

EXHIBIT B – Statement of Work

A. Project Description

Boulder County Human Services (BCHS) is committed to building a thriving future together, centering racial equity and opportunity for all. The Boulder County Intellectual and Developmental Disabilities (IDD) Mill Levy, a Developmental Disabilities property tax approved by voters in 2002, fills funding gaps for agreed-upon services and supports for people of all ages living with IDD, Autism, and/or Brain Injury (BI). This includes but is not limited to case management, systems navigation, advocacy, community social and recreational activities, and direct services.

The Boulder County IDD Mill Levy will afford people with IDD/DD, Autism, and/or BI to live fulfilling lives of independence and quality in their homes and communities. This funding is awarded to provide case management, systems navigation services, and crisis management.

B. Performance Responsibilities

The Contractor, in accordance with the terms and conditions in this Contract, shall, in a timely and satisfactory manner, provide the following services:

1. Boulder County residents who are being served by the following programs may receive services funded under this contract:
 - a) Case Management Agency Functions
 - b) Emergency Situations
 - c) Crisis Management
 - d) Family Support Services
 - e) Autism Spectrum Disorder Services
 - f) Organized Healthcare Delivery System -(OHCD)
 - g) Systems Navigation

2. Maintain an IDD Mill Levy Systems Navigator familiar with IDD, BI, and Autism resources specifically addressing systems navigation issues within that population.

3. Develop and maintain a coordination plan with other agencies in Boulder County that work with IDD including Autism and BI populations to be identified collaboratively.
4. Maintain an intake and referral process for community to access Systems Navigation support. Continue to evaluate effectiveness of the intake and referral process.
5. Engage public community partners to develop and implement a comprehensive culturally responsive and inclusive approach to the referral process.
6. Priority is for participants that are new to systems navigation, not participants that are already receiving case management from another agency.
7. Indirect Costs and Evaluation Activities:
 - a) Other operational costs that support administrative efficiencies
 - b) Evaluation activities, including but not limited to the annual satisfaction surveys by program area.
8. Ensure Boulder County residents with an IDD/DD, Autism, and/or BI have access to services and supports.
9. Collect performance and outcome data to determine the ongoing effectiveness of services listed in this Contract and plan for the implementation of new services for Boulder County.
10. Support the System-wide efforts of the Boulder County IDD Advisory Council and improve overall communication between all stakeholders who are funded through the Mill Levy.
11. Take necessary steps to provide services virtually and/or adhere to any current public health emergencies and/or restrictions throughout the Contract term for services provided in-person. If Contractor is unable to provide services safely to meet client needs due to public health restrictions, Contractor shall notify BCHS within 30 days.
12. Ensure services are provided in a culturally, linguistically, and equitably appropriate manner.
13. As needed, assist participants in creating a Boulder County Connect (BCC) Account and encourage the use of this online system for accessing case information, completing required actions on their cases, and uploading documents.
14. Funds will not be used to supplant Medicaid, Medicare, or private insurance funded services.

C. Target Population

1. Target population includes community members with IDD, Autism and BI who are living in Boulder County. Definition of BI for of Funding is a documented intellectual and/or developmental disability that is manifested before the person reaches 22 years of age or brain injury acquired as an adult that results in a disability.

D. Referrals for Service

1. Contractor agrees to accept referrals from BCHS and other service providers and government agencies operating in Boulder County who serve similar populations.
2. Contractor agrees to work collaboratively with BCHS and other community partners to ensure participants are enrolled in all self-sufficiency benefits they are eligible to receive.
3. Contractor agrees to make referrals to appropriate service providers in effort to move participants from crisis to stability, establishing a network of care supporting the participant.

E. Meetings and Communication

1. BCHS and Contractor shall meet bimonthly or more to evaluate budget levels and program effectiveness that may include:
 - a) recommendations for modifications in the scope of services for this Contract,
 - b) technical assistance necessary to enable the performance of this Contract by Contractor, or the specification of necessary additional services to enable the Contractor's performance of the services provided under this Contract.
2. A fiscal review may be conducted up to two times during the Contract term. Prior to this review, BCHS may request documentation including a copy of Contractor's published annual report for the prior year.
3. Contractor shall attend applicable trainings and meetings as available.

