration and integration with the Boulder County Department of Housing and Human Services (BCDHHS) is a priority for the department. BCDHHS considers six "Pillars of Family Stability" in its work to increase self-sufficiency in the community: housing stability, employment and income stability, food and nutrition, health and well-being, safety and education and skill building. While city Human Services does not explicitly organize its work around these six pillars, the department's strategies aim to address the same root causes of social welfare issues as BCDHHS. |
| Promote Inclusivity and Celebrate Diversity | Making Boulder a more inclusive and welcoming community is one of the six goals of the Strategy. To achieve this goal, the department will expand access to culturally appropriate services and programs that recognize diverse community needs; support access to and availability of resources, services and programs that advance social equity; strengthen city protections related to discrimination and bias; and encourage and facilitate positive community relations. These actions will promote inclusivity and celebrate diversity. |
| Engage and Listen to the Community | The City of Boulder recognizes the community as valuable experts to improve government operations and delivery of public services. To inform the Strategy, the department engaged in a robust, two-year process to collect and distill feedback representative of the diverse views of Boulder residents and organizations. The department conducted eight surveys, eight facilitated focus groups, ten board and commission meetings, six community organization meetings, six subject matter expert meetings, two open houses and curbside conversations at multiple events. The department also continuously collected City Council correspondence from community members that related to the Strategy.<br><br>The community engagement process reached over 2,000 individuals. Community feedback helped identify and confirm key human services issues, defined specific concerns and provided an enhanced understanding of community priorities. |
| Consider Climate Change and Environmental Sustainability in Every Decision | While this principle was not a key factor in the Strategy development process, it may impact the department's Strategy implementation. The constituents served by the department may be more vulnerable to climate extremes than other segments of the community. For instance, older adults can be especially vulnerable to negative health effects associated with extreme heat.[1] Staff may increasingly need to coordinate with other departments to enhance environmental sustainability, to mitigate climate change and to address climate change causes and impacts. |
| Practice Stewardship | The Strategy improves stewardship by more effectively and efficiently allocating resources to meet human service needs. By identifying the most critical community needs, the department can focus resources on those issues. The Strategy makes department investments more efficient by emphasizing the concepts of upstream investment, data-driven decision making and system integration. |
| Maintain Flexibility | The Strategy is a five-year plan, an intentional move from the previous ten-year period covered in the Housing and Human Services Master Plan, 2006-2015. Shifting the length of the plan enhances flexibility by providing the department with an opportunity to reassess community priorities and investments. The Strategy also encourages collaborative community funding proposals, thereby giving organizations the flexibility to work together to meet community needs. |

| | |
|---|---|
| Support Resilience, Social Capital Development and Self-Sufficiency | Improving the economic mobility and resilience of Boulder residents is one of the six goals of the Strategy. To achieve this goal, the department will strengthen access to pathways and opportunities to improve employment situations; expand financial support programs that enhance family economic stability; and improve financial literacy, education and investment. The Strategy also emphasizes ways that the department will work to prepare youth for self-sufficiency. These aspects of the Strategy address resilience and self-sufficiency.

Making Boulder a more inclusive and welcoming community is one of the six goals of the Strategy. To achieve this goal, the department will strengthen city protections related to discrimination and bias and encourage and facilitate positive community relations. These aspects of the Strategy support the development of social capital. |
| Support Access to Basic Needs | Improving the economic mobility and resilience of Boulder residents is one of the six goals of the Strategy. To achieve this goal, the department will strengthen access to pathways and opportunities to improve employment situations; expand financial support programs that enhance family economic stability; and improve financial literacy, education and investment. These efforts will support access to basic needs.

The department's efforts to improve the community's health and well-being and to help older adults age well will also improve access to basic needs. The department will support access to quality, affordable physical and mental health services and programs that improve food security. The department's case management and referral work with older adults will continue to improve access to basic needs such as healthcare and housing. |
| Support the Development of a Workforce that Matches the Economy's Needs | Improving the economic mobility and resilience of Boulder residents is one of the six goals of the Strategy. One way the department will work to achieve this goal is by strengthening access to pathways and opportunities to improve employment situations for individuals at various career stages. The department will support skills training and re-training to meet labor market demands; programs that train or hire hard-to-employ residents; programs that encourage successful transitions for youth from school to college or employment; and programs that expand opportunities for older adults to stay engaged in the labor force as long as desired. This work will assist in the development of a workforce that matches the economy's needs. |
| Promote Services for and Engagement of Non-English Speakers | The Strategy's community engagement process specifically targeted non-English speakers. Surveys were offered in Spanish, focus groups featured translation and additional steps were taken to help accommodate participants. Over 11% of survey respondents indicated that they are Hispanic/Latino, which was greater than the proportion expected using Boulder's census data for residents that identify as Hispanic/Latino.[2]

The department already provides services tailored to non-English speakers. For instance, the department has hired Spanish-speakers in Senior Services, Community Relations and Family Services. The department also provides Spanish versions of many applications and forms. |
| Capitalize on Volunteerism | The Strategy capitalizes on the benefits of volunteerism, which is mutually beneficial for volunteers and the community. For example, encouraging volunteerism is a key aspect of the department's plan to help older adults thrive and age in community. The department will help older residents stay engaged in the labor force as long as desired by facilitating education, training and support for volunteerism. Older adult volunteers contribute meaningfully to the community while also gaining personal fulfillment and positive interpersonal connections.

