AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

AgendaTitle:
Core Services Program; SFY 2013-2014, 2014-2015, 2015-2016 for Gunnison/Hinsdale Counties

Action Requested: Board of County Commissioners' Signature

Parties to the Agreement: Gunnison COunty and the Colroado Department of Human Services

Term Begins: 6/1/2013 **Term Ends:** 5/30/2014 **Grant Contract #:**

Summary:
CORE Plan consistent with CORE child welfare allocation and budget; plan format just issued and due end of sept.

Fiscal Impact:

Submitted by: R. Brown **Submitter's Email Address:** Rbrown@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:

These three documents represent the DHS three-year CORE services plan and two outside provider contracts. The scope of services is consistent with previous CORE plans, and the amounts contained therein are assigned to specific DHS staff whose 2014 DHS salary and benefit budget amounts mirror these figures. DHS is asking for $69,857 in 80/20 funds and $63,554 in 100% funds. The County portion of the 80/20 amount is $13,972. The provider contracts are consistent with purchased services outline

Reviewed by: GUNCOUNTY1\LNIENHUESER Discharge Date: 9/9/2013

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

Comments:

Reviewed by: GUNCOUNTY1\ATREZISE Discharge Date: 9/5/2013 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reviewed by: GUNCOUNTY1\MBIRNIE Discharge Date: 9/11/2013

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

Agenda Date: 9/17/2013 Follow Up Agenda Date: N/A

Revised April 2013

CORE SERVICES PROGRAM

FIRST OF A THREE-YEAR PLAN

SFY 2013 - 2014

SFY 2014 - 2015

SFY 2015 - 2016

FOR

Gunnison/Hinsdale COUNTY(IES)

All Counties: Entire Plan Modifications – Budget and/or County Designed Programs have changed.
(Please proceed to complete signature page, all corresponding Core Services Plan and budget pages, and then submit for approval.)

REQUEST FOR STATE APPROVAL OF PLAN

Since this is the first of a the three-year Core Services Plan, this page needs to be signed by a Core Service Program county representative.

This Core Services Plan is hereby submitted for Gunnison/Hinsdale

[Indicate county name(s) and lead county if this is a multi-county plan], for the period contract years June 1, 2013, through May 31, 2016, fiscal years July 1, 2013, through June 30, 3016. The Plan includes the following:

- Completed "Statement of Assurances";
- Completed Statement of the eight (8) required Core services to be provided or purchased; a list of county optional services, County Designed Program Services (indicate Evidenced Based Services to Adolescents Awarded County Designed Programs), to be provided or purchased;
- Completed program description of each proposed "County Designed Service";
- Completed "Information on Fees" form;
- Completed "Reunification Issues" form;
- Completed "Direct Service Delivery" form;
- Completed "Purchase of Service Delivery" form;
- Completed "Projected Outcomes" form;
- Completed "Overhead Cost" form;
- Completed "Final Budget Page" form;
- Completed "State Board Summary"; and,
- Completed "100% Funding Summary" form.

This Core Services Program Plan has been developed in accordance with State Department of Human Services rules and is hereby submitted to the Colorado Department of Human Services, Division of Child Welfare Services for approval. If the enclosed proposed Core Services Program Plan is approved, the Plan will be administered in conformity with its provisions and the provisions of State Department rules.

The person who will act as primary contact person for the Core Services Plan is, Greg Meier and can be reached at telephone number 970-641-7947, and e-mail at gregory.meier@state.co.us.

If two or more counties propose this plan, the required signatures below are to be completed by each county, as appropriate. Please attach an additional signature page as needed.

9/4/13

Signature, DIRECTOR, COUNTY DEPARTMENT OF HUMAN/SOCIAL SERVICES DATE

4 Sept 13

Signature, CHAIR, PLACEMENT ALTERNATIVES COMMISSION DATE

Signature, CHAIR, BOARD OF COUNTY COMMISSIONERS DATE

Please check here if your county does not have a Placement Alternative Commission: ☐

CORE SERVICES
STATEMENT OF ASSURANCES

Gunnison/Hinsdale County(ies) assures that, upon approval of the Core Services Program Plan the following will be adhered to in the implementation of the Plan:

Core Services Assurances:

- Operation will conform to the provisions of the Plan;
- Operation will conform to State rules;
- Core Services Program Services, provided or purchased, will be accessible to children and their families who meet the eligibility criteria set forth in Rule Manual Volume 7, at 7.303.13;
- Operation will not discriminate against any individual on the basis of race, sex, national origin, religion, age or mental/physical disability who applies for or receives services through the Core Services program;
- Services will recognize and support cultural and religious background and customs of children and their families;
- Out-of-state travel will not be paid for with Core Services funds;
- All forms used in the completion of the Core Services Plan will be State prescribed or State approved forms;
- Core FTE/Personal Services costs authorized for reimbursement by the State Department will be used only to provide Core Services authorized in the county(ies)' approved Core Services Plan;
- The purchase of services will be in conformity with State purchase of service rules including contract form, content, and monitoring requirements; and
- Information regarding services purchased or provided will be reported to the State Department for program, statistical and financial purposes.

CORE SERVICES TO BE PROVIDED/PURCHASED

Place an "X" to indicate which of the following Core Services Program Services will be provided/purchased in accordance with State Department rules:

_X_ Home Based Intervention

_X_ Intensive Family Therapy

_X_ Sexual Abuse Treatment Services

___ Day Treatment

_X_ Life Skills

_X_ Special Economic Assistance

_X_ Mental Health Services

_X_ Substance Abuse Treatment Services

List below "County Designed Service" that will be provided/purchased in accordance with State Department rules. Please indicate which, if any, of the County Designed Service are provided through the Evidenced Based Services to Adolescents earmarked funding:

Family and Youth Mentoring

Additional Funding for Evidenced Based Services to Adolescents

If the county received additional funding from the additional $4,028,299 million dollars appropriated to fund evidenced based services to adolescents, and would like to continue to receive the same funding for the same expansion or created of the evidenced based county designed program to adolescents, please indicate that above, as well as on the Core Plan under **County Designed**.

The County Designed Program may be renewed/re-approved at the sole discretion of the State Department, contingent upon funds being appropriated, budgeted and otherwise made available and other contract requirements, if applicable, being satisfied.

If the county did not receive an award or did not apply, the county is welcome to apply by following the requirement set forth in Agency Letter CW-03-21-A. Please submit the Request For Proposal with the Core Services Plan, due September 6, 2013.