F. Reporting Requirements

1. Contractor shall submit quarterly reports by the 300th day following the end of the quarter using the metrics outlined in Exhibit B-4.
 - a) Quarterly reports will be submitted by email to hhsimpactreporting@bouldercounty.gov
 - b) Excel reporting form will be sent to BCHS for quarterly report submission by Contractor.
2. Contractor shall notify BCHS within 30 days of vacancies for positions funded under this Contract. Notification shall be sent in writing to Whitney Wilcox at wwilcox@bouldercounty.gov.
3. Contractor shall submit an annual qualitative report at the conclusion of each Contract term. Annual reports shall be submitted no later than the 45 days following the end of the Contract term. Reports shall be submitted to Hsdatareporting@bouldercounty.gov

G. Budget

1. The approved budget is included as Exhibit B-1, Budget Form.
2. Contractor has the discretion to transfer up to ten percent (10%) of the total approved budget between the major direct cost budget categories with the written approval of Boulder County Human Services (BCHS). Approval must be obtained in writing prior to submitting invoices. Any budget transfer greater than ten percent (10%) also requires prior written approval from an authorized BCHS representative and at the discretion of BCHS, may require a Contract amendment.

H. Payment Requirements

1. Monthly Invoicing and Financial Reporting
 - a) Upon execution of this Contract, BCHS will provide initial advanced payment to Contractor of \$859,900 for the Family Support Services Program (FSSP).
 - i. Recipient shall provide monthly financial reports supported by a general ledger detail generated from Contractor's accounting system to account for how the advanced funds are used.
 - ii. Recipient shall return any unused funds to BCHS within thirty (30) days of expiration of this Contract.

- b) BCHS shall provide Contractor with a monthly invoice template. The invoice template will be used to invoice for all remaining budget line items,
- c) Contractor shall complete and submit monthly invoices, monthly financial reports (for FSSP) and supporting documentation that supports the amount invoiced/ reported by the thirtieth (30th) calendar day following the reporting period, regardless of the level of activity or amounts of expenditure(s) in the preceding report period. Any invoices submitted 90 days after due date may not be accepted.
- d) Contractor shall only invoice/report BCHS for the actual number of Boulder County residents served by that program, to ensure that Boulder County funds are not subsidizing services for residents who reside outside of Boulder County.
- e) Monthly invoiced/reported expenses shall be for actual expenditures incurred by the Contractor.
- f) BCHS shall not pay for vacant positions funded through this Contract. Contractor shall not reallocate vacancy funds to another position without written approval of BCHS.
- g) Monthly invoiced/reported expenses may not be reimbursable by any other funding source.
- h) Monthly invoices/reports shall only include expenditures for the prior billing period. Any adjustments to a previously billed period need to be billed as an amendment to a previous invoice.
- i) The invoice shall contain the name and title of the person authorized, or his or her designee, to submit claims for payment.
- j) All invoices, financial reporting, supporting documentation, and applicable reports shall be submitted electronically to BCHS via email to:
hhsaccountingoffice@bouldercounty.gov

2. Supporting Documentation

- a) Monthly invoices shall be supported by a general ledger and/or sub-ledger detail generated from the Contractor's accounting system to include payee, description, date, and amount.
 - i) For participant services, participant initials or non-identifying information and purpose should be included.
 - ii) For personnel requests, an excerpt of the payroll register from the paying system is appropriate. The payroll register should include staff name(s) or initials, period paid, salary and itemized employer-paid taxes and benefits.
- b) Supporting documentation submitted with monthly invoices must meet or exceed the amount being invoiced.
- c) Contractor shall determine and report on actual number of participants served who are residents of Boulder County.
- d) Contractor shall provide an agency-level income statement.
- e) Contractor shall keep on site for BCHS review, for the Contract term plus three years, the following supporting documentation for each invoice:
 - i) Non-personnel reimbursements must be supported by general ledger or sub-ledger detail generated from Contractor's accounting system.
 - (1) The ledger detail should include payee, description, date, and amount.
 - (2) For participant services, participant name and purpose must be maintained on file (for those participants who have signed an authorization to release information).
 - (3) The documentation should include all receipts and/or other original support. Receipts are required for purchases from a single vendor more than \$100.
 - (4) Travel expenditures should include receipts and/or original supporting documentation.
 - (5) Mileage will be reimbursed at a rate equal to or less than the IRS standard mileage rate.
 - ii) For personnel requests, an excerpt of the payroll register from the paying system is appropriate. The payroll register should include staff name(s) or initials, period paid, salary and itemized employer-paid taxes and benefits.
 - (1) Staff working less than 100% on contracted work may be required via a written amendment to maintain an accurate daily record of hours worked and correct charge codes. These records shall be made available to BCHS during financial review visits or upon request.
- f) If Contractor does not produce sufficient documentation as described above at financial review visits, BCHS has the right to recapture any unsupported payments.