The department already capitalizes on volunteerism. For example, Senior Resource Specialists refer clients to Boulder County CareConnect, a volunteer-driven organization that helps older adults and adults with disabilities with chores and other tasks. The Youth Opportunity Program encourages youth volunteerism by providing grants to youth in exchange for volunteer service, and the Youth Opportunity Advisory Board is a volunteer opportunity that engages youth. Community Mediation Services relies in part on volunteer mediators to resolve disputes. |
| Take Calculated Risks | The Strategy calls for changes to the department's work which involve measured risk. For example, the Strategy establishes community funding guidelines which permit and encourage collaborative proposals submitted from multiple organizations. Encouraging collaborative funding proposals creates some risk because organizations might struggle to find appropriate partners. After extensive research and community engagement, staff has calculated that despite the risks associated with this change, incentivizing collaboration among partners is an important step in moving toward a more effective and efficient service delivery system. |

**Figure 4: Human Services Strategy Alignment with Boulder's Sustainability Framework**

| Sustainability Framework Area | Human Services Strategy Component that Addresses this Sustainability Framework Category |
|---|---|
| Numbers in parentheses in the right-hand column refer to numbers in the left-hand column. | |
| **Safe Community**<br>1. Enforces the law, taking into account the needs of individuals and community values<br>2. Plans for and provides timely and effective response to emergencies and natural disasters<br>3. Fosters a climate of safety for individuals in homes, businesses, neighborhoods and public spaces<br>4. Encourages shared responsibility, provides education on personal and community safety and fosters an environment that is welcoming and inclusive | <u>Goals and Strategies</u><br>*Homelessness*<br>Public spaces are welcoming and safe for residents and visitors (3)<br>*Inclusive and Welcoming*<br>Strengthen city protections related to discrimination and bias (1, 3, 4)<br>Encourage and facilitate positive community relations (4) |
| **Healthy & Socially Thriving Community**<br>5. Cultivates a wide range of recreational, cultural, educational and social opportunities<br>6. Supports the physical and mental well-being of its community members and actively partners with others to improve the welfare of those in need<br>7. Fosters inclusion, embraces diversity and respects human rights<br>8. Enhances multi-generational community enrichment and community engagement | <u>Fundamental Principles</u><br>Priorities reflect significant community input. Resident and stakeholder concerns and feedback helped pinpoint key issues and focus strategies (8)<br><br><u>Goals and Strategies</u><br>*A Good Start*<br>Support accessible, affordable, quality infant, toddler and preschool care (5)<br>Reduce barriers to successful school achievement and graduation (5)<br>Support successful transition from school to college or employment (5)<br>Support healthy lifestyle choices and the reduction of risky behaviors (6)<br>*Aging Well*<br>Support a continuum of age and ability appropriate services for older adults (5,6,7,8)<br>Expand opportunities to stay engaged in the labor force as long as desired (8)<br>Improve community readiness to address the needs of older adults (6)<br>*Economic Mobility and Resilience*<br>Strengthen access to pathways and opportunities to improve employment situation (6)<br>Expand financial support programs that enhance family economic stability (6)<br>Improve financial literacy, education and investment (6)<br>*Health and Well-being*<br>Support access to quality, affordable services that address physical and oral health needs (6)<br>Support access to quality, affordable services that address mental health and substance abuse (6)<br>Support access to nutritious food and programs that reduce health risk factors (6)<br>*Homelessness*<br>Pathways to permanent housing and retention (6)<br>Access to programs and services to reduce or prevent homelessness (6)<br>Efficient and effective homeless services system (6)<br>Access to a continuum of services as part of a pathway to self-sufficiency and stability (6)<br>Access to robust information about homelessness and community solutions (6)<br>Public spaces are welcoming and safe for residents and visitors (6)<br>*Inclusive and Welcoming* |

| | Expand access to culturally appropriate services and programs that recognize diverse community needs (5, 7)<br>Support access to and availability of resources, services and programs that advance social equity (7)<br>Strengthen city protections related to discrimination and bias (7)<br>Encourage and facilitate positive community relations (7) |
|---|---|
| **Livable Community**<br>9. Promotes and sustains a safe, clean and attractive place to live, work and play<br>10. Facilitates housing options to accommodate a diverse community<br>11. Provides safe and well-maintained public infrastructure and provides adequate and appropriate regulation of public/private development and resources<br>12. Encourages sustainable development supported by reliable and affordable city services<br>13. Supports and enhances neighborhood livability for all members of the community | <u>Goals and Strategies</u><br>*Homelessness*<br>Pathways to permanent housing and retention (10)<br>Access to programs and services to reduce or prevent homelessness (10)<br>Efficient and effective homeless service system (10)<br>Access to a continuum of services as part of a pathway to self-sufficiency and stability (13)<br>Access to robust information about homelessness and community solutions (13) |
| **Accessible and Connected Community**<br>14. Offers and encourages a variety of safe, accessible and sustainable mobility options<br>15. Plans, designs and maintains effective infrastructure networks<br>16. Supports strong regional multimodal connections<br>17. Provides open access to information, encourages innovation, enhances communication and promotes community engagement<br>18. Supports a balanced transportation system that reflects effective land use and reduces congestion | <u>Fundamental Principles</u><br>Priorities reflect significant community input. Resident and stakeholder concerns and feedback helped pinpoint key issues and focus strategies. (17)<br><br><u>Goals and Strategies</u><br>*Aging Well*<br>Support a continuum of age and ability appropriate services for older adults (14, 15) |
| **Environmentally Sustainable Community**<br>19. Supports and sustains natural resource and energy conservation<br>20. Promotes and regulates an ecologically balanced community<br>21. Mitigates and abates threats to the environment | Not Applicable |
| **Economically Vital Community**<br>22. Supports an environment for creativity and innovation<br>23. Promotes a qualified and diversified work force that meets employers' needs and supports broad-based economic diversity<br>24. Fosters regional and public/private collaboration with key institutions and organizations that contribute to economic sustainability<br>25. Invests in infrastructure and amenities that attract, sustain and retain diverse businesses, entrepreneurs and the associated primary jobs | <u>Goals and Strategies</u><br>*A Good Start*<br>Support accessible, affordable, quality infant, toddler and preschool care (25)<br>Reduce barriers to successful school achievement and graduation (23)<br>Support successful transition from school to college or employment (23)<br>*Aging Well*<br>Expand opportunities to stay engaged in the labor force <u>as long as</u> desired (23)<br>*Economic Mobility and Resilience*<br>Strengthen access to pathways and opportunities to improve employment situation (23) |