FAMILY STABILITY SERVICES TO BE PROVIDED/PURCHASED

Due to budget reallocations for state fiscal year 2013-2014, funding is not available for the Family Stability Services (FSS) based on Senate Bill 01-012. If a county would like to provide Family Stability Services as outlined in Colorado Department of Human Services Rule Staff Manual Volume 7, at 7.310, with Child Welfare Block, Temporary Assistance to Needy Families (TANF), or county only funds, please contact Melinda Cox at 303.866.5962 for details and plan requirements.

A. Respite Care: a service to provide temporary care to children who are not in an out-of-home placement through the county departments of social/human services and to their families who request a short break in parenting in order to stabilize family environment. Respite may occur outside of the home and in the home settings for less than 24 hours. The family may choose appropriate respite care providers including, but not limited to, kin, friends and licensed providers depending on the needs of the family and available resources.

B. In-home Services: short-term, solution-focused services provided to children who are not in an out-of-home placement through the county departments and to their families, based on their unique needs in order to strengthen the home environment so that children do not need a higher level of intervention or out-of-home placement.

C. Reintegration Services: transition services to assist children and families to reintegrate following an out-of-home placement. Service elements would prepare children and their families for successful reunification.

CORE SERVICES COUNTY DESIGNED SERVICE

Service Name: **Therapeutic Mentoring (Partner's Plus)**

Optional services approved as a part of the county's Core Services Plan are approved on an annual basis. For a County Designed Service to be extended beyond one year, this portion of the plan must be submitted and approved annually by the State Department.

Given that County Designed programs are not standardized across counties, it is important to provide detailed information as outlined below. This information can be use to justify continued funding of the program with the legislature. The information listed below is to be completed for each County Designed Service to be included in the County(ies)' Core Services Program Plan.

1. Describe the service and components of the service; define the goals of the program.
2. Indicate if a new Trails service detail is necessary for this County Designed Program or that the service detail is already an option in Trials.
3. Define the eligible population to be served.
4. Define the time frame of the service.
5. Define the workload standard for the program:
    - number of cases per worker,
    - number of workers for the program, and
    - worker to supervisor ratio.
6. Define the staff qualifications for the service, e.g., minimum caseworker III or equivalent, see 7.303.17 for guidelines.
7. Define the performance indicators that will be achieved by the service, see 7.303.18.
8. Identify the service provider.
9. Define the rate of payment (e.g., $250.00 per month).

SEE ATTACHED

CORE SERVICE EXPANSION GRANT
Family and Youth Mentoring
2013-14

Applicant: Gunnison/Hinsdale Counties Department of Human Services

Address: 225 N. Pine City, Zip: Gunnison, CO 81230
Telephone: 970 641-3244

Project Director: Renee Brown, LCSW Title: Director

E-mail: renee.brown@state.co.us

NEEDS ASSESSMENT: This is a proposal for continued funding for our Therapeutic Mentoring Program, Partners Plus. The mentoring program is consistent with the principles of the Partners, Inc. as part of the evidenced program by Partners Mentoring Association. We believe the mentoring program with good case management and a parent teaching and advocacy component meets the needs of our target population

A needs assessment was conducted in collaboration with local agencies and community members including providers and participants in areas of juvenile justice, behavioral health, schools, public health and human services. These individuals collaborate on services and program development through ad hoc groups and in structured meetings and forums such as the Family Advocacy and Support Team, Individualized Service and Support Teams (part of our HB 1451 Collaborative Management initiative) , Child Protection Team and Health and Human Services Commission. These groups serve as the primary overseers and gatekeepers for youth in conflict or otherwise involved in one or more of the juvenile systems. Our community identifies a need for intensive youth mentoring with a parent- teaching component. Other mentoring needs included an independent living component, which has been developed. An intensive mentoring program with enhanced case management and parent teaching affects families and youth who come to the attention of the Department and who meet the CORE eligibility criteria. Identified gaps in service include additional in-home parent teaching, mentoring, parent advocacy and behavioral health services to include child psychiatry, family centered substance abuse services, and family therapy. Our proposal would meet 3 of those identified needs. Currently, gaps in services and resources relate to under funding and a limited continuum of care for youth in our community.

Interventions by the Department and other community agencies have shifted to more intensive community based programs with a reduction in more costly out of county institutional placements. Our family preservation and reunification efforts

are successful and need to be continued to provide the best possible supports to our children and families. The implementation of HB 1451 Collaborative management has enhanced service coordination, collaboration and improved communication. We have done well with what we have but we need to continue and enhance these efforts to keep children and youth in our community and with their families.

CORE Services in the Gunnison communities have been significantly under funded in the past. Even with the limited funding we have creatively developed a service delivery system that includes home based services, sexual abuse treatment, life skills and family therapy. We continue efforts to reduce out of home placements through local foster care development efforts and additional home-based, family focused services.

Our Therapeutic Mentoring Program began in January 2005 and in that period we hired a case manager, recruited and trained mentors and provided services to 8 youth. Since that time additional mentors have been trained and over 100 youth have received mentoring services. Mentors and mentees worked together on school, recreational skills, employment skills, nutrition, hygiene, and effective communication. We added the Casey Independent Living Skills curriculum and testing which provides targeting goal setting and pre/post test measures.

Our targeted population for the intensive mentoring program is youth ages 5 through 17 and their families who are involved in one or more systems due to child welfare issues including juvenile justice, dependency and neglect, serious behavioral health issues such that intensive home based services are needed to avoid out-of-home placement or to expedite reunification. We anticipate serving 10-12 youth in 12 months.

Qualifications for mentors include a high school diploma, completion of the mentoring training and required background checks. The case manager has a bachelor's degree with 7 years experience working with at-risk youth in a community based setting. The case manager is responsible for matching, supervising and coordinating the mentoring services, providing the parenting program and assuring coordination with case workers for case planning and service delivery.

COUNTY DESIGN DESCRIPTION:

Achievements: Our department has taken leadership in the community related to the provision of health and human services. We have developed a Health and Human Services Commission for on-going assessment of health and human service needs in our community, to foster collaboration and information sharing and to promote effective program develop and service delivery enhancement. We continue to provide leadership in a collaborative process associated with HB 1451. We have recently recruited home-based providers to strengthen families

and lessen more restrictive and acute interventions. Our Child Protection Team (CPT) meets weekly and has had strong and consistent membership.

Community Involvement in Planning and Evaluating the Program:
We continue to use our existing planning groups, Family Advocacy and Support Team (FAST) and CPT, as the staffing and oversight groups for use of the enhanced CORE funds. The CPT functions as the current oversight group for existing CORE funds and services. Each of these groups meets weekly for clinical and administrative matters.