3. Payments

- a) Monthly invoices, supporting documentation, and all required deliverables as outlined in Section F Reporting Requirements must be submitted in a timely manner and in accordance with the terms of the Contract to receive payment.
- b) BCHS will reimburse the Contractor within 30 days of receipt and approval of a fully supported and payable invoice. BCHS will follow-up with Contractor within 15 days of receipt should there be any questioned or unsupported costs.
- c) Invoices submitted beyond 90 days will not be paid. Final invoices must be received within 30 days after the end date of the Contract term.

4. Internal Controls

- a) Contractor shall maintain written internal control policies and procedures around financial and accounting practices, including procurement policies and procedures.
- b) Confidentiality of Client Information and Records: Contractor shall maintain best practices for safeguarding confidential information, including signed certification from Contractor's directors, officers, and employees.
- c) Conflict of Interest: Contractor shall maintain best practices regarding conflicts of interest, including signed certification from Contractor's directors, officers, and employees.
- d) Written policies and procedures shall be made available to BCHS during financial review visits or upon request. During the Contract term, BCHS will request to review Contractor's procurement policy.

I. Contractor Records and Inspection

1. Contractor shall maintain a file of all documents, records, communications, notes, and other materials relating to the services provided under this Contract.
2. Contractor shall permit the County to audit, inspect, examine, excerpt, copy and transcribe Records for payer purposes during the state-defined Record Retention Period. Contractor shall make Records available during normal business hours at a Contractor office or place of business, or at other mutually agreed upon times or locations, upon no fewer than two business days' notice.
3. Training and credentialing records of staff shall be made available upon request.

J. Role of Contractor Oversight of Funds

1. Contractor will oversee the expenditure of Boulder County IDD/DD Mill Levy in providing effective IDD/Autism/BI-specific services.
2. Contractor shall ensure that funds utilized by this Contract do not supplant Medicaid nor other funds that can cover participant services.
3. Contractor shall determine eligibility for Boulder County participants' status, using the eligibility definition from Boulder County's IDD Mill Levy language per section B above.
4. Contractor may braid or leverage Contract funds with other funding sources to enhance services and/or expand capacity to serve participants.

K. Schedule of Attachments: The following attachments to this Exhibit are hereby attached and incorporated by this reference:

1. Exhibit B-1, Budget Form
2. Exhibit B-2, Sample Income Statement
3. Exhibit B-3, Monthly Invoice Coversheet
4. Exhibit B-4, Program Level Report

