AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

AgendaTitle:
Community of Excellence Grant Funding Application; Department of Human Services and Gunnison/Hinsdale Interagency Oversight Group; Support Planning and Implementation of System of Care Work; $30,000

Action Requested: Other Finance Review - no signature necessary

Parties to the Agreement: Department of Human Services and Gunnison/Hinsdale Interagency Oversight Group

Term Begins: 10/1/2013 **Term Ends:** 9/30/2014 **Grant Contract #:**

Summary:
Grant funds being requested to support planning and implementation for System of care work through the HB 1451 IOG. Funds will support Wraparound services to multi-system youth and families. Facilitator, family advocate and youth representation.

Fiscal Impact: $30,000 granted tot he HB 1451 fund

Submitted by: M.Dougherty **Submitter's Email Address:** mdougherty@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:

Reviewed by: Lnienhueser Discharge Date: 8/22/2013

County Attorney Review: ( ) Required (●) Not Required

Comments:

Reviewed by: Discharge Date: Certificate of Insurance Required Yes ( ) No ( )

County Manager Review:

Comments:

Reviewed by: MBirnie Discharge Date: 8/26/2013

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted:

Agenda Date: 9/3/2013 Follow Up Agenda Date: N/A

Revised April 2013

Community of Excellence Application

Face Sheet

1) Community (may be one or more counties, but cannot be a subdivision of a county, e.g., a town or city): Gunnison/Hinsdale County Interagency Oversight Group

If more than one county is participating, list all:
Gunnison County and Hinsdale County

Contact person: Meghan Dougherty
Agency/organization: Gunnison/Hinsdale County HB 1451 / IOG
Mailing address: 200 E Virginia Ave
Gunnison, CO 81230
Phone (970) 641-7665
Email address mdougherty@gunnisoncounty.org

2) Collaborative body, e.g., Interagency Oversight Group (IOG), Local Juvenile Services Planning Committee (SB 94): Gunnison/Hinsdale County Interagency Oversight Group

3) Lead fiscal agency (must be either a county or community mental health center): Gunnison County on behalf of the Gunnison County Department of Health and Human Services

4) Population of focus (can be all children and youth with an SED, or a subset such as early childhood, transition age youth, youth in out of home placement, youth involved in juvenile justice) Gunnison and Hinsdale County children and adolescents ages 5 to 18 with SED who would benefit from integrated multi-agency services.

Signatures

Director, County Department of Human/Social Services

_____

Date

Director, Community Mental Health Center

_____

Date

Chairperson of Collaborative Body

_____

Date

APPLICATION QUESTIONS

1) **Please describe the demographics of your community, and specifically of the population of children and adolescents with a serious emotional disturbance whom you anticipate serving in the system of care.**

Gunnison County is thirty miles west of the Continental Divide, at the confluence of the Gunnison and Tomichi rivers. Gunnison County is in the west central mountains, necessitating travel over mountain passes in either direction. Gunnison County is considered a frontier, Resort County. Hinsdale County is one of the most remote counties in Colorado and the U.S. and comprises 1,124 square miles of forested mountains. Public lands comprise 95.3% of Hinsdale County.

Gunnison County has 15,475 people and Hinsdale County has 810. Hinsdale County is the least populated county in the state. The total population is 16,285. Of that total 3,035, or 19%, are under the age of 18 (Source: U.S. Census Bureau).

According to the *Kids Count Data Center*, Hinsdale County has a higher poverty rate than Gunnison County for children under 18, 28% vs.18%. For both counties, at least 37% of all children under the age of 18 are at or below 200% of the Federal Poverty level and 6% living in extreme poverty at or below 50% of the Federal Poverty Level.

Both Gunnison and Hinsdale counties are concerned with the availability of health services. Due to provider shortages, several geographic areas, and low income populations, Gunnison and Hinsdale County hold federal designations including medically underserved areas, medically underserved populations and health professional shortage areas for both medical and mental healthcare. However, according to the 2011 West Central Public Health Partnership Regional Health Assessment, Gunnison and Hinsdale Counties are relatively healthy counties overall. Some of the main health issues identified by stakeholders during a community health assessment included health care access, including mental health care, rates of substance abuse, and the capacity to provide essential public health services.