Services and Activities:
This funding request is to continue funding for the Partner's model for Mentoring and the parenting program for our child welfare involved youth who are at risk of out of home placement or who are being reunited with their families. The proposal supports the half-time staff equivalent case management services, staff being directly employed by the County and part time mentors hired by contract through a local non-profit youth program. This program currently provides background checks and liability coverage for mentors. This is not duplication in service but rather a partnership because our program integrates an evidenced based parenting component and advocacy and provides more intensive mentoring services (6 hours per week, participation in service planning and case conferencing). The Case Managers would oversee the program and in collaboration with Partners, recruit, train and supervise the mentors, administer pre and post-test measures and facilitate case planning and service plan implementation with the case workers. They represent the mentoring program in the FAST and CPT. The case managers are responsible for program evaluation that includes the use of the Casey Independent Live Skills program. The Mentors provide an average of 6 hours of direct client contact per week and will be involved in the monthly recreational event sponsored by the program.

The purpose of the project is to:

- Implement an evidenced-based mentoring model to address the resiliency development among adolescents to strengthen the individual and family through a process of forming culturally and socially appropriate attachments and relationships that enhance community bonding and healthy beliefs.
- To provide a parenting curriculum option to all enrolled families.
- Assess the effectiveness of these practices and strategies by pre and post test measures, maintaining utilization data and out-of-home placement data.

Goals include:

- Provide mentoring services to no less than 10 youth with positive program outcomes that include reduced delinquency, substance abuse and improved self-esteem, school and community bonding and improved family functioning.

- The parenting curriculum that will show improved family discipline practices, family supervision skills, family bonding and reduction of family attitudes favorable to antisocial behavior.
- Strengthen family relationship and functioning such that no more that 3 youth require out- of-home placement for periods of one month or more.

Collaboration and service coordination for adolescents:
Our FAST is a multi-agency staffing team with a wide representation of dedicated members from the courts, schools, behavioral health service, human services, law enforcement, juvenile diversion, faith community, public health and restorative justice program. The group meets weekly and is the primary planning group for this targeted population. Additionally, the Child Protection Team and Health and Human Services Commission are all comprised of community based health and human service providers interested in the health and welfare of our families. This Department is the leadership body for all of the above.

Funding Request: (Based on 12 months)

Expenses	
Personnel	$27,213
Mentors	11,189
Total Personnel	**$38,402**
Operating, phone mail, copies	400
Travel	400
Incentives	1340
Total Operating	***$2,140***
Total Expense:	**$39,107**

Cost Effectiveness: The conservative range for out-of-home placement cost for a residential treatment center is $3,000-$5,000 monthly, excluding educational costs, caseworker travel, and other expenses. The total 12-month cost of this program for 10 youth is less than 7 months of residential treatment for one youth. Our cost per month per child for this project is $384.

PROJECTED OUTCOMES: The County Design will serve 10 youth and will reduce the need for 2 residential services during the additional funding period.

Goals and Objectives:
Goal 1: Provide mentoring services to no less than 10 youth with positive program outcomes that include reduced delinquency, substance abuse and improved self-esteem, school and community bonding and improved family functioning.
- Maintain pool of 6 mentors with completed orientation, training.

- Continue collaboration with FAST and child welfare team for continuity in case planning and case conferencing.
- Initiate use of Casey Life Skills pre and post-test measures.

Goal 2: Provide parenting services that may include the Love and Logic or Nurturing Parenting Program and advocacy services that will show improved family discipline practices, family supervision skills, family bonding and reduction of family attitudes favorable to antisocial behavior.

- Educate CET and other referral partners on aspects of curriculum

Goal 3: Strengthen family relationship and functioning such that no more that 2 youth require out-of-home residential placement for periods of one month or more.

- Youth and families will complete the pre and post- test inventory.
  No less than 10 youth will be enrolled and 85% will successfully complete the program as reflected in post-test scores and avoidance of out-of-home placement

Core Service Statement of Assurances: See attached
CORE Service County Designed Services Page. Attached
Service Name: Therapeutic Mentoring, Partners Plus
Time Frame: June 2013 through May 2014

Submitted By: Renee Brown, Director _____ Date 8/30/13

INFORMATION ON CORE SERVICE FEES

Please check all that apply:

__X__ Fees will not be assessed for Core Services Program Services.

If above line is checked, **STOP**. Remainder of information does not need to be completed.

___ Fees will be assessed for the following services: Check those that apply:

- ___ Home Based Intervention
- ___ Intensive Family Therapy
- ___ Life Skills
- ___ Day Treatment
- ___ Sexual Abuse Treatment
- ___ County Designed Service (List Services Below)
- ___ Special Economic Assistance
- ___ Mental Health Services
- ___ Substance Abuse Treatment Services

___ Fee assessment formula is the same for all services. State the formula here (attach additional sheets as needed).

___ Fee assessment formula varies with service. State formula used for each service (attach additional sheets as needed).

Reunification Issues

Please indicate below how the county is addressing Reunification Issues with the children served in the Core Services Program.

Reunification Issues	Strategy to Resolve
Issues that have frustrated reunification efforts in Gunnison/Hinsdale counties have been primarily related to substance abuse and incarceration.	Gunnison/Hinsdale counties are utilizing family engagement meetings, active recruitment of foster families, Intensive Family Finding services, Ice Breakers and data driven management in the provision of services to families to assist in minimizing length of stay out of home and preventing the need for out of home placement.

HOME BASED INTERVENTION SERVICES
DIRECT SERVICE DELIVERY – CORE SERVICES PROGRAM
CFMS – Function Code 1700, 1800

Definition
7.303.1 A Home Based Intervention: Services provided primarily in the home of the client and includes a variety of services which can include therapeutic services, concrete services, collateral services and crisis intervention directed to meet the needs of the child and family.

Indicate information for each line service worker and his/her immediate supervisor for whom Core Services funding is proposed in whole or in part. Include only amounts that are to be charged to Core Services. Staff positions to be included are County Core Services employee positions and employee contract positions.

1 Position Number	2 Job Title	3 Gross Monthly Salary	4 Monthly Fringe	5 Monthly Travel	6 Monthly Operate	7 Percent of Salary Funded by 80/20 **1700**	8 Percent of Salary Funded by 100% **1800**	9 Percent of Salary Funded by TANF, FSS, Other (Circle all that apply)	10 Percent Salary Funded by County Block	11 Total Monthly Direct Service Cost (3+4+5+6)	12 Number of Months of Cost	13 Total Direct Service Cost
1455	Case Worker III	1,039.17	444.50	0	0	35%	13%	0%	52 %	1,483.67	12	17,804
1394	Case Worker II	271.25	101.75	0	0	6%	22%	0%	72%	373	12	4,476

TOTAL ____$22,280_____

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (Set forth in Rule Manual Volume 7, at 7.414,B).