EXHIBIT B-1 Budget Form

Boulder County Department of Housing and Human Services 2025 Budget	
Contract Term: 01/01/2025 to 12/31/2025	
Agency Name: A&I Avenues Case Management Agency	
Program Name: Community Centered Board (CCB) and Case Management Agency (CMA)	
2025 Approved Amount	3,344,614
DESCRIPTION	Budget of Line Item
Salaries <i>(list positions and indicate FTE allocated to each source)</i>	
Crisis Specialist (BoCo covering 85%)	\$ 47,338.20
Family Support Navigator (.75 FTE)	\$ 48,812.40
Business Support I (.50 FTE)	\$ 19,000.80
Business Support III (.75 FTE)	\$ 40,608.75
Bilingual FSSP Navigator (.75 FTE)	\$ 51,192.75
Bilingual FSSP Navigator (.75 FTE)	\$ 54,600.00
FSSP Supervisor (.15 FTE)	\$ 8,517.60
FSSP Program Manager (.33 FTE)	\$ 21,621.60
.75 FTE CC342 Payment Specialist	\$ 17,714.97
.2 FTE Business Office A/P clerk	\$ 4,948.94
ASD Coordinator (.75 FTE), Boco is paying 85%	\$ 34,807.50
FSSP Supervisor (.15 FTE)	\$ 8,517.60
FSSP Program Manager (.33 FTE)	\$ 21,621.60
Case Specialist I (2.75)	\$ 202,702.50
Case Specialist II (3 FTE)	\$ 235,872.00
Transitional Case Manager (1 FTE)	\$ 50,000.00
Systems Navigator (1 FTE)	\$ 58,240.00
Intake Business Support (.85 FTE)	\$ 41,600.00
Potential Pay Increases for Early Intervention staff	\$ 72,112.00
Subtotal Salaries	\$ 1,039,829
Payroll Taxes & Benefits	
Crisis Specialist Benefits	\$ 7,740
Taxes and Benefits for FSSP	\$ 64,143
.75 FTE CC342 Payment Specialist	\$7,902.52
.2 FTE Business Office A/P clerk	\$757.05
Taxes and Benefits for ASD	\$ 17,049
Case Specialist I (2.75)	\$ 18,427.50
Case Specialist II (3 FTE)	\$ 19,656.00
Intake Business Support (.85 FTE)	\$ 10,000.00
Transitional Case Manager (1 FTE)	\$ 10,000.00
Systems Navigator (1 FTE)	\$ 15,000.00
Intake Business Support (.85 FTE)	\$ 10,000.00
Subtotal Payroll Taxes & Benefits	\$ 180,675
Operating Expenses <i>(list costs including travel, rent, utilities, phone, postage, supplies, & printing)</i>	
Crisis IT/Building Costs	\$ 5,500.00
FSSP IT/Building Costs	\$ 19,426.00
Training for FSSP Navigators	\$ 1,500
ASD IT/Building costs	\$ 4,922.50
CM IT/Building Costs	\$ 252,056.00
Subtotal Operating Expenses	\$ 283,405
Equipment <i>(list all costs)</i>	
Equipment	\$ 0
Subcontractor/consultation services <i>(list individual costs)</i>	
Emergency Situations Grants	\$ 300,000.00
Emergency Placements Grants	\$ 25,000.00
Unmet Needs Grant	\$ 25,000.00
FSSP Grants for families	\$ 859,000
IQ/Adaptive Testing	\$ 10,000
Grants for families (Average \$4,490 per family)	\$ 220,000.00
Training for Case Managers	\$ 15,000.00
Wayfinder Costs (85% of annual cost)	\$ 25,500.00
Funding for Clients not yet enrolled for Transitional Case Manager	\$ 50,000.00
Training for Systems Navigator	\$ 1,000.00
Subcontractor/Consultation Subtotal	\$ 1,530,500
Other Costs	
Mileage for Systems Navigator	\$ 2,400.00
Printing for Systems Navigator	\$ 350.00
Advertising/Promotional Supplies for Systems Navigator	\$ 400.00
Flexible Funds for Systems Navigator	\$ 3,000.00
Other Costs Subtotal	\$ 6,150
Subtotal CMA Costs	\$ 3,040,558
10% Admin	\$ 304,056
TOTAL Program Budget	\$ 3,344,614

EXHIBIT B-2
Sample Income Statement

A&I Avenues	
Income Statement	
From January 2025 to December 2025	
Ordinary Income/Expense	
Income	
4001- State Case Mgmt	\$ -
4002- State SLS Mgmt	\$ -
4003- State EI Mgmt	\$ -
4005- State Base EI	\$ -
4010- State Family & Children	\$ -
4040- State SLS	\$ -
4201- Eligibility Determination	\$ -
4250- Section 8 Housing	\$ -
4260- Other Govt Grants	\$ -
4300- Medicaid Admin	\$ -
4301- Medicaid Case Mgmt	\$ -
4330- CES Services	\$ -
4400- Medicaid Residential	\$ -
4401- FACILITY COMM PART	\$ -
4402- NON-FACILITY COMM PART	\$ -
4403- Supported Employment	\$ -
4404- Transportation	\$ -
4405- Behavioral	\$ -
4407- Spec Med Supplies	\$ -
4409- Vision	\$ -
4420- Uncollectible Medicaid	\$ -
4440- MEDICARE PART B	\$ -
4441- MEDICAID- STATE PLAN	\$ -
4460- Medicaid SLS Services	\$ -
4475- Child Welfare County Reserve	\$ -
4500- Food Stamp Revenue	\$ -
4600- Boulder Cnty Revenue	\$ -
4601- Broomfield Cnty Revenue	\$ -
4630- Other Government Income	\$ -
4700- Customer Fees	\$ -
4705- Rent & Utilities Revenue	\$ -
4710- Contract Revenues	\$ -
4735- Interest Income	\$ -
4740- Private Pay	\$ -
4745- TRUST FUND REVENUE	\$ -
4747- Uncollectible State	\$ -