According to the data collected by Midwestern Colorado Mental Health Center (Midwestern), the families of children and adolescents ages 0 to 18 with SED typically fall in the low income or indigent category. During the last fiscal year, Midwestern served 164 children and adolescents ages 0 to 18 with SED in Gunnison County. Of those served, 31 had private insurance, 9 were covered by CHP+, 41 had Medicaid, 83 were self-pay with fees assessed per a sliding fee scale based on income and no-cost services for the indigent. Referral sources covered services for the remaining children and adolescents. Ages of children in Gunnison county with SED receiving care from Midwestern included: 9 from ages 0 through age 5; 50 from ages 6 through 11; and 105 from ages12 through 18. Race/ethnicity of these children and adolescents included 1.2% American Indian/Alaskan Native; 0% Asian; 0% Black/African American; 0% Native Hawaiian/Pacific Islander; 10.4% Hispanic; and 72% White/Caucasian. Gender for children and adolescent clients were as follows: Female, 91; Male, 73.

2) Describe the current SOC in your community, including the following aspects:

a) Infrastructure

(1) System of care governance structure

Gunnison and Hinsdale Counties collectively began implementing the Collaborative Mangement Project under HB 04-1451 in 2008. Fourteen area partners from Gunnison County, Hinsdale County and collaborating agencies that work within those counties through the 7th Judicial District entered into a Memorandum Of Understanding (MOU) and created an Interagency Oversight Group (IOG). Membership is comprised of a local representative(s) from each agency. Family and family advocacy organization members are encouraged. The mission of the IOG is to promote the welfare of children and families through the development of sustainable partnerships that provide integrated, quality services that are individualized, strength-based, family centered and cullturally sensitive. Oversight prorities and actions are determined through a strategic planning process and are based on a majoirty vote. Each agency has one voting member officially designated annually in the MOU. Voting is conducted via teleconferencing, electonically, or in meetings. Members elect by majority vote from among their members a Chair and a

Vice-Chair, each serving two year terms. Any action by the IOG requires a majority vote of the members excluding vacancies or conflicts of interest.

Disputes are resolved by a majoirty vote and all members agree to support the decision of the group. If the need for a subcommittee is identified by a member of the IOG, the subcommittee is appointed by the IOG from the group membership or designess to work on special projects and report their finding to the IOG. Upon the completeion of the assigned taks, the committee is dissolved. The IOG meets at least six times each year.

The IOG has the authority to make all final decisions on funding and policy issues. The IOG serves as an oversight group to the community collaborative Family Advocacy Support Team (FAST) and the family centered Individual Service and Support Teams (ISST) and Wraparound Teams.

(2) Interagency coordination

The Gunnison/Hinsdale IOG has created an infrastructure establishing a collaborative approach to the delivery of services which increase the quality, appropriateness and effectiveness of services and has proven success in achieving better outcomes for children and families. Together duplication is eliminated, critical dollars are leveraged and service improvements are identified to best serve the needs of individuals and families. In addition to the IOG, our collaborative management process serves the needs of children, adolescents and their families involved in multiple systems and/or agencies through our 45+ member community collaborative known as the Family Advocacy Support Team (FAST). Team members include representatives and direct service providers from the 7th Judicial District Courts, Probation, Midwestern Colorado Mental Health Center, Gunnison Watershed School District RE1J, Gunnison County Juvenile Services, Division of Youth Corrections, Gunnison County Department of Health and Human Services, Gunnison Area Restorative Practices, Gunnison Country Youth Services (Partners), the 7th Judicial District Attorney's Office and many community private providers. FAST meets three times per month and focuses on information sharing, facilitating awareness of services and programs available in our community, cross

agency trainings, assuring the institution of shared values, gaps analysis, brainstorming and the pooling of resources to the meet the needs of the community.

(3) Data and information sharing

Each participating agency has its own database and brings information from their respective databases to the group to ensure sharing and tracking of performance measurements. Currently the 1451 Coordinator and IOG ensure accuracy of the data. Through a binding MOU, agencies and the IOG agree to follow state and federal law concerning confidentiality. Records used or developed by the IOG or its members or by the family teams that relate to a particular person are kept confidential and are not released to any other person or agency except as provided by law. A single release of information form that covers the confidentiality needs of the parties to the IOG has been developed.