| | Expand access to culturally appropriate services and programs that recognize diverse community needs (5, 7) |
|---|---|
| | Support access to and availability of resources, services and programs that advance social equity (7) |
| | Strengthen city protections related to discrimination and bias (7) |
| | Encourage and facilitate positive community relations (7) |

| **Livable Community** | **Goals and Strategies** |
|---|---|
| 9. Promotes and sustains a safe, clean and attractive place to live, work and play | *Homelessness* |
| 10. Facilitates housing options to accommodate a diverse community | Pathways to permanent housing and retention (10) |
| 11. Provides safe and well-maintained public infrastructure and provides adequate and appropriate regulation of public/private development and resources | Access to programs and services to reduce or prevent homelessness (10) |
| 12. Encourages sustainable development supported by reliable and affordable city services | Efficient and effective homeless service system (10) |
| 13. Supports and enhances neighborhood livability for all members of the community | Access to a continuum of services as part of a pathway to self-sufficiency and stability (13) |
| | Access to robust information about homelessness and community solutions (13) |

| **Accessible and Connected Community** | **Fundamental Principles** |
|---|---|
| 14. Offers and encourages a variety of safe, accessible and sustainable mobility options | Priorities reflect significant community input. Resident and stakeholder concerns and feedback helped pinpoint key issues and focus strategies. (17) |
| 15. Plans, designs and maintains effective infrastructure networks | |
| 16. Supports strong regional multimodal connections | **Goals and Strategies** |
| 17. Provides open access to information, encourages innovation, enhances communication and promotes community engagement | *Aging Well* |
| 18. Supports a balanced transportation system that reflects effective land use and reduces congestion | Support a continuum of age and ability appropriate services for older adults (14, 15) |

| **Environmentally Sustainable Community** | Not Applicable |
|---|---|
| 19. Supports and sustains natural resource and energy conservation | |
| 20. Promotes and regulates an ecologically balanced community | |
| 21. Mitigates and abates threats to the environment | |

| **Economically Vital Community** | **Goals and Strategies** |
|---|---|
| 22. Supports an environment for creativity and innovation | *A Good Start* |
| 23. Promotes a qualified and diversified work force that meets employers' needs and supports broad-based economic diversity | Support accessible, affordable, quality infant, toddler and preschool care (25) |
| 24. Fosters regional and public/private collaboration with key institutions and organizations that contribute to economic sustainability | Reduce barriers to successful school achievement and graduation (23) |
| 25. Invests in infrastructure and amenities that attract, sustain and retain diverse businesses, entrepreneurs and the associated primary jobs | Support successful transition from school to college or employment (23) |
| | *Aging Well* |
| | Expand opportunities to stay engaged in the labor force as long as desired (23) |
| | *Economic Mobility and Resilience* |
| | Strengthen access to pathways and opportunities to improve employment situation (23) |

| **Good Governance** | **Fundamental Principles** |
|---|---|
| 26. Models stewardship and sustainability of the city's financial, human, information and physical assets | Priorities reflect significant community input. Resident and stakeholder concerns and feedback helped pinpoint key issues and focus strategies (29) |
| 27. Supports strategic decision-making with timely, reliable and accurate data and analysis | Priorities place stronger focus on strategic, upstream investment. The Strategy emphasizes more city investment in issues, goals and strategies with more potential for better long-term outcomes (26, 28) |
| 28. Enhances and facilitates transparency, accuracy, efficiency, effectiveness and quality customer service in all city business | The Strategy supports integrated, coordinated service systems that maximize limited resources. The department examined other city and community plans so that the Strategy could complement other efforts and better leverage city resources (26, 28) |
| 29. Supports, develops and enhances relationships between the city and community/regional partners | Priorities reflect best practice models. The city will align investments with proven practices and strategies with potential for sustainable data-driven outcomes (26, 27, 28) |
| 30. Provides assurance of regulatory and policy compliance | |

# APPENDIX I

## COMMUNITY PERCEPTION REPORT

This full report can be found at:
**https://bouldercolorado.gov/links/fetch/42831**

# APPENDIX J

## FEE STUDY

This full report can be found at:
**https://bouldercolorado.gov/links/fetch/42832**

# APPENDIX K

## CITY OF BOULDER HOMELESSNESS STRATEGY

This full report can be found at:
**https://bouldercolorado.gov/links/fetch/42833**

# APPENDIX L

## CITY ORDINANCES

This full report can be found at:
**https://bouldercolorado.gov/links/fetch/42834**

### OVERVIEW

Ordinance Enforcement: Boulder's Human Services Department helps enforce two city ordinances, the Human Rights Ordinance and the Failure to Pay Wages Ordinance.

• The Failure to Pay Wages Ordinance protects workers from non-payment of wages. Formal complaints may be addressed through neutral investigation to determine duty to pay, mediation and/or prosecution by the City Attorney's Office.

• The Human Rights Ordinance protects against illegal discrimination in the areas of housing, employment and public accommodation. The city investigates formal complaints filed with the office. Complaints may be addressed through mediation or through a quasi-judicial hearing in front of the Human Relations Commission.

### FAILURE TO PAY WAGES ORDINANCE

### TITLE 5 - GENERAL OFFENSES, Chapter 3 - Offenses Against the Person

**5-3-13. - Failure to Pay Wages Due.** (a) No employer or agent of an employer who is under a duty to pay wages or compensation shall fail to pay those wages or that compensation or falsely deny the amount of the claim for the payment of wages or compensation.