4750- Other Revenue	\$	-
4775- Foundation Grants	\$	-
4780- Gain or Loss on Assets	\$	-
4900- In-Kind Donations	\$	-
Total- Income	\$	-
Expense		
5000-5002- Salaries	\$	-
5005-5010- Employee Taxes	\$	-
5015-5030- Employee Benefits	\$	-
5100-5109- Professional Services	\$	-
5110- Audit Expense	\$	-
5111- Legal	\$	-
5114- Pref Vision	\$	-
5115- Prof Behavioral	\$	-
5120- Consultants	\$	-
5150- Employee Education	\$	-
5160- Employee Events	\$	-
5170- Board of Directors Events	\$	-
5180- Mileage Reimbursement	\$	-
5190- Travel/Entertainment	\$	-
5200- Fuel and Oil	\$	-
5210- Vehicle Maintenance	\$	-
5300- Rent	\$	-
5310- Building Maintenance	\$	-
5320- Electric	\$	-
5321- Water	\$	-
5322- Gas	\$	-
5323- Sewer	\$	-
5324- Trash	\$	-
5325- Cable	\$	-
5330- Janitorial/Supplies	\$	-
5350- Equipment Maintenance	\$	-
5370- Equipment Lease	\$	-
5400- Office Expense	\$	-
5401- Printing/Copier Expense	\$	-
5402- Postage Expense	\$	-
5410- Medical/Client Supplies	\$	-
5411- Spec Med Equip	\$	-
5415- Pharmacy Supplies	\$	-
5420- Other Supplies	\$	-
5421- Technology Supplies	\$	-
5425- Equipment/Furn Over \$100	\$	-
4780- Gain or Loss on Assets	\$	-
4900- In-Kind Donations	\$	-
Total- Income	\$	-

5530- Consumer	\$	-
5550- State Grant	\$	-
5551- Boulder County Grant	\$	-
5552- Broomfield County Grant	\$	-
5700- Liability Insurance	\$	-
5750- Interest Building	\$	-
5755- Interest Expense	\$	-
5800- Advertising	\$	-
5425- Equipment/Furn Over \$100	\$	-
5450- Telephone	\$	-
5455- T1/Computer Lines	\$	-
4560- Dues and Fees	\$	-
5470- Pubs and Subs	\$	-
5490- Food	\$	-
5495- Food Stamp Expense	\$	-
5500- Consumer Activities	\$	-
5505- Audit Refunds	\$	-
5530- Consumer	\$	-
5550- State Grant	\$	-
5551- Boulder County Grant	\$	-
5552- Broomfield County Grant	\$	-
5700- Liability Insurance	\$	-
5750- Interest Building	\$	-
5755- Interest Expense	\$	-
5800- Advertising	\$	-
5810- Bad Debt Expense	\$	-
5820- Fund Raising Expense	\$	-
5830- Advertising/PR/Fred Only	\$	-
5830- Other Expenses	\$	-
5850- Bank/Payroll Charges	\$	-
5900- In-Kind Expense	\$	-
8000-8050 Deprec	\$	-
Total Expense	\$	-
Net Ordinary Income		
Other Income and Expenses		
Other Income		
4730- Realized Investment Earnings	\$	-
4731- Unrealized Investment Earnings	\$	-
Total- Other Income		
Other Expense		
9000- Periodic Pension Cost	\$	-
Total- Other Expense	\$	-