(4) Financing and fiscal integration strategies

Each of the participating agencies agrees to contributions of time, resources, and funding to solve problems identified by the IOG in order to create a seamless, collaborative system of delivering services to recipients. The amount of money and in-kind is described in detail and made part of the Memorandum of Understanding between the participating agencies. The IOG has the final decision making authority. Any money resulting from waivers granted by the federal government and any state general fund savings realized as a result of the implementation of services provided to children and families who benefit from multi-agency services are reinvested to provide appropriate services to children and families. The investment is based on priority needs identified through the IOG and FAST in a strategic needs assessment process. Funds for the current IOG are accounted for by Gunnison County Department of Human Services.

b) Services

(1) Access to array of comprehensive mental-health related services and supports

The SOC in the Gunnison and Hinsdale communities is comprehensive as shown by the IOG and FAST collaborative bodies and membership detailed above. Through the HB 1451 Collaborative

Management Program referrals of at-risk, multiple-system involved youth are made and the agencies involved work together to provide services and resources to the youth, including children with SED and their families. After an initial referral is made and screened as appropriate, a family facilitator works with the family to establish a team of supports chosen by the family. The facilitator and team members work with the family to look at strengths and needs and develop a plan to access services. Depending on identified needs, various mental-health related services may be accessed for resources and supports from all the following partner agencies:

- Gunnison/Hinsdale Department of Health and Human Services offers support to children, youth and families through Child and Family Services. The focus of this program is on protecting children from abuse and neglect and assisting parents in improving their parenting skills and preserving family unity. Primary objectives include family stability, child safety and permanency.
- Center for Mental Health, a satellite office of the Montrose Mental Health Center where services can be accessed for children, youth and families. Individual and family therapy is provided to help members cope with the challenges of emotional disturbances and mental illness within members of the family. Substance abuse services are also provided through the Center.
- Gunnison County Juvenile Services offers a continuum of services to children, youth and families from prevention to intervention for SED youth and their families including the HB 1451 CMP, SB94, Juvenile Diversion, mentoring, advocacy and High Fidelity Wraparound.
- Gunnison Probation provides services to SED youth who are at risk of Detention and/or Commitment to the Department of Youth Corrections and funding resources for treatment and other direct services.
- The School District is a service provider for SED students and would assist with special education referrals and evaluations, behavior plan coordination, health care plans for special medical needs and individual counseling support.

- Restorative Practices may be accessed to provide mediation, counseling and/or conferencing services.

(2) Services and supports for children and youth to avert their involvement in multiple systems

Numerous services and supports are currently in place to assist children and youth to keep them from involvement in multiple systems. Our community prevention efforts are extensive and coordinated including, therapeutic mentoring, parenting classes, life skills, and youth groups. In addition to prevention, earliest intervention is found at the School District. If children or youth are having behavioral issues at school various interventions would be attempted starting with simple behavior plans all the way up the pyramid to intensive one-one counseling support through the Response to Intervention Process.

A referral could also be made to the Department of Health and Human Services where early intervention may involve a voluntary open case with the Department whereby a caseworker would meet with the child and parent to set up services, supports and resources.

Early intervention can also take place in the Juvenile Justice system where a youth may be referred to the Gunnison County Juvenile Diversion program and set up with services and supports to intervene at an early level so that other systems are not impacted.

In all cases, referrals can be made at any time to the Center for Mental Health to receive counseling and treatment services to help prevent future issues that may involve other systems.

(3) Individualized child and family teams

The community SOC directly serves individuals and families within a three tired model:

Level 1 (low risk): Family is connected to community resources and services, referrals are made, cost sharing is discussed and next steps identified.

Level 2 (moderate to high risk): Families are served with an Individual Service and Support Team (ISST), providing coordinated care, integrated service plans, and ongoing monitoring.

Level 3 (High Risk): Families are served with the evidence based model of High Fidelity Wraparound. Extensive support, care coordination, integrated service plan and a trained family facilitator/advocate is provided.

In both level 2 and 3, the child and the family determine whom they want on their team. This is their team. The team may include other family members, co-workers, friends, neighbors, church members or anyone who has helped them in some way in the past. Other agency staff already involved with the child and family as well as the Care Coordinator/Family Facilitator, and the child's case manager are part of the Child and Family team. No two teams and no two plans look alike. Each is individual and pertains to just that one child and the child's family.

c) System of care approach

(1) Care coordination, i.e., wraparound

All families in the current SOC are served through the three tiered model, briefly described above. A family is identified and a referral is made from any community partner agency to the coordinator. Upon referral a brief screening tool is completed touching on all major life domains and includes past and present information. This tool helps identify the current level of risk of the individual/family and guides the appropriate level of service. If the needs of the referred individual/family reach beyond access and referral to community based services and at least two agencies are involved (or at risk of becoming involved) then an ISST is formed for moderate risk families and High Fidelity Wraparound process is offered for higher risk families.