(b) It shall be an affirmative defense to a charged violation of this section that:

(1) The employer or the employer's agent was unable to pay the wages or compensation;

(2) At the time of initially employing the employee, the employer or employer's agent had a good faith and reasonable belief that payment would be made in a timely manner when due;

(3) The employee was informed as soon as the employer or employer's agent was aware, or through the exercise of reasonable diligence should have been aware, of conditions that would make it impossible to pay an employee;

(4) The employer or employer's agent provided to each employee who did not receive full and timely payment a written acknowledgement of debt that accurately reflected the full amount owed to that employee; and

(5) After becoming aware of the inability to pay an employee, the employer or employer's agent did not employ any new or additional employees before satisfying the existing wage and compensation obligations.

(c) For purposes of this section, wages or compensation means all amounts for labor or service performed by employees, whether the amount is fixed or determined by the standard of time, task, piece, commission basis, or other method of calculation or whether the labor or service is performed under contract, subcontract, partnership, or other agreement for the performance of labor or service. However, wages or compensation only includes payment for service performed personally by the person demanding payment. No amount is considered to be wages or compensation until such amount is earned, vested, and determinable.

(d) For purposes of this section, failure to pay wages or compensation for each 30-day period of employment, or any part thereof, shall be considered a separate violation.

Ordinance No. 7557 (2007)

**5-2-4. - General Penalties.**
(a) The penalty for violation of any provision of this code or any ordinance is a fine of not more than $1,000.00 per violation, or incarceration for not more than ninety days in jail or by both such fine and incarceration, except as follows:

(1) Where any different provision is made elsewhere in this code or any ordinance;

(2) Where the defendant's criminal culpability is vicarious, jail may not be imposed as a penalty;

(3) Where a non-traffic violation is involved, in order to impose a jail sentence, the court must be satisfied from the evidence and other material available to it for sentencing that the defendant acted intentionally, knowingly or recklessly with respect to the material elements of the violation. Where traffic offenses are concerned, ordinary negligence is sufficient to permit the imposition of jail;

(4) Where a defendant is a child under the age of ten years, in which case the child may not be held accountable in municipal court for any violation; or

(5) Where the defendant is a child of ten years through and including seventeen years of age, the child may not be sentenced to jail except upon conviction of a moving traffic violation for which penalty points are assessed against the driving privilege under the laws of this state.

(b) Nothing in Subsection (a) of this section is intended to:

(1) Remove or limit the discretion or authority of any public official to charge a child in a court other than the municipal court; or

(2) Limit the power of the municipal court to incarcerate a defendant for nonpayment of a fine or for contempt.

(c) The penalty for violation of any rule or regulations promulgated under authority delegated by the charter, this code, or any ordinance of the city is a fine of not more than $1,000 per violation, except as provided in Paragraph (a)(4) of this section and in Section 5-5-20, "Unlawful Conduct on Public Property," B.R.C. 1981.

(d) The maximum penalty for violation of Sections 5-3-1, "Assault in the Third Degree," 5-3-2, "Brawling," 5-3-3, "Physical Harassment," 5-3-4, "Threatening Bodily Injury," 5-3-6, "Use of Fighting Words," and 5-4-1, "Damaging Property of Another," B.R.C. 1981, when the offense is found to be a bias motivated crime, shall be a fine of not more than $2,000 per violation, or incarceration for not more than ninety days in jail, or both such fine and incarceration. The court shall not be required to make the findings required by Paragraph (a)(3) of this section in order to impose a sentence including incarceration. This ordinance shall not be applied in a manner that suppresses abstract thought or protected speech.

Ordinance Nos. 4969 (1986); 5639 (1994); 7496 (2007); 7966 (2014)

**HUMAN RIGHTS ORDINANCE**

**TITLE 12 - HUMAN RIGHTS, Chapter 1 - Prohibition of Discrimination in Housing, Employment, and Public Accommodations**

**12-1-1. - Definitions.**

The following terms used in this chapter have the following meanings unless the context clearly requires otherwise:

*Age* means age forty years and older.

*Employer* means any person employing any person in any capacity.

*Employment agency* means any person undertaking, with or without compensation, to procure employees or opportunities to work for any person or holding itself out as equipped to do so.

*Gender identity* means a person's various individual attributes, actual or perceived, that may be in accord with, or sometimes opposed to, one's physical anatomy, chromosomal sex, genitalia, or sex assigned at birth.

*Gender variance* means a persistent sense that a person's gender identity is incongruent with the person's biological sex, excluding the element of persistence for persons under age twenty-one and including, without limitation, transitioned transsexuals.

*Genetic characteristics* means all characteristics of an individual that can be transmitted through the person's chromosomes.

*Genital reassignment surgery* means surgery to alter a person's genitals, in order to complete a program of sex reassignment treatment.

*Housing* means any building, structure, vacant land, or part thereof during the period it is advertised, listed, or offered for sale, lease, rent, or transfer of ownership, but does not include transfer of property by will or gift.

*Labor organization* means any organization, or committee or part thereof, that exists for the purpose in whole or in part of collective bargaining, dealing with employers concerning grievances, terms or conditions of employment, or other mutual aid or protection in connection with employment.

*Marital status* means both the individual status of being single, divorced, separated, or widowed and the relational status of cohabitating and being married or unmarried.

*Minor child* means a person under eighteen years of age.

*Person or individual* means any individual, group, association, cooperation, joint apprenticeship committee, joint stock company, labor union, legal representative, mutual company, partnership, receiver, trustee, and unincorporated organization and other legal, commercial, or governmental entity.

*Physical or mental disability* means a physical or mental impairment that substantially limits one or more major life activities, a record of such impairment, or being regarded as having such impairment. The term excludes current use of alcohol or drugs or other disabilities that prevent a person from acquiring, renting, or maintaining property, that would constitute a direct threat to the property or safety of others, or that would prevent performance of job responsibilities.