INTENSIVE FAMILY THERAPY
DIRECT SERVICE DELIVERY – CORE SERVICES PROGRAM
CFMS – Function Codes 1710, 1810

Definition
7.303.1 B Intensive Family Therapy: Therapeutic intervention typically with all family members to improve family communication, functioning, and relationships.

Indicate information for each line service worker and his/her immediate supervisor for whom Core Services funding is proposed in whole or in part. Include only amounts that are to be charged to Core Services. Staff positions to be included are County Core Services employee positions and employee contract positions.

1 Position Number	2 Job Title	3 Gross Monthly Salary	4 Monthly Fringe	5 Monthly Travel	6 Monthly Operate	7 Percent of Salary Funded by 80/20 **1700**	8 Percent of Salary Funded by 100% **1800**	9 Percent of Salary Funded by TANF, FSS, Other (Circle all that apply)	10 Percent Salary Funded by County Block	11 Total Monthly Direct Service Cost (3+4+5+6)	12 Number of Months of Cost	13 Total Direct Service Cost

TOTAL _____

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (Set forth in Rule Manual Volume 7, at 7.414,B).

LIFE SKILLS
DIRECT SERVICE DELIVERY – CORE SERVICES PROGRAM
CFMS – Function Codes 1720, 1820

Definition
7.303.1 C Life Skills: Services provided primarily in the home that teach household management, effectively accessing community resources, parenting techniques, and family conflict management.

Indicate information for each line service worker and his/her immediate supervisor for whom Core Services funding is proposed in whole or in part. Include only amounts that are to be charged to Core Services. Staff positions to be included are County Core Services employee positions and employee contract positions.

1 Position Number	2 Job Title	3 Gross Monthly Salary	4 Monthly Fringe	5 Monthly Travel	6 Monthly Operate	7 Percent of Salary Funded by 80/20 **1700**	8 Percent of Salary Funded by 100% **1800**	9 Percent of Salary Funded by TANF, FSS, Other (Circle all that apply)	10 Percent Salary Funded by County Block	11 Total Monthly Direct Service Cost (3+4+5+6)	12 Number of Months of Cost	13 Total Direct Service Cost
1455	Case Worker III	674.17	164.92	0	0	35%	13%	0	52%	839.09	12	10,069
1394	Case Worker II	994.67	372.75	0	0	6%	22%	0	72%	1,367.42	12	16,409
1649	Case Worker I	1,851.50	508.92	0	0	0%	45%	0	55%	2,360.42	12	28,325

TOTAL $54,803

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (Set forth in Rule Manual Volume 7, at 7.414,B).

DAY TREATMENT
DIRECT SERVICE DELIVERY – CORE SERVICES PROGRAM
CFMS – Function Codes 1730, 1830

Definition
7.303.1 D Day Treatment: Comprehensive, highly structured services that provide therapy and education for children.

Indicate information for each line service worker and his/her immediate supervisor for whom Core Services funding is proposed in whole or in part. Include only amounts that are to be charged to Core Services. Staff positions to be included are County Core Services employee positions and employee contract positions.

1 Position Number	2 Job Title	3 Gross Monthly Salary	4 Monthly Fringe	5 Monthly Travel	6 Monthly Operate	7 Percent of Salary Funded by 80/20 **1700**	8 Percent of Salary Funded by 100% **1800**	9 Percent of Salary Funded by TANF, FSS, Other (Circle all that apply)	10 Percent Salary Funded by County Block	11 Total Monthly Direct Service Cost (3+4+5+6)	12 Number of Months of Cost	13 Total Direct Service Cost

TOTAL _____

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (Set forth in Rule Manual Volume 7, at 7.414,B).

SEXUAL ABUSE TREATMENT SERVICES
DIRECT SERVICE DELIVERY – CORE SERVICES PROGRAM
CFMS – Function Codes 1740, 1840

Definition
7.303.1 E Sexual Abuse Treatment: Therapeutic intervention designed to address issues and behaviors related to sexual abuse victimization sexual dysfunction, sexual abuse perpetration, and to prevent further sexual abuse and victimization.

Indicate information for each line service worker and his/her immediate supervisor for whom Core Services funding is proposed in whole or in part. Include only amounts that are to be charged to Core Services. Staff positions to be included are County Core Services employee equivalent positions and employee contract positions.

1 Position Number	2 Job Title	3 Gross Monthly Salary	4 Monthly Fringe	5 Monthly Travel	6 Monthly Operate	7 Percent of Salary Funded by 80/20 **1700**	8 Percent of Salary Funded by 100% **1800**	9 Percent of Salary Funded by TANF, FSS, Other (Circle all that apply)	10 Percent Salary Funded by County Block	11 Total Monthly Direct Service Cost (3+4+5+6)	12 Number of Months of Cost	13 Total Direct Service Cost

TOTAL _____

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (Set forth in Rule Manual Volume 7, at 7.414,B).

COUNTY DESIGNED SERVICE
DIRECT SERVICE DELIVERY – CORE SERVICES PROGRAM
CFMS – Function Codes 17__ , 18__

Definition
7.303.1 J County Designed Services: innovative and/or otherwise unavailable service proposed by a county that meets the goals of the Core Services Program.

Indicate information for each line service worker and his/her immediate supervisor for whom Core Services funding is proposed in whole or in part. Include only amounts that are to be charged to Core Services. Staff positions to be included are County Core Services employee positions and employee contract positions.

1 Position Number	2 Job Title	3 Gross Monthly Salary	4 Monthly Fringe	5 Monthly Travel	6 Monthly Operate	7 Percent of Salary Funded by 80/20 **1700**	8 Percent of Salary Funded by 100% **1800**	9 Percent of Salary Funded by TANF, FSS, Other (Circle all that apply	10 Percent Salary Funded by County Block	11 Total Monthly Direct Service Cost (3+4+5+6)	12 Number of Months of Cost	13 Total Direct Service Cost
1455	Case worker	598	177.83	0	0	35%	13%	0	52%	775.83	12	9310
150	Case Manager	1132.58	359.33	0	0	100%	0	0	0	1491.91	12	17,903

TOTAL $27,213

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (Set forth in Rule Manual Volume 7, at 7.414,B).

HOME BASED INTERVENTION SERVICE
PURCHASE OF SERVICE
CORE SERVICES PROGRAM

Indicate information for each Trails provider from whom Core services are proposed to be purchased.