An ISST is an individualized, family chosen team. Members include professionals currently involved with the family, service providers and family chosen natural supports. Facilitators or care coordinators are specifically chosen for each team and are in-kind volunteer personnel from partner agencies. ISST meetings always include the family and are used to identify the strengths and needs of the family, develop integrated plans specific to that family and to identify additional services needed and cost

sharing opportunities. ISST meetings occur on average once a month until the family is stable and supported and a transition/after care plan has been developed.

The second type of care coordination in our community is High Fidelity Wraparound. Similar to an ISST, Wraparound is a more intensive process offered to higher risk families demonstrating complex needs and at higher risk for out of home placement. One .5 FTE Wraparound facilitator serves all families in this top tier service intervention. The Wraparound process focusses on the family's strengths, needs, concerns and family culture with a goal to help the family find their own self-efficacy by building a plan for them of their own choosing. The family drives their own plan and comes up with their needs. Professionals take a back-seat approach and the family and their natural supports take the planning lead. This process is based on the idea that services should be tailored to meet the needs of the child and family. There is a commitment to create services and supports "one child at a time" to promote community based options for youth with complex needs and their families. The three phases of Wraparound are conducted with fidelity from engagement and team preparation, initial plan development, implementation and transition.

A Care Coordinator, either a volunteer ISST skilled facilitator or paid Wraparound facilitator, helps discover the strengths and positives of the child and family, set goals, determine needs and develop strength-based options to meet the needs of the family. The Care Coordinator is also responsible for the continuity between agencies involved and reporting outcomes to the FAST coordinator.

(2) Youth and family involvement in the system of care

Specific referring agents meet with the families before the referral is made and ensures the families' understanding of the process, release of information and support options available to them. After a referral is reviewed and support options are brainstormed by a multidisciplinary executive committee, the identified care coordinator then takes information and options back to the families. A process to include and engage all families at the executive table for these discussions is being explored and planned for implementation. Once an ISST or Wraparound team is formed, the family is always at the table and guiding

the decisions and planning. The SOC process and family implemented support services are designed to promote family wellbeing in the least restrictive and least intrusive manner possible. Service planning and provision are strengths-based, family-focused and well-coordinated. The SOC continually searches for family members that are willing to be a part of the process as an advocate on a volunteer basis. Soliciting volunteers and retaining them has been difficult.

(3) Culturally and linguistically responsive services and supports

Each of the partnering agencies has policies and protocols that prevent any type of discrimination. We go beyond that in assuring compatibility and adaptability. Each agency closely examines policies and structures to ensure that they facilitate access, availability and utilization of needed services and supports. As a group, we recognize that cultural and linguistic characteristics can be barriers to care. We are also aware that social factors affect the ways that different populations interact with our organizations and the specific services or programs it provides. The Gunnison County Multi-Cultural Resource Office is a strong partner of the local CMP with priorities in access to care, cultural responsiveness and competence. Either on staff or through individual provider contracts, each agency have members of cultural and linguistic groups who are available to respond to specific individual and family needs. In addition, in the past year the FAST community collaborative hosted a series of Cultural Competency Trainings that were focused on how to better engage and assist families from different cultures.

d) Monitoring

(1) Outcome evaluation

Evaluation criteria exists under the current IOG and is different for each participating agency based on the specific services provided by the agency. Outcomes are tracked by each agency and reported to the group as a whole to ensure sharing and tracking of data. There are baseline performance requirements for each participating partner to the IOG. Evaluation efforts also include client level tracking, pre-post assessments, and family satisfaction surveys at the individual level for all multi-system involved youth.

(2) Quality improvement

Quality improvement is discussed and acted upon at each of the regularly scheduled meetings of the IOG, which meets at least six times each year. Suggestions for quality improvement are brought to the IOG by participating member agencies. Performance-based measurements established by each participating agency are in place for the existing 1451 program and include the number of youth to be served along with the required percentage of improvement or compliance and are measured by each provider agency. Gunnison County places a high emphasis on performance and evaluation, ultimately guiding the direction of the organization as a whole and the individual programs within. In addition, Gunnison County has implemented Managing for Results, to improve the effectiveness and efficiency of the services provided.

Because this interagency coordination is already in place and functioning successfully, it will become the existing infrastructure to provide care to children and adolescents with SED and their families under the planning/implementation grant.