EXHIBIT B-4 Program Level Report

Name of Organization:	A&I Avenues							
Name of Program (should match funding award):								
Name of Person Completing Report:								
Program staff email to use if questions arise:								
Quarterly Metrics	Q1 Unduplicated	Q1 Duplicated	Q2 Unduplicated	Q2 Duplicated	Q3 Unduplicated	Q3 Duplicated	Q4 Unduplicated	Q4 Duplicated
Crisis Management cases by residency								
Boulder								
Lafayette								
Louisville								
Longmont								
Other Cities Inside Boulder County								
Homeless Inside Boulder County								
Other Cities Outside Boulder County								
Homeless Outside Boulder County								
Unknown								
Number of cases by Residency	0	0	0	0	0	0	0	0
Crisis Management cases by Age								
0-5								
6-12								
13-17								
18-24								
25-54								
55 or older								
Child- Age Unknown								
Adult- Age Unknown								
Total	0	0	0	0	0	0	0	0
(Total Unable to Serve)								
Race								
American Indian/Alaska Native								
Asian								
Black/African American								
Native Hawaiian or other Pacific Islander								
Mixed Race								
White/Caucasian								
Other								
Unknown								
Total Race	0	0	0	0	0	0	0	0
Hispanic, Latino or Spanish origin								
No, Not of Hispanic, Latina/o, or Spanish origin								
Yes, of Hispanic, Latina/o, or Spanish origin								
Unknown								
Total Origin	0	0	0	0	0	0	0	0
TOTAL Number of individuals served by Program by Gender								
Male								
Female								
Non-binary								
Genderqueer/Gender non-conforming								
Agender								
Two-Spirit (specific to Indigenous respondents)								
Transgender								
GENDER Unknown								
Total Origin	0	0	0	0	0	0	0	0
Referrals outside A&I Avenues funding								
	Q1 Unduplicated	Q1 Duplicated	Q2 Unduplicated	Q2 Duplicated	Q3 Unduplicated	Q3 Duplicated	Q4 Unduplicated	Q4 Duplicated

Name of Organization:	A&I Avenues			
Name of Program (should match funding award):				
Name of Person Completing Report:				
Program staff email to use if questions arise:				
Quarterly Metrics	Q1	Q2	Q3	Q4
Number of clients served by A&I Avenues				
Numer of clients served by Residency				
Boulder				
Lafayette				
Louisville				
Longmont				
Other Cities Inside Boulder County				
Homeless Inside Boulder County				
Other Cities Outside Boulder County				
Homeless Outside Boulder County				
Unknown				
Number of clients served by Age				
0-5				
6-12				
13-17				
18-24				
25-54				
55 or older				
Child- Age Unknown				
Adult- Age Unknown				
Total	0	0	0	0
(Waitlist/Unable to Serve)				
Case Management Agency Served By Program				
Case Management / CMA Functions				
Family Support Services Program (Individuals enrolled)				
Autism Spectrum Disorder Program				
IQ and or adaptive testing				
Organized Healthcare Delivery System (OHCDs)				
Race				
American Indian/Alaska Native				
Asian				
Black/African American				
Native Hawaiian or other Pacific Islander				
Mixed Race				
White/Caucasian				
Other				
Unknown				
Total Race	0	0	0	0
Hispanic, Latino or Spanish origin				
No, Not of Hispanic, Latina/o, or Spanish origin				
Yes, of Hispanic, Latina/o, or Spanish origin				
Unknown				
Total Origin	0	0	0	0
TOTAL Number of individuals served by Program by Gender	Q1	Q2	Q3	Q4
Male				
Female				
Non-binary				
Genderqueer/Gender non-conforming				
Agender				
Two-Spirit (specific to Indigenous respondents)				
Transgender				
GENDER Unknown				
Total Origin	0	0	0	0
Quarterly Questions for Funders:				
1. What % of program funding does this contract provide as a percent of the total program budget:				
2. Please describe the ways in which this funding helps meet program goals:				
3. Please briefly describe any gaps or areas of need that you are noticing emerge in the community:				
4. This contract is funded by tax dollars. If you are able to share a success story of this program that we can share with the public, how do you know that the program is successful please provide a metric please do so here:				

Name of Organization:	A & I Avenues
Name of Program (should match funding award):	System Navigation
Name of Person Completing Report:	
Program staff email to use if questions arise:	