PROVIDER NAME	2 Trails Resource/Provider Number	3 Amount of Contract Funded by 80/20	4 Amount of Contract Funded by 100%	5 Amount of Contract Funded by TANF, FSS, Other (Circle all that apply)	6 Number of Units of Service/ Month	7 Payment Rate per Unit of Service	8 Cost Per Month (6 x7)	9 Number of Months of Cost	10 Total Cost Per Provider (8 x 9)

TOTAL _____

Identification of unit is: H = Hourly, D = Daily, W = Weekly, M = Monthly, E = Episode

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (Set forth in Rule Manual Volume 7, at 7.414,B).

INTENSIVE FAMILY THERAPY
PURCHASE OF SERVICE
CORE SERVICES PROGRAM

Indicate information for each Trails provider from whom Core services are proposed to be purchased.

PROVIDER NAME	2 Trails Resource/Provider Number	3 Amount of Contract Funded by 80/20	4 Amount of Contract Funded by 100%	5 Amount of Contract Funded by TANF, FSS, Other (Circle all that apply)	6 Number of Units of Service/ Month	7 Payment Rate per Unit of Service	8 Cost Per Month (6 x7)	9 Number of Months of Cost	10 Total Cost Per Provider (8 x 9)

TOTAL _____

Identification of unit is: H = Hourly, D = Daily, W = Weekly, M = Monthly, E = Episode

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (Set forth in Rule Manual Volume 7, at 7.414,B).

LIFE SKILLS
PURCHASE OF SERVICE
CORE SERVICES PROGRAM

Indicate information for each Trails provider from whom Core services are proposed to be purchased.

PROVIDER NAME	2 Trails Resource/Provider Number	3 Amount of Contract Funded by 80/20	4 Amount of Contract Funded by 100%	5 Amount of Contract Funded by TANF, FSS, Other (Circle all that apply)	6 Number of Units of Service/ Month	7 Payment Rate per Unit of Service	8 Cost Per Month (6 x7)	9 Number of Months of Cost	10 Total Cost Per Provider (8 x 9)
Hinsdale School District RE-1	1503646	0	$4,560	0	8.4	45	380	12	4,560
Laurie Boscaro	1614377	0	$4,000	0	7.4	45	333	12	4,000

TOTAL $8,560

Identification of unit is: H = Hourly, D = Daily, W = Weekly, M = Monthly, E = Episode

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (Set forth in Rule Manual Volume 7, at 7.414,B).

DAY TREATMENT
PURCHASE OF SERVICE
CORE SERVICES PROGRAM

Indicate information for each Trails provider from whom Core services are proposed to be purchased.

PROVIDER NAME	2 Trails Resource/Provider Number	3 Amount of Contract Funded by 80/20	4 Amount of Contract Funded by 100%	5 Amount of Contract Funded by TANF, FSS, Other (Circle all that apply)	6 Number of Units of Service/ Month	7 Payment Rate per Unit of Service	8 Cost Per Month (6 x7)	9 Number of Months of Cost	10 Total Cost Per Provider (8 x 9)

TOTAL _____

Identification of unit is: H = Hourly, D = Daily, W = Weekly, M = Monthly, E = Episode

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (Set forth in Rule Manual Volume 7, at 7.414,B).

SEXUAL ABUSE TREATMENT
PURCHASE OF SERVICE
CORE SERVICES PROGRAM

Indicate information for each Trails provider from whom Core services are proposed to be purchased.

PROVIDER NAME	2 Trails Resource/Provider Number	3 Amount of Contract Funded by 80/20	4 Amount of Contract Funded by 100%	5 Amount of Contract Funded by TANF, FSS, Other (Circle all that apply)	6 Number of Units of Service/ Month	7 Payment Rate per Unit of Service	8 Cost Per Month (6 x7)	9 Number of Months of Cost	10 Total Cost Per Provider (8 x 9)

TOTAL _____

Identification of unit is: H = Hourly, D = Daily, W = Weekly, M = Monthly, E = Episode

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (Set forth in Rule Manual Volume 7, at 7.414,B).

SPECIAL ECONOMIC ASSISTANCE
PURCHASE OF SERVICE
CORE SERVICES PROGRAM

☒ Our County would like to apply to earmark $ 191 in Special Economic Assistance, out of our county's 100% funding line.

Please note: Unless the County has compelling rationale to increase their overall earmarked SEA allocation from SFY2013 (last fiscal year), the amount cannot be more than last fiscal year.

☐ Our County would like to apply to keep the $400 per family, per year limit, out of our county's 100% funding.

Indicate information for each Trails provider from whom Core services (SEA) are proposed to be purchased.

1 PROVIDER NAME	2 Trails Resource/ Provider Number	3 Amount of Contract Funded by 100%	4 Amount of Contract Funded by TANF, FSS, Other (Circle all that apply)	5 Number of Units of Service/Month	6 Payment Rate per Unit of Service	7 Cost Per Month (5 x6)	8 Number of Months of Cost	9 Total Cost Per Provider (7 x89)
Pending		191						191

TOTAL $191

Identification of unit is: H = Hourly, D = Daily, W = Weekly, M = Monthly, E = Episode

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (Set forth in Rule Manual Volume 7, at 7.414,B).

SPECIAL ECONOMIC ASSISTANCE (SEA)
PURCHASE OF SERVICE
WAIVER REQUEST TO INCREASE SEA

☐ Our County would like to apply to earmark $_____ in Special Economic Assistance, out of our county's 100% funding line.

Please note: Unless the County has compelling rationale to increase their overall earmarked SEA allocation from SFY2013 (last fiscal year), the amount cannot be more than last fiscal year.

☐ We would like to apply to waive the $400 per family, per rolling month year limit. We would like to raise the limit to _____ per family per year – not to exceed $800 per family, per rolling month year, out of 100%.

Indicate information for each Trails provider from whom Core Services (SEA) are proposed to be purchased.

1 PROVIDER NAME	2 Trails Resource/ Provider Number	3 Amount of Contract Funded by 100%	4 Amount of Contract Funded by TANF, FSS, Other (Circle all that apply)	5 Number of Units of Service/Month	6 Payment Rate per Unit of Service	7 Cost Per Month (5 x6)	8 Number of Months of Cost	9 Total Cost Per Provider (7 x89)

TOTAL _____

Identification of unit is: H = Hourly, D = Daily, W = Weekly, M = Monthly, E = Episode

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (Set forth in Rule Manual Volume 7, at 7.414,B).

MENTAL HEALTH SERVICES
PURCHASE OF SERVICE
CORE SERVICES PROGRAM

Indicate information for each Trails provider from whom Core services are proposed to be purchased.