3) What are the strengths, barriers, and needs in the areas listed in question 2?

In the small and rural communities of Gunnison and Hinsdale County with very limited resources, agencies and organizations seek opportunities to share resources and information. Multi-agency partnerships and collaborations define successful implementation of programs and services. The existing 1451 program is highly functioning and is supported by many community partners to the program. The IOG is in place and providing structure, governance, and framework for the SOC to succeed. Partners to the 1451 project have, in the past, focused on the needs of all children, not just those with SED. Through this planning opportunity, specific supports would be implemented to target children with SED and their families and put a plan in place to expand our target population to birth. This would ensure we are providing Trauma Informed care and assessment at the earliest point possible. We see this as an opportunity to build and expand upon the progress that has been achieved.

Through past success, partners to the SOC realize the benefits of providing care through this structured and community approach to care. However, in planning for this opportunity, weaknesses and needs were identified. Communities are lacking in their ability to provide care that is fully compatible to its population's cultural and linguistic characteristics out of ignorance rather than intent. Through this opportunity, that final hurdle would be breached by employing a parent whose child is dealing with SED. This person would help set up the nuances of a program that transcends agencies and becomes a true resource for the intended beneficiaries. This community has identified someone who is willing and able to serve in this capacity and help ensure that services are in place and appropriate and fully understood. This person would have first-hand knowledge of the barriers in place for children and youth with SED. This person would also serve as a mentor and teacher for agencies to help them understand the roadblocks to existing systems of care so that beneficial changes can be made.

As part of this opportunity, partnering agencies would like to expand the number of families served within our top tier intervention and sustain High Fidelity Wraparound provided to children and youth with SED. Partners believe that wraparound services or care coordination is an important link to the success of the child or adolescent and family in navigating systems of care and in achieving the greatest possible level of recovery. We would do that by sustaining the High Fidelity Wraparound facilitation and to ensure that we keep our Wraparound approach evidence-based.

4) How will you ensure family and youth involvement in the planning process and implementation? How will families and youth be involved in the governance structure?

Our Community of Excellence will assure family and youth involvement in the planning and implementation process by including family and youth volunteers in the planning and implementation meetings, including family representatives on the IOG, and hiring a part-time parent of a child with SED to help guide the process. One parent and one youth have been identified and oriented to the process and have agreed to participate. We will seek the expertise of children with SED and their family members on

barriers, and areas where specific agencies or the process is out of touch with the needs of a diverse community. We will make improvements and adjustments based on the feedback provided by those experiencing the process.

5) **What will be the role of the family member hired to assist in the planning phase (see section II. Requirements – Summary). How will this person engage families in the planning process?**

The parent and youth identified currently have agreed to initiate a wide-ranging community assessment with families that have experienced our SOC process and those who have SED children in their homes. This will be completed through one-on-one interviews, focus groups and surveys. A review of programs and processes will be completed to determine our community deficits and to strengthen assets ultimately guiding our plan development.

6) **What do you anticipate will be the role of the family advocate in the system of care implementation?**

It is anticipated that the family advocate position will play a role at the systems level of our SOC through active participation at the IOG and FAST collaborative tables and planning meetings. We will ensure that the time and location of these meetings are convenient for the family member(s). If funding is available to compensate their time, no barriers are anticipated.

The family advocate (Family Support Partner) will be an integral role at the service level as well. They will be built into to our High Fidelity Wraparound process as a staff member assisting the facilitator in meetings, engaging the family and offering a neutral support to be called on as needed. Participating in Wrap meetings, ensuring the families voice is being heard, aid family in following the plan and communicating barriers.

At the community level, it is anticipated that the family advocate will assist in strengthening our Children's Mental Health Awareness Day, along with other events and prevention efforts in the community.

7) **How will your community ensure that services are youth-guided and family-driven? What**

challenges and opportunities do you anticipate regarding this?

The SOC work we engage in currently is guided by our adopted "10 Guiding Principles." In order of importance, number one is, Family Voice and Choice, defined as: We strive to ensure that services and plans are family driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided. Decisions are not made unless the family is present and can share their "voice and choice". Agency mandates are not overridden by family voice and choice, but work in partnership with the families' self-identified needs. Due to the current emphasis placed on these principles, no challenges can be identified.