*Place of accommodation* means any place of business engaged in any sales to the general public and any place that offers services, facilities, privileges, or advantages to the general public or that receives financial support through solicitation of the general public or through governmental subsidy of any kind.

*Sex* means biological sex, the sum of a person's physical characteristics.

*Sex reassignment treatment* means treatment to change a person's sex, based on medically recognized treatment protocols such as that published by the Harry Benjamin International Gender Dysphoria Association.

*Sexual orientation* means the choice of sexual partners, i.e., bisexual, homosexual, or heterosexual.

*Transitioning transsexual* means a person experiencing gender variance who is undergoing sex reassignment treatment.

*Transitioned transsexual* means a person who has completed genital reassignment surgery.

**12-1-2. - Discrimination in Housing Prohibited.**

(a) It is an unfair housing practice, and no person:

(1) Who has the right of ownership or possession or the right of transfer, sale, rental, or lease of any housing or any agent of such person shall:

(A) Refuse to show, sell, transfer, rent, or lease, or refuse to receive and transmit any bona fide offer to buy, sell, rent, or lease, or otherwise to deny to or withhold from any individual such housing because of the race, creed, color, sex, sexual orientation, gender variance, genetic characteristics, marital status, religion, national origin, ancestry, pregnancy, parenthood, custody of a minor child, or mental or physical disability of that individual or such individual's friends or associates;

(B) Discriminate against any individual because of the race, creed, color, sex, sexual orientation, gender variance, genetic characteristics, marital status, religion, national origin, ancestry, pregnancy, parenthood, custody of a minor child, or mental or physical disability of the individual or such individual's friends or associates in the terms, conditions, or privileges pertaining to any facilities or

services in connection with a transfer, sale, rental, or lease of housing; or

(C) Cause to be made any written or oral inquiry or record concerning the race, creed, color, sex, sexual orientation, gender variance, genetic characteristics, marital status, religion, national origin, ancestry, pregnancy, parenthood, custody of a minor child, or mental or physical disability of an individual seeking to purchase, rent, or lease any housing or of such individual's friends or associates, but nothing in this section prohibits using a form or making a record or inquiry for the purpose of required government reporting or for a program to provide opportunities for persons who have been traditional targets of discrimination on the bases here prohibited;

(2) To whom application is made for financial assistance for the acquisition, construction, rehabilitation, repair, or maintenance of any housing shall:

(A) Make or cause to be made any written or oral inquiry concerning the race, creed, color, sex, sexual orientation, gender variance, genetic characteristics, marital status, religion, national origin, ancestry, pregnancy, parenthood, custody of a minor child, or mental or physical disability of an individual seeking such financial assistance, such individual's friends or associates, or prospective occupants or tenants of such housing, or

(B) Discriminate against any individual because of the race, creed, color, sex, sexual orientation, gender variance, genetic characteristics, marital status, religion, national origin, ancestry, pregnancy, parenthood, custody of a minor child, or mental or physical disability of such individual, such individual's friends or associates, or prospective occupants or tenants in the term, conditions or privileges relating to obtaining or use of any such financial assistance;

(3) Shall include in any transfer, sale, rental or lease

of housing any restrictive covenant limiting the use of housing on the basis of race, creed, color, sex, sexual orientation, gender variance, genetic characteristics, marital status, religion, national origin, ancestry, pregnancy, parenthood, custody of a minor child, or mental or physical disability or shall honor or exercise or attempt to honor or exercise any such restrictive covenant pertaining to housing;

(4) Shall print or cause to be printed or published any notice or advertising relating to the transfer, sale, rental or lease of any housing that indicates any preference, limitation, specification or discrimination based on race, creed, color, sex, sexual orientation, gender variance, genetic characteristics, marital status, religion, national origin, ancestry, pregnancy, parenthood, custody of a minor child, or mental or physical disability;

(5) Shall aid, abet, incite, compel or coerce the doing of any act prohibited by this section or obstruct or prevent any person from complying with the provisions of this section or attempt either directly or indirectly to commit any act prohibited by this section;

(6) For the purpose of promoting housing sales, rentals or leases in a geographic area, shall initiate, instigate or participate in any representation, advertisement or contract, directly or indirectly, within such geographic area that changes have occurred, will occur or may occur in the composition of the geographic area with respect to race, creed, color, sex, sexual orientation, gender variance, genetic characteristics, marital status, religion, national origin, ancestry, pregnancy, parenthood, custody of a minor child, or mental or physical disability of the owners or occupants or that such changes will or may result in lowering property values, in increased criminal or antisocial behavior, or in declining quality of schools in the geographic area;

(7) Shall discharge, demote or discriminate in

matters of compensation against any employee or agent because of said employee's or agent's obedience to the provisions of this section;

(8) Shall:

(A) Offer, solicit, accept, use or retain a listing of housing with the understanding that an individual may be discriminated against in the purchase, lease or rental thereof on the basis of race, creed, color, sex, sexual orientation, gender variance, genetic characteristics, marital status, religion, national origin, ancestry, pregnancy, parenthood, custody of a minor child, or mental or physical disability of such individual or such individual's friends or associates;

(B) Deny any individual access to or participation in any multiple-listing service, real estate brokers' organization or other service, organization or facility relating to the business of selling or renting housing; or

(C) Discriminate against such individual on the basis of race, creed, color, sex, sexual orientation, gender variance, genetic characteristics, marital status, religion, national origin, ancestry, pregnancy, parenthood, custody of a minor child, or mental or physical disability of such individual or such individual's friends or associates;

(9) Shall establish unreasonable rules or conditions of occupancy that have the effect of excluding pregnant women, parents or households with minor children.

(b) The provisions of subsection (a) of this section do not apply to prohibit:

(1) Any religious or denominational institution or organization that is operated, supervised or controlled by a religious or denominational organization from limiting admission or giving preference to persons of the same religion or denomination or from making such selection of buyers, lessees or tenants as will promote a bona

fide religious or denominational purpose.