Quarterly Metrics				
<u>Number of referrals by residency for systems navigation</u>	Q1	Q2	Q3	Q4
Boulder				
Lafayette				
Louisville				
Longmont				
Other Cities Inside Boulder County (Erie Superior)				
Homeless Inside Boulder County				
Mountain Region				
Unknown				
Number of Referrals	0	0	0	0
All Referral Cases By Age	Q1	Q2	Q3	Q4
0-5				
6-12				
13-17				
18-24				
25-54				
55 or older				
Child- Age Unknown				
Adult- Age Unknown				
Total	0	0	0	0
(Waitlist/Unable to Serve)				
Race	Q1	Q2	Q3	Q4
American Indian/Alaska Native				
Asian				
Black/African American				
Native Hawaiian or other Pacific Islander				
Two or More Races				
White/Caucasian				
Other				
Unknown				
Total Race	0	0	0	0
Hispanic, Latino or Spanish origin	Q1	Q2	Q3	Q4
No, Not of Hispanic, Latina/o, or Spanish origin				
Yes, of Hispanic, Latina/o, or Spanish origin				
Unknown				
Total Origin	0	0	0	0
Referral Source	Q1	Q2	Q3	Q4
Boulder County				
BVSD				
Other (PCP or PASA)				
CPWD				
A & I Avenues				
Jail/Criminal Justice				
DVR				
Advocate				
Mental Health Partners				
ACL				
APS/CPS				
The Our Center				
Sister Carmen				
Current waiver participant				
Community Member				
Self				
SVVSD				
Total	0	0	0	0

Resources referred to	Q1	Q2	Q3	Q4
ACL				
CPWD				
Family Resource Network				
Abby Care				
Formerly ACMI				
Boulder County Human Services				
Boulder Housing Partners				
Boulder Neuropsychological Services				
Brain Injury Alliance of Colorado				
Colorado Healing Collective				
Cultivate				
DVR				
Frontier Internal Medicine				
A & I Avenues				
Inspiring Talkers				
Precious Child				
Other				
Total	0	0	0	0
Successful Systems Applied to	Q1	Q2	Q3	Q4
Medicaid				
Social Security				
A & I Avenues				
ACMI				
Housing Voucher				
Division of Vocational Rehabilitation				
LTC				
LEAP				
SNAP				
CCAP				
RTD/Access-A-Ride				
Other (system does require application)				
Total	0	0	0	0
Unsuccessful Systems Applied to	Q1	Q2	Q3	Q4
Medicaid				
Social Security				
Imagine1				
ACMI				
Housing				
Division of Vocational Rehabilitation				
LTC				
LEAP				
SNAP				
CCAP				
Other				
Total	0	0	0	0
All active system navigation cases by SSM domains addressed	Q1	Q2	Q3	Q4
Food				
Housing				
Income				
Childcare				
Employment				
Money Management				
Transportation				
Workplace Skills				
Adult Education				
Child Education				
Parenting Skills				
Relationship Safety				
Support System				
Life Skills (Household Management)				
Healthcare Coverage				
Physical Health				
Mental Health				
Substance Abuse				
Functional Ability				
Criminal Justice System				
Legal (non-criminal)				
Barriers	Q1	Q2	Q3	Q4
Delay in scheduling Assessments greater than 30days				
Delay in scheduling Assessments greater than 60days				
Delay in scheduling Assessment greater than 90 days				
Lack of natural supports				
Lack of documentation				
Delay of enrollment greater than 30 days				
Delay of enrollment greater than 60 days				
Delay of enrollment greater than 90 days				
Delay in processing greater than 30 days				
Delay in processing greater than 60 days				
Delay in processing greater than 90 days				
Waitlist (ASD program or State SLS waiver)				
Lack of engagement				
Lack of funding to achieve goal				

Quarterly Questions for Funders:				
	Q1	Q2	Q3	Q4
1. What % of program funding does this contract provide as a percent of the total program budget:				
2. Please describe the ways in which this funding helps meet program goals:				
3. Please briefly describe any gaps or areas of need that you are noticing emerge in the community:				
4. This contract is funded by tax dollars. If you are able to share a success story of this program that we can share with the public, How do you know that the program is successful please provide a metric please do so here:				