8) **What would it take for your community to develop a fully functioning system of care? Do you currently have wraparound facilitators? Are you aware of any state or local barriers to implementation? If yes, describe the barriers and how they impede development. What can be done to address those barriers?**

Gunnison/Hinsdale Counties currently have a fully functioning system of care. We recognize that we are moving from collaboration to integration, which takes time. The existing SOC will necessarily have to be reinforced to include a focus on children with SED and Trauma Informed care. The governing body believes that the program will better serve the children and adolescents with SED and their families when, through implementation and involvement of those served, new methods and ideas are sought after, discovered, and acted upon. We currently have a .5 FTE Wraparound facilitator. Immediate barriers identified include loss of external funding support for Wraparound, however, through our IOG sustainability plan, cost sharing and alternative funding sources have been identified to sustain this position and our "top tier" intervention services.

9) **How will involvement as a Community of Excellence benefit your community? How could you offer support and guidance to other communities in the state?**

Involvement as a Community of Excellence will benefit our community in that it will provide a more fully developed framework to support children with SED and their families. This opportunity will allow us to build

on the existing SOC to create a more comprehensive and sustainable plan for infrastructure, services, and supports benefitting children with SED. This opportunity will allow us to focus our limited resources on reducing the impact of serious emotional disturbances on the lives of our children and that of their family members through an integrated approach to care. Further, this opportunity would initiate what we are trying to do as a community to implement Trauma Informed Care systemically and consistently. Lastly, this will provide an opportunity to employ a parent of a child with SED to help us take our current program to one that is more culturally and linguistically appropriate for the targeted population.

Gunnison/Hinsdale County's involvement in SOC implementation would offer other rural/frontier communities successful strategies in meeting the needs of SED youth through Trauma Informed Care, within their own community, creatively utilizing the strength in collaboration and the resources and services available.

10) What is your population of focus for the project? Why was this population chosen? Where and how is this population currently receiving services? What is the unmet need in this population?

Our target population includes Gunnison and Hinsdale County children and adolescents ages 5 to 18 with SED, who would benefit from integrated multi-agency services. We chose this population to remain consistent with our current SOC structure while enhancing our efforts with the SED population. By targeting this age group, we expect to show improvement in clinical and functional outcomes, improvement in school attendance and performance, reduction of juvenile justice involvement, and a reduction of reliance on inpatient settings for care. We expect also reduced strain on families and caregivers of children with SED involved in multiple systems. Our goal is early identification and a "one point of entry" system for families in need.

11) What is the governance structure that will oversee this project?

The governing structure that will oversee this process will be the IOG that is currently in place with the 1451 program. The current IOG is made up of:

- Renee Brown, Director Gunnison/Hinsdale County Department of Health and Human Services
- Tara Hardy, Director, Hinsdale County Public Health Department
- Rob Omer, Chief Probation Officer, 7th Judicial District
- Ed Hagins, Clinical Program Director, Midwestern Colorado Mental Health Center
- Cris Matoush, Program Manager, Western Region Division of Youth Corrections
- Janet Reinman, Director, Gunnison County Juvenile Services
- Marta Smith, Special Services Director, Gunnison Watershed School District
- Jessica Waggoner, Deputy District Attorney, 7th Judicial District
- Christie Weichsel, Director, Gunnison Area Restorative Practices
- Connie Carter Smith, Coordinator, Gunnison County Law Enforcement Victim Services

The IOG has established a collaborative management process to address risk sharing, resource pooling, performance expectations, outcome monitoring, and staff training in order to:

- Reduce duplication and eliminate fragmentation of services provided to children and families who would benefit from integrated multi-agency services.
- Increase the quality, appropriateness, and effectiveness of services delivered to children and families who would benefit from multi-agency services in order to achieve better outcomes.
- Encourage cost-sharing among service providers. This is accomplished by:
  - Each agency involved in the delivery of services shares the cost of those services.
  - Each agency shares and collaborates costs for children and youth when specific costs of treatment are deemed necessary.

Decisions are guided by a strategic planning process and based on a majority vote.

12) Express your agreement to participate in the communication, reporting, evaluation, and technical assistance aspects of the project.

The Gunnison/Hinsdale County IOG agrees to ensure our success as a chosen Community of

Excellence through the participation in communication, reporting, evaluation and technical assistance aspects of the project.