PROVIDER NAME	2 Trails Resource/Provider Number	3 Amount of Contract Funded by 80/20	4 Amount of Contract Funded by 100%	5 Amount of Contract Funded by TANF, FSS, Other (Circle all that apply)	6 Number of Units of Service/ Month	7 Payment Rate per Unit of Service	8 Cost Per Month (6 x7)	9 Number of Months of Cost	10 Total Cost Per Provider (8 x 9)
Donna Sue Hudgins (Pending)	1626398	$9,175	0	0	11	$70 H	$770	12	$9,175

TOTAL $9,175

Identification of unit is: H = Hourly, D = Daily, W = Weekly, M = Monthly, E = Episode

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (Set forth in Rule Manual Volume 7, at 7.414,B).

SUBSTANCE ABUSE TREATMENT SERVICES
PURCHASE OF SERVICE
CORE SERVICES PROGRAM

Indicate information for each Trails provider from whom Core services are proposed to be purchased.

PROVIDER NAME	2 Trails Resource/Provider Number	3 Amount of Contract Funded by 80/20	4 Amount of Contract Funded by 100%	5 Amount of Contract Funded by TANF, FSS, Other (Circle all that apply)	6 Number of Units of Service/ Month	7 Payment Rate per Unit of Service	8 Cost Per Month (6 x7)	9 Number of Months of Cost	10 Total Cost Per Provider (8 x 9)

TOTAL _____

Identification of unit is: H = Hourly, D = Daily, W = Weekly, M = Monthly, E = Episode

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (Set forth in Rule Manual Volume 7, at 7.414,B).

COUNTY DESIGNED SERVICES
PURCHASE OF SERVICE
CORE SERVICES PROGRAM

Indicate information for each Trails provider from whom Core services are proposed to be purchased.

PROVIDER NAME	2 Trails Resource/Provider Number	3 Amount of Contract Funded by 80/20	4 Amount of Contract Funded by 100%	5 Amount of Contract Funded by TANF, FSS, Other (Circle all that apply)	6 Number of Units of Service/ Month	7 Payment Rate per Unit of Service	8 Cost Per Month (6 x7)	9 Number of Months of Cost	10 Total Cost Per Provider (8 x 9)
Gunnison/Hinsdale Youth Services	1532770	$11,189	0	0	65	14.34	932.42	12	$11,189

TOTAL $11,189

Identification of unit is: H = Hourly, D = Daily, W = Weekly, M = Monthly, E = Episode

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (Set forth in Rule Manual Volume 7, at 7.414,B).

Purchase of Services, Fixed Rate/Guarenteed/1/12th Contracts

Fixed Rate/Guarenteed/1/12th Contracts: All contracts that counties enter into with a Core Service provider that is fixed rate/guaranteed/1/12th contract must include the following information (you may wish to copy this page for each fixed rate/guaranteed/1/12th contract):

- Cost of contract per month.
- Services provided.
- Cost per service.
- Cost per child.
- How the contract is being monitored for accountability.
- The County's rationale for entering into a fixed rate/guaranteed/1/12th contract vs. a fee for service contract.

Service(s) to be Provided	Purchase of Service Provider	Cost of Contract Per Month	Cost Per Each Service	Cost Per Child	How the Contract is Being Monitored for Accountability	County Rationale for Entering into Contract
Mentoring recruitment, training, background checks, mentor payment	Gunnison/Hinsdale Youth Services	$932.42	$93 per month	$1,190	Case Manager meets with child welfare team monthly, utilization, status and outcomes are reviewed by Case Manager and CFS Manager	Recruitment varies each month depending on mentors applying for positions and mentors leaving the program as well as the number of youth being matched.

PROJECTED CORE SERVICES OUTCOMES FOR PERFORMANCE INDICATORS FOR FY 2013-2014
OPTIONAL PAGE

Service	Over 85%[1]	85%-25%[2]	Under 25%[3]	Total Clients Served
Home Base	12	2	1	15
Intensive Family Therapy				
Life Skills	22	2	1	25
Day Treatment				
Sexual Abuse Treatment				
Mental Health Treatment	8	2		10
Substance Abuse Treatment				
Special Economic Assistance	2			2
County Design (List)	10	1	1	12

[1]=Client meets 86% or more of the treatment goals
[2]=Client meets between 85%-25% of the treatment goals
[3]=Client meets 24% or less of the treatment goals

CORE SERVICES PROGRAM
OVERHEAD COST
*****OPTIONAL PAGE – ONLY USE IF YOUR COUNTY WISHES TO CLAIM OVERHEAD COSTS****

1. DIRECT SERVICE
   - A. Total Salary/Fringe/Travel/Operating Costs of Line Service Workers and their Immediate Supervisors — $104,296
   - B. Formula Percentage Allowed for Overhead Costs — 15%
   - C. Provided Service Overhead Costs (A X B) — 15,644

2. PURCHASED SERVICE
   - A. Purchased Service Dollar Amount — $28,924
   - B. Formula Percentage Allowed for Overhead Costs — .05
     $0 - 50,000 = 5% $50,001 -100,000 = 4.9%
     For each $50,000 (in total expenditure) increase the overhead decreases by **.1** %.
   - C. Allowed Amount for Overhead Costs (A X B) — $1,446
   - D. Base Overhead Cost Allowed — $500.00
   - E. Purchased Service Overhead Costs (C + D) — $1,946

3. TOTAL OVERHEAD COSTS (1C + 2E) — $17,590

DISTRIBUTION OF OVERHEAD COSTS AMONG SERVICES*

SERVICE	Provided Service Overhead Costs	Purchased Service Overhead Costs	Total Overhead Costs
1. Home Based Intervention	3,342		3,342
2. Intensive Family Therapy			
3. Sexual Abuse Treatment			
4. Day Treatment			
5. Life Skills	8,220	428	8,648
6. County Designed Service	4,082	559	4,641
7. Mental Health		459	459
COLUMN TOTALS	15,644	1,446	17,090

* Formula to determine overhead cost by service:
Step 1: total provided service cost (by service) x 15% = provided service overhead cost
Step 2: total purchased service cost (by service) x % listed in 2B = Y
$500 divided by the number of purchased service = Z, then Y + Z = overhead cost
Step 3: Provided service overhead cost plus purchased service overhead cost equals total overhead cost.