(2) Owner.

(A) An owner or lessee from limiting occupancy of a single dwelling unit occupied by such owner or lessee as his or her residence.

(B) An owner from limiting occupancy of rooms or dwelling units in buildings occupied by no more than two families living independently of each other if the owner actually maintains and occupies one of such rooms or dwelling units as his or her residence.

(C) An owner or lessor of a housing facility devoted entirely to housing individuals of one sex from limiting lessees or tenants to persons of that sex.

(3) The transfer, sale, rental, lease or development of housing designed or intended for the use of the physically or mentally disabled, but this exclusion does not permit discrimination on the basis of race, creed, color, sexual orientation, gender variance, genetic characteristics, marital status, religion, ancestry or national origin.

(4) Compliance with any provisions of section 9-8-5, "Occupancy of Dwelling Units," or chapter 10-2, "Property Maintenance Code," B.R.C. 1981, concerning permitted occupancy of dwelling units.

(5) Discrimination on the basis of pregnancy, parenthood or custody of a minor child in:

(A) Any owner-occupied lot containing four or fewer dwelling units;

(B) Any residential building in which the owner or lessor publicly establishes and implements a policy of renting or selling exclusively to persons fifty-five years of age or older, but only as long as such policy remains in effect;

(C) Any residential institution, as defined in section 9-16-1, "General Definitions," B.R.C. 1981;

(D) Any dwelling unit rented, leased or subleased

for no more than eighteen months while the owner or lessee is temporarily absent, when the owner or lessee leaves a substantial amount of personal possessions on the premises;

(E) Any residential building located on real estate whose title was, as of November 17, 1981, encumbered by a restrictive covenant limiting or prohibiting the residence of minor children on such property, but only so long as such covenant remains in effect; and

(F) Up to one-third of the buildings in a housing complex consisting of three or more buildings; for purposes of this subparagraph, housing complex means a group of buildings each containing five or more units on a contiguous parcel of land owned by the same person or persons.

(c) The provisions of subsection (a) of this section shall not be construed to require an owner or lessor of property to make any improvement to a housing facility beyond minimal building code standards applicable to the housing facility in question and approved by a state or local agency with responsibility to approve building plans and designs.

Ordinance Nos. 4803 (1984); 5061 (1987); 5117 (1988); 7040 (2000); 7724 (2010)

### 12-1-3. - Discrimination in Employment Practices Prohibited.

(a) It is a discriminatory or unfair employment practice, and no person:

(1) Shall fail or refuse to hire, shall discharge, shall promote or demote, or shall discriminate in matters of compensation, terms, conditions or privileges of employment against any individual otherwise qualified or to limit, segregate or classify employees or applicants for employment in any way that would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect such individual's status as an employee

because of the race, creed, color, sex, sexual orientation, gender variance, genetic characteristics, marital status, religion, national origin, ancestry, age or mental or physical disability of such individual or such individual's friends or associates; but with regard to mental or physical disability, it is not a discriminatory or unfair employment practice for a person to act as provided in this paragraph if there is no reasonable accommodation that such person can make with regard to the disability, the disability actually disqualifies the individual from the job, and the disability has a significant impact on the job;

(2) Shall refuse to list and properly classify for employment or refer an individual for employment in a known available job for which such individual is otherwise qualified because of the race, creed, color, sex, sexual orientation, gender variance, genetic characteristics, marital status, religion, national origin, ancestry, age or mental or physical disability of such individual or such individual's friends or associates or to comply with a request from an employer for referral of applicants for employment if the request indicates either directly or indirectly that the employer discriminates in employment on the basis of race, creed, color, sex, sexual orientation, gender variance, genetic characteristics, marital status, religion, national origin, ancestry, age or mental or physical disability; but with regard to mental or physical disability, it is not a discriminatory or unfair employment practice for an employment agency to refuse to list and properly classify for employment or refuse to refer an individual for employment in a known available job for which such individual is otherwise qualified if there is no reasonable accommodation that the employer can make with regard to the disability, the disability actually disqualifies the individual from the job, and the disability has a significant impact on the job;

(3) Shall exclude or expel any individual otherwise

qualified from full membership rights in a labor organization, otherwise discriminate against any members of such labor organization in the full enjoyment of work opportunity, or limit, segregate or classify its membership or applicants for membership, or classify or fail or refuse to refer for employment such individual in any way that deprives such individual of employment opportunities, limits employment opportunities or otherwise adversely affects such individual's status as an employee or applicant for employment because of the race, creed, color, sex, sexual orientation, gender variance, genetic characteristics, marital status, religion, national origin, ancestry, age or mental or physical disability of such individual or such individual's friends or associates;

(4) Shall print or circulate or cause to be printed or circulated any statement, advertisement or publication, or to use any form of application for employment or membership, or to make any inquiry in connection with prospective employment or membership that expresses, either directly or indirectly, any limitation, specification or discrimination on the basis of race, creed, color, sex, sexual orientation, gender variance, genetic characteristics, marital status, religion, national origin, ancestry, age or mental or physical disability or intent to make any such limitation, specification or discrimination, unless based upon a bona fide occupational qualification;

(5) Shall establish, announce or follow a policy of denying or limiting, through a quota system or otherwise, opportunities for employment or membership in a group on the basis of race, creed, color, sex, sexual orientation, gender variance, genetic characteristics, marital status, religion, national origin, ancestry, age or mental or physical disability;

(6) Shall aid, abet, incite, compel or coerce the

doing of any act defined in this section to be a discriminatory or unfair employment practice, obstruct or prevent any person from complying with the provisions of this section, or attempt, either directly or indirectly, to commit any act defined in this section to be a discriminatory or unfair employment practice;