Budget Form

Communities of Excellence-System of Care Planning

APPLICANT: Gunnison/Hinsdale County HB 1451 IOG

PROJECT: Community of Excellence Planning

GRANT FUNDS REQUESTED: $14,997

FOR THE PERIOD: October 1, 2013, to March 31, 2014

Budget ~ Service Components	Total Funds Required	Source of Funds	
		Applicant and Others	Grant Funds Requested
Personnel Expenses:			
Gunnison County HB 1451 Coordinator	$1,200.00	$480.00	$720.00
		In-Kind	
Gunnison County Juvenile Services Dir	$700.00	$700.00	$0.00
Midwestern Mental Health Center staff	$600.00	$600.00	$0.00
Gunnison/Hinsdale County DHHS staff	$700.00	$700.00	$0.00
REIJ School District staff	$600.00	$600.00	$0.00
7th Judicial Distric Probation staff	$600.00	$600.00	$0.00
Sub-total Personnel Expenses	$4,400.00	$3,680.00	$720.00
Fringe Benefit Rate 8.00%	$96.00	$32.00	$64.00
Total Personnel Expenses	$4,496.00	$3,712.00	$784.00
Contractual Services:		Cash from HB 1451	
Family Advocate	$9,000.00	$3,000.00	$6,000.00
Youth Representative	$1,500.00	$500.00	$1,000.00
Wraparound Faciliatator	$5,000.00	$5,000.00	$0.00
	$0.00		
	$0.00		
	$0.00		
Total Contractual Services	$15,500.00	$8,500.00	$7,000.00
Operating Expenses:			
Training	$2,000.00	$0.00	$2,000.00
Community Survey	$1,000.00		$1,000.00
	$0.00		
	$0.00		
	$0.00		
	$0.00		

Total Operating Expenses	$3,000.00	$0.00	$3,000.00
Travel:			
Meetings, Travel, Outreach	$2,000.00	$0.00	$2,000.00
	$0.00		
	$0.00		
	$0.00		
	$0.00		
	$0.00		
Total Travel Expenses	$2,000.00	$0.00	$2,000.00
Equipment:			
Office Supplies	$450.00	$0.00	$450.00
Computer IT	$1,762.50		$1,762.50
	$0.00		
	$0.00		
	$0.00		
	$0.00		
Total Equipment Expenses	$2,212.50	$0.00	$2,212.50
SUBTOTAL of all EXPENSES	$27,208.50	$12,212.00	$14,996.50
Indirect:			
Indirect Rate 2.00%	$0.00	$0.00	$0.00
Total Indirect Expenses	$0.00	$0.00	$0.00
Total Project Cost	$27,208.50	$12,212.00	$14,996.50

Percent of in-kind match to total program cost

Please identify other sources of funds for this project, including in-kind funding sources:

Planning Budget Narrative

Our planning budget consists of a blend of the generosity and commitment of our Community of Excellence members, in addition to the SOC Expansion Grant funds.

Personnel Expenses:

- HB 1451 Coordinator – The planning efforts will be overseen and coordinated by the existing HB 1451 Coordinator utilizing approximately 2 hours per week for 6 months. This time will be spent coordinating the planning meetings, overseeing the family and youth advocates data collection activities and community outreach.
- Gunnison County Juvenile Services Director, Midwestern Mental Health Center staff, Gunnison/Hinsdale DHHS staff, RE1J School District staff and the 7th Judicial District Probation Staff – These will be, at a minimum, the participants in the monthly planning meetings. The expected time commitment will be from 2-3 hours a month for 6 months (October through March 2013). All the IOG agency members' time will be an in-kind contribution to the project.

Contractual Services:

- Family Advocate and Youth Representative – 60% of these positions are grant funds requested and 30% will be matched through HB 1451 funds and agency contributions. Position funding will support participation in the planning meetings once a month, conducting community outreach, family engagement and data collection.

- Wraparound Facilitator – this contracted service is 100% funded by HB 1451 funds supported by agency contributions from Mental Health and the Department of Health and Human Services

Other (Operating, Travel and Equipment)

- Funds being requested in these areas will support the community outreach, family engagement, survey and other data collection methods being conducted by the Family Advocate and Youth representative and overseen by the project coordinator.

The total planning project cost is $27,208.50. 45% or $12,212 is being matched through HB 1451 funds and direct agency contributions. 55% or $14,996.50 are grant funds requested.

Implementation Budget Narrative

The Gunnison/Hinsdale County HB1451 CMP Interagency Oversight Group (IOG) will be the overseeing collaborative body of the Communities of Excellence Implementation Grant. The Administrative Committee comprised of Chaffee County HB1451 IOG members, staff members, youth and family members will report regularly to the Gunnison/Hinsdale County HB1451 CMP Interagency Oversight Group (IOG).