GENERIC COST SUMMARY SHEET
*****OPTIONAL PAGE*****

1. Account Code _____

2. Total number of children to be served by provided services _____

3. Total number of children to be served by purchased services _____

4. Average number of children (total 2 +3÷12) to be served monthly _____

5. Total number of families to be served _____

6. Average number of families to be served monthly _____

7. Employee FTE number (should be the total staff listed on Direct Service Delivery Page) _____

8. Provided cost _____
   Overhead cost (From Overhead cost summary sheet) _____
   Total provided cost _____

9. Monthly provided cost per child _____
   [this is determined by dividing the total provided cost by the number of children to be served from provided services and then dividing that total by the number of months the service will be provided.]

10. Purchased cost _____
    Overhead cost (From Overhead cost summary sheet) _____
    Total purchased cost _____

11. Monthly purchased cost per child _____
    [this is determined by dividing the total purchased cost by the number of children to be served from purchased services and then dividing that total by the number of months the service will be provided.]

12. **TOTAL COST REQUESTED [Total provided cost plus Total purchased cost]** _____

13. Total 80/20 service cost requested _____

14. Total 100% service cost requested _____

STATE BOARD SUMMARY
CORE SERVICES PROGRAM
FY 2013-2014 80/20 FUNDING

COUNTY(IES) Gunnison/Hinsdale

Services	Resource/Provider or Number of FTE	Age of Child	# of Families Served Per Month	# Children Served Per Month	Cost per Child Per Month	Cost per Year
Home Based	1455	0-17	7	12		$17,804
Home Based	1394	0-17	3	6		$4.476
Mentoring		5-17	10	10	$93	$11,189
Mentoring	150	5-17	10	10	$149	$17,903
Mentoring	1455	5-17	10	10		$9,310
Purchased Mental Health	1626398	0-17				$9,175

TOTAL 80/20 CORE $69,857

100% FUNDING SUMMARY
CORE SERVICE PROGRAM
FY 2013-2014

COUNTY(IES) Gunnison/Hinsdale

Services	Resource/Provider or Number of FTE	Age of Child	# of Families Served Per Month	# Children Served Per Month	Cost per Child per Month	Cost per Year
Life Skills	1455	0-17	5	10	1,007	$10,069
Life Skills	1394	0-17	7	15	1,094	$16,409
Life Skills	1649	0-17	10	25	1,133	$28,325
Purchased Life Skills	1503646	0-17	2	5	912	$4560
Purchased Life Skills	1614377	0-17	2	5	800	$4,000
Purchased SEA	Pending	0-17	2	5		$191

TOTAL 100% CORE $63,554

FINAL BUDGET PAGE
FY 2013-2014
CORE SERVICES PROGRAM

CFMS Function Code	Service Name	Other DSS Funds (Specify fund source)	Other Source Funds (Specify Fund source)	Total Funds 80/20 1700	Total Funds 100% (Core, SEA, Substance Abuse, Mental Health) 1800	Total FSS Funds	**TOTAL FUNDS**
1700	Home Based			$17,804			$17,804
1700	Home Based			$4,476			$4.476
1700	Mentoring			$11,189			$11,189
1700	Mentoring			$17,903			$17,903
1700	Mentoring			$9,310			$9,310
1700	Purchased Mental Health			$9,175			$9,175
1800	Life Skills				$10,069		$10,069
1800	Life Skills				$16,409		$16,409
1800	Life Skills				$28,325		$28,325
1800	Purchased Life Skills				$4560		$4560
	Purchased Life Skills				$4,000		$4,000
	Purchased SEA				$191		$191
TOTALS				$69,857	$ 63,554		$133,411

CFMS Function Codes 17xx denotes 80/20 funded Core Service
CFMS Function Codes 18xx denotes 100% funded Core Service
CFMS Functions Codes for Family Stability Services will be determined by funding source: Child Welfare Block or County Funds. Please contact Melinda Cox at 303.866.5962 for more information.

PROVIDER AGREEMENT

This Provider Agreement ("Agreement") made effective the June 1, 2013 is by and between the Board of County Commissioners of the County of Gunnison, Colorado, whose address is 200 East Virginia, Gunnison, CO 81230 ("Gunnison County") and Gunnison/Hinsdale Youth Services, Inc. ("Provider").

RECITALS

Provider provides professional services regarding mentoring to individuals and families referred from Gunnison County Department of Health and Human Services ("Department") and Gunnison County Juvenile Services. Gunnison County desires to engage Provider to provide Services according to this Agreement.

AGREEMENT

NOW THEREFORE, in consideration of the Recitals and the mutual covenants and obligations hereinafter set forth, the parties agree as follows:

1. TERM.

The term of this Agreement shall commence on the date first set forth above and shall terminate on May 31, 2014, unless sooner terminated or replaced as provided herein.

2. SCOPE OF SERVICES.

Provider shall furnish all materials, labor, supervision, supplies and equipment to commence, diligently pursue, and complete the services as more specifically set forth on Exhibit A, attached hereto and incorporated herein by this reference, regarding mentoring services to promote health and wellness to individuals and families referred from the Department or Juvenile Services. All Services shall be performed in a timely manner and in accordance with generally accepted standards for Provider's profession and all applicable federal, state and local laws and regulations affecting the Services or the subject matter thereof. Provider acknowledges that this is a non-exclusive Agreement, and Gunnison County may contract with additional or other providers able to furnish the same or similar services as it deems appropriate to do so.

3. COMPENSATION, BONUS AND EXPENSES.

(a) In exchange for Providers performance of the Services, during the Term, Gunnison County shall pay Provider fees as noted in Exhibit B.

(b) The Compensation shall compensate Provider for all charges, expenses, overhead, payroll costs, employee benefits, insurance subsistence, and profits, except as specifically set forth herein.

(c) This is a service funded through CORE and the HB 1451 incentive pool. If the funds are discontinued for any reason, this contract shall terminate.

4. INDEMNIFICATION.

(a) Provider agrees to indemnify, defend and hold harmless Gunnison County, its Commissioners, agents and employees of and from any and all liability, claims, liens, demands, actions and causes of action whatsoever (including reasonable attorney's and expert's fees and costs) arising out of or related to any loss, cost, damage or injury, including death, of any person or damage to property of any kind caused by the misconduct or negligent acts, errors or omissions of Provider or its employees, sub-contractors or agents in connection with this Agreement.

(b) This provision shall survive any termination or expiration of this Agreement with respect to any liability, injury or damage occurring prior to such termination.

5. INSURANCE.

Provider agrees that at all times during the Term of this Agreement that Provider shall carry and maintain, in full force and effect and at its sole cost and expense, the following insurance policies. Within thirty (30) days of the execution of this Agreement, Provider will provide insurance certificates to Gunnison County, listing Gunnison County as an additional insured, for the coverage's required herein which shall state that such policies shall not be materially changed or cancelled without thirty (30) days prior notice to Gunnison County.

(a) Worker's Compensation Insurance in accordance with Colorado and Federal law which adequately protects all labor employed by Provider during the term of this Agreement.

(b) Comprehensive General Liability Insurance or the equivalent in an amount not less than $1,000,000 each occurrence and $2,000,000 aggregate for Bodily Injury Liability and $500,000 for Property Damage Liability.

(c) Comprehensive automobile liability insurance on all vehicles used in the Services, in an amount no less than one hundred fifty thousand dollars for any injury to one person in any single occurrence and in an amount no less than six hundred thousand dollars for any injury to two or more persons in any single occurrence.

6. TERMINATION.

Either party shall have the right to terminate this Agreement at any time, with or without cause, upon thirty (30) days prior written notice to the other. Upon termination, Provider shall be entitled to compensation for Services performed prior to the date of termination, per the compensation terms outlined in Exhibit B.

7. DELEGATION AND ASSIGNMENT.

This is a personal services contract with Provider and, therefore, Provider shall not delegate or assign its duties under this Agreement without the prior written consent of Gunnison County which consent Gunnison County may withhold in its discretion. Subject to the foregoing, the terms, covenants and conditions of this Agreement shall be binding on the successors and assigns of either party.

8. NOTICES.

Any notice, demand or communication which either party may desire or be required to give to the other party shall be in writing and shall be deemed sufficiently given or rendered if delivered personally or sent by certified first class US mail, postage prepaid, addressed as follows:

Gunnison County:	County Manager Gunnison County 200 E. Virginia Gunnison, Colorado 81230 Phone: 970-641-0248
With a copy to:	Board of County Commissioners of the County of Gunnison, Colorado 200 E. Virginia Gunnison, Colorado 81230
Provider:	Gunnison/Hinsdale Youth Services, Inc. 105 N. Boulevard Gunnison, CO 81230

Either party has the right to designate in writing, served as provided above, a different address to which any notice, demand or communication is to be mailed.

9. INDEPENDENT CONTRACTOR.

(a) In carrying out its obligations and activities under this Agreement, Provider is acting as an independent Contractor and not as an agent, partner, joint venture or employee of Gunnison County. Provider does not have any authority to bind Gunnison County in any manner whatsoever.

(b) Provider acknowledges and agrees that Provider is not entitled to: (i) unemployment insurance benefits; or (ii) Workers Compensation coverage, from Gunnison County. Further, Provider is obligated to pay federal and state income tax on any moneys paid it related to the services.

10. ENTIRE AGREEMENT.

This Agreement contains the entire agreement between the parties hereto with

respect to the subject matter hereof, and supersedes any and all prior agreements, proposals, negotiations and representations pertaining to the obligations to be performed hereunder.

11. MISCELLANEOUS.

(a) SEVERABILITY. If any clause or provision of this Agreement shall be held to be invalid in whole or in part, then the remaining clauses and provisions, or portions thereof, shall nevertheless be and remain in full force and effect.

(b) AMENDMENT. No amendment, alteration, modification of or addition to this Agreement shall be valid or binding unless expressed in writing and signed by the parties to be bound thereby.

(c) NO WAIVER OF GOVERNMENTAL IMMUNITY. Nothing in this Agreement is, or shall be construed to be, a waiver, in whole or part, by Gunnison County of governmental immunity provided by the Colorado Governmental Immunity Act or otherwise.

12. ATTORNEYS FEES.

If any party hereto shall bring any suit or action against another for relief, declaratory or otherwise, arising out of this Agreement, the prevailing party shall have and recover against the other party, in addition to all court costs and disbursements, such sum as the court may adjudge to be reasonable attorneys fees and expert witness fees.

13. GOVERNING LAW.

This Agreement shall be governed by and interpreted in accordance with the laws of the State of Colorado. Exclusive jurisdiction and venue for any legal proceedings related to this Agreement shall be in the state District Court governing Gunnison, Colorado.

14. IMMIGRATION COMPLIANCE CERTIFICATION.

(a.) Provider certifies that Provider does not and will not knowingly contract with or employ illegal aliens to work under this Agreement.

(b.) Provider certifies that Provider has required its subcontractors to certify that they do not knowingly contract with or employ illegal aliens to work under this Agreement.

(c.) Provider certifies that it has attempted to verify the eligibility of its employees and subcontractors to work through the Basic Pilot Employment Verification Program administered by the Social Security Administration and Department of Homeland Security.

(d.) Provider agrees to comply with all reasonable requests made in the course of an investigation under C.R.S. 8-17.5-102 by the Colorado Department of Labor and Employment.

(e.) Provider agrees to comply with the provisions of C.R.S. 8-17.5-101 et seq.

15. COUNTERPARTS: FACSIMILE TRANSMISSION.

This Agreement may be executed by facsimile and/or in any number of counterparts, any or all of which my contain the signatures of less than all the parties, and all of which shall be construed together as but a single instrument and shall be binding on the parties as though originally executed on one originally executed document. All facsimile counterparts shall be promptly followed with delivery of original executed counterparts.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date set forth below to be effective as of the date first above written.

BOARD OF COUNTY COMMISSIONERS OF THE COUNTY OF GUNNISON, COLORADO

Date: 1/23/2013

By: _____

GUNNISON COUNTY SEAL COLORADO

ATTEST: _____

Deputy Clerk

PROVIDER

Date: 7/30/13

By: _____

Exhibit A
Scope of Service

CONTRACTOR' S NAME: Gunnison/Hinsdale Youth Services, Inc. (Partners)

GENERAL:

- This Agreement is for the provision of client/family intervention services for clients referred by the Gunnison County Department of Health and Human Services ("Department") or Gunnison County Juvenile Services.
- Provider.will maintain files on each client, which contain information specific to the client's circumstances and program area.
- The Contractor will comply with all appropriate federal, state and County laws, rules of procedure and policy governing the Human Services programs involved: TANF, Colorado Works, Child Care, Child Support Enforcement and Child Welfare.
- Contractor will have access to confidential client information from the County's files pertaining to that client, per signed informed consent as noted via authorization to release information. Contractor accessing confidential data shall maintain the prescribed laws/rules of confidentiality. Failure to do so may result in termination of the contract.
- All services provided under this contract will be done in a culturally competent manner. The Contractor hired must be able to successfully work with staff and clients of diverse backgrounds. The diversity of the clients must be respected in the provision of all services. The Contractor may recommend subcontracting a portion of the required services to another provider(s) that specializes their