(7) That is an employer, labor organization or joint labor-management committee controlling apprenticeship or other training or retraining, including on-the-job training programs shall discriminate against any individual on the basis of the race, creed, color, sex, sexual orientation, gender variance, genetic characteristics, marital status, religion, national origin, ancestry, age or mental or physical disability of such individual or such individual's friends or associates in admission to or employment in any program established to provide apprenticeship or other training; but with regard to mental or physical disability, it is not a discriminatory or unfair employment practice to withhold the right to be admitted to or to participate in any such program if there is no reasonable accommodation that can be made with regard to the disability, the disability actually disqualifies the individual from the program, and the disability has a significant impact on participation in the program;

(8) Shall use in the recruitment or hiring of individuals any employment agency, placement service, training school or center, labor organization or any other employee referral source known by such person to discriminate on the basis of race, creed, color, sex, sexual orientation, gender variance, genetic characteristics, marital status, religion, national origin, ancestry, age or mental or physical disability;

(9) Shall use in recruitment, hiring, upgrading or promoting any test that such person knows or has reason to know tends to discriminate on the basis

of race, creed, color, sex, sexual orientation, gender variance, genetic characteristics, marital status, religion, national origin, ancestry, age or mental or physical disability; but it is not a discriminatory or unfair employment practice to provide employment opportunities for classes of individuals that have been the traditional targets of discrimination or to use a form or make a record or inquiry for the purpose of required government reporting, and with regard to mental or physical disability, it is not a discriminatory or unfair employment practice for a person to act as prohibited in this subsection if there is no reasonable accommodation that the employer can make with regard to the disability, the disability actually disqualifies the individual from the job, and the disability has a significant impact on the job; and

(10) Seeking employment, shall publish or cause to be published an advertisement with a specification or limitation based upon race, creed, color, sex, sexual orientation, gender variance, genetic characteristics, marital status, religion, national origin, ancestry, age or mental or physical disability, unless based upon a bona fide occupational qualification.

(b) The provisions of subsection (a) of this section do not apply to prohibit a religious organization or institution from restricting employment opportunities to persons of the religious denomination or persons of other defined characteristics and advertising such restriction if a bona fide religious purpose exists for the restriction.

(c) The provisions of subsection (a) of this section concerning discrimination based on marital status do not apply to the provision of employee health or disability insurance.

(d) Notwithstanding any other provision of this chapter, a workplace supervisor may require that a worker not change gender presentation in the workplace more than three times in any eighteen-month period.

Ordinance Nos. 5061 (1987); 5468 (1992); 7040 (2000)

## 12-1-4. - Discrimination in Public Accommodations Prohibited.

(a) It is a discriminatory practice, and no person shall:

(1) Refuse, withhold from or deny to any individual because of the race, creed, color, sex, sexual orientation, gender variance, genetic characteristics, marital status, religion, national origin, ancestry or mental or physical disability of such individual or such individual's friends or associates, the full and equal enjoyment of the goods, services, facilities, privileges, advantages or accommodations of a place of public accommodation; or

(2) Publish, circulate, issue, display, post or mail any written or printed communication, notice or advertisement that indicates that the full and equal enjoyment of the goods, services, facilities, privileges, advantages or accommodations of a place of public accommodation will be refused, withheld from or denied an individual or that such individual's patronage or presence at a place of public accommodation is unwelcome, objectionable, unacceptable or undesirable because of the race, creed, color, sex, sexual orientation, gender variance, genetic characteristics, marital status, religion, national origin, ancestry or mental or physical disability of such individual or such individual's friends or associates.

(b) The provisions of subsection (a) of this section do not apply to prohibit:

(1) Persons from restricting admission to a place of public accommodation to individuals of one sex if such restriction bears a bona fide relationship to the goods, services, facilities, privileges, advantages or accommodations of such place of public accommodation; or

(2) Any religious or denominational institution that is operated, supervised or controlled by a religious or denominational organization from limiting admission to persons of the same religion or denomination as will promote a bona fide religious or denominational purpose.

(c) Notwithstanding any other provision of this chapter, transitioned transsexuals may use the locker rooms and shower facilities of their new sex and shall be protected by section 12-1-4, "Discrimination in Public Accommodations Prohibited," B.R.C. 1981, from any discrimination in their use of such locker rooms and shower rooms.

(d) Notwithstanding any other provision of this chapter, transitioning transsexuals shall be granted reasonable accommodation in access to locker rooms and shower facilities.

Ordinance Nos. 5061 (1987); 7040 (2000)

## 12-1-5. - Prohibition on Retaliation for and Obstruction of Compliance With Chapter.

(a) No person shall use a threat, communicated by physical, oral or written means, of harm or injury to another person, such other person's reputation or such person's property, or discriminate against any person because such person has entered into a conciliation agreement under this chapter, because the final or any other ruling in any proceeding brought under this chapter has been in such other person's favor, because such other person has opposed a discriminatory practice, or because such other person has made a charge, filed a complaint, testified, assisted or participated in an investigation, proceeding or hearing before a person charged with the duty to investigate or hear complaints relating to problems of discrimination, but this section does not apply when the threat involves knowingly placing or attempting to place a person in fear of imminent bodily injury by use of a deadly weapon;

(b) No person shall willfully obstruct, hinder or interfere with the performance or the proper exercise of a duty, obligation, right or power of the city manager, the municipal court or other official or body charged with a duty, obligation, right or power under this chapter.

## 12-1-6. - Provisions of This Chapter Supplement Other Code Sections.

Anything to the contrary notwithstanding, the substantive terms of this chapter and the remedies herein provided supplement those terms and remedies contained in this code and other ordinances of the city.

## 12-1-7. - City Manager May Appoint Person to Assist in Enforcement.

The city manager may appoint a person to carry out any or all of the duties, obligations, rights or powers under the provisions of this chapter, who may have such job title as the manager designates.

## 12-1-8. - Administration and Enforcement of Chapter.

(a) Any person claiming to be aggrieved by a violation of this chapter may file a written complaint under oath with the city manager:

(1) Within one year of any alleged violation of section 12-1-2, "Discrimination in Housing Prohibited," B.R.C. 1981; within one hundred eighty days of any alleged violation of section 12-1-3, "Discrimination in Employment Practices Prohibited," B.R.C. 1981; or within sixty days of any alleged violation of section 12-1-4, "Discrimination in Public Accommodations Prohibited," B.R.C. 1981; and

(2) The complaint shall state:

(A) The name of the alleged violator, or facts sufficient to identify such person;

(B) An outline of the material facts upon which the complaint is based;

(C) The date of the alleged violation;

(D) That any conduct of the complainant was for the purpose of obtaining the housing, employment or public accommodation in question and not for the purpose of harassment or entrapment of the person against whom the complaint is made; and

(E) That a complaint concerning this same matter has not been filed with another agency or that any complaint concerning this matter filed with another agency has been dismissed by such agency without a final judgment on the merits.

(b) The city manager shall furnish a copy of the complaint to the person against whom the complaint is made.

(c) Before conducting a full investigation of the complaint, the city manager may attempt to negotiate a settlement of the dispute between the parties, if the manager deems that such an attempt is practicable.

(d) If the city manager does not deem it practicable to attempt a preinvestigation settlement or if such settlement attempt is unsuccessful, the manager shall conduct an investigation to determine whether there is probable cause to believe the allegations of the complaint.

(1) If the city manager determines there is no probable cause, the manager shall dismiss the complaint and take no further action thereon other than that of informing the concerned persons that the complaint has been dismissed.

(2) If the city manager determines that there is a sufficient basis in fact to support the complaint, the manager shall endeavor to eliminate the alleged violation by a conciliation agreement, signed by all parties and the manager, whereunder the alleged violation is eliminated and the complainant is made whole to the greatest extent practicable.

(3) The city manager shall furnish a copy of such signed conciliation agreement to the complainant and the person charged. The terms of a conciliation agreement may be made public, but no other information relating to any complaint, its investigation or its disposition may be disclosed without the consent of the complainant and the person charged.

(4) A conciliation agreement need not contain a declaration or finding that a violation has in fact occurred.

(5) A conciliation agreement may provide for dismissal of the complaint without prejudice.

(e) If a person who has filed a complaint with the city manager is dissatisfied with a decision by the manager to dismiss the complaint under paragraph (d)(1) of this section or if conciliation attempts as provided in paragraph (d)(2) of this section are unsuccessful to resolve the complaint, the aggrieved party may request a hearing before the City of Boulder Human Relations Commission, which shall hold a hearing on the appeal. If the commission finds violations of this chapter, it may issue such orders as it deems appropriate to remedy the violations, including, without limitation, orders:

(1) Requiring the person found to have violated this chapter to cease and desist from the discriminatory practice;

(2) Providing for the sale, exchange, lease, rental, assignment or sublease of housing to a particular person;

(3) Requiring an employer to: reinstate an employee; pay backpay for discriminatory termination of employment, layoff or denial of promotion opportunity; make an offer of employment in case of discriminatory refusal of employment; make an offer of promotion in the case of discriminatory denial of promotion opportunity; or take other appropriate

equitably remedial action;

(4) Requiring that a person make available a facility of public accommodation in the case of discriminatory denial of the use of such facility;

(5) Requiring that a person found to have violated this chapter report compliance with the order or orders issued pursuant to this section; and

(6) Requiring that a person found to have violated any provisions of this chapter make, keep and make available to the commission such reasonable records as are relevant to determine whether such person is complying with the commission's orders.

(f) No person shall fail to comply with an order of the human relations commission.

(g) The city manager may initiate and file a complaint pursuant to this section based on the information and belief that a violation of this chapter has occurred. The manager may file such a complaint pursuant to the following standards:

(1) The manager has supervised any investigative testing used;

(2) Any investigative testing is not designed to induce a person to behave in other than such person's usual manner; and

(3) The case is not brought for the purpose of harassment.

(h) No complaint shall be accepted against the City or a city-appointed agency unless there is no state or federal protection for the human rights violation set forth in the complaint.

Ordinance Nos. 4879 (1985); 7040 (2000)

### 12-1-9. - Judicial Enforcement of Chapter.

(a) The city manager may file a criminal complaint in municipal court seeking the imposition of the criminal penalties provided in section 5-2-4, "General Penalties," B.R.C. 1981, for violations of this chapter.

(b) The city manager may seek judicial enforcement of any orders of the human relations commission.

(c) Any party aggrieved by any final action of the human relations commission may seek judicial review thereof in the District Court in and for the County of Boulder by filing a complaint pursuant to the Colorado Rules of Civil Procedure 106(a)(4).

Ord. No. 7838 (2012)

### 12-1-10. - City Contractors Shall Not Discriminate.

The city manager shall require that all contractors providing goods or services to the City certify their compliance with the provisions of this chapter.

### 12-1-11. - Authority to Adopt Rules.

The city manager and the human relations commission are authorized to adopt rules to implement the provisions of this chapter.

### 12-1-12. - Gender Variance Exemptions.

Competitive sports and sports-related records and sex-segregated housing for persons under age twenty-five shall be exempt from the gender variance discrimination provisions of this chapter.

Ordinance No. 7040 (2000)

### 12-1-13. - Elements of Proof.

Proof of the characteristics of the victim, while admissible to prove intent, and to determine reasonable accommodation for disabilities and for transitioning transsexuals, shall not otherwise be required as an element of proof in and of itself. The essential elements of proof shall be of discriminatory intent and of a nexus between such intent and an action or refusal or failure to act identified in this chapter.

Ordinance No. 7040 (2000)

HUMAN SERVICES
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