Personnel Expenses:

- HB 1451 Coordinator – The Community of Excellence implementation will be overseen and coordinated by the existing HB 1451 Coordinator utilizing approximately 2 hours per week for 6 months. This time will be spent overseeing the family and youth advocates family engagement activities and wraparound participation. This time will also be utilized to work with the evaluator and to collect needed data.
- Gunnison County Juvenile Services Director, Midwestern Mental Health Center staff, Gunnison/Hinsdale DHHS staff, RE1J School District staff and the 7th Judicial District Probation Staff – These will be, at a minimum, the participants in the Administrative meetings overseeing the implementation. The expected time commitment will be from 2-3 hours a month for 6 months (April through September 2014). All the Administrative agency members' time will be an in-kind contribution to the project.

Contractual Services:

- Family Advocate and Youth Representative – 50% of these positions are grant funds requested and 50% will be matched through HB 1451 funds and agency contributions. Position funding will support Community of Excellence plan implementation, family engagement and participation in High Fidelity Wraparound meetings.
- Wraparound Facilitator – this contracted service will be supported at 50% by HB 1451 funds supported by agency contributions from Mental Health and the Department of Health and Human Services and 50% is grant funds requested. The .5 FTE facilitator will be dedicated to the Community of Excellence implementation.

Other (Operating, Travel and Equipment)

- Funds being requested in these areas will support the overall implementation of our Community of Excellence, specifically supporting the use of High Fidelity Wraparound and Family Advocacy with the SED youth population and their families..

The total implementation project cost is $29,658.50. 50% or $14,962 is being matched through HB 1451 funds and direct agency contributions. 50% or $14,990.43 are grant funds requested.

Budget Form

Communities of Excellence-System of Care Implementation

APPLICANT: Gunnison/Hinsdale County IOG

PROJECT: Community of Excellence Implementation

GRANT FUNDS REQUESTED: $14,990

FOR THE PERIOD: April 1, 2014, to Sept 30, 2014

Budget ~ Service Components	Total Funds Required	Source of Funds	
		Applicant and Others	Grant Funds Requested
Personnel Expenses:			
Gunnison County HB 1451 Coordinator	$1,200.00	$480.00	$720.00
		In Kind	
Gunnison County Juvenile Services Dir	$700.00	$700.00	$0.00
Midwestern Mental Health Center staff	$600.00	$600.00	$0.00
DHHS staff	$700.00	$700.00	$0.00
REIJ School District staff	$600.00	$600.00	$0.00
CASA staff	$600.00	$600.00	$0.00
Sub-total Personnel Expenses	$4,400.00	$3,680.00	$720.00
Fringe Benefit Rate 8.00%	$96.00	$32.00	$64.00
Total Personnel Expenses	$4,496.00	$3,712.00	$784.00
Contractual Services:		Cash from HB 1451	
Family Advocate	$9,000.00	$4,500.00	$4,500.00
Youth Representative	$1,500.00	$750.00	$750.00
Wraparound Faciliatator	$12,000.00	$6,000.00	$6,000.00
	$0.00		
	$0.00		
	$0.00		
Total Contractual Services	$22,500.00	$11,250.00	$11,250.00
Operating Expenses:			
	$0.00	$0.00	
	$0.00		
	$0.00		
	$0.00		
	$0.00		
	$0.00		

Total Operating Expenses	$0.00	$0.00	$0.00
Travel:			
Meetings, Travel, Outreach	$900.00	$0.00	$900.00
	$0.00		
	$0.00		
	$0.00		
	$0.00		
	$0.00		
Total Travel Expenses	$900.00	$0.00	$900.00
Equipment:			
Computer IT	$1,762.50	$0.00	$1,762.50
	$0.00		
	$0.00		
	$0.00		
	$0.00		
	$0.00		
Total Equipment Expenses	$1,762.50	$0.00	$1,762.50
SUBTOTAL of all EXPENSES	$29,658.50	$14,962.00	$14,696.50
Indirect:			
Indirect Rate 2.00%	$0.00	$0.00	$293.93
Total Indirect Expenses	$0.00	$0.00	$293.93
Total Project Cost	$29,658.50	$14,962.00	$14,990.43

Percent of in-kind match to total program cost

Please identify other sources of funds for this project, including in-kind funding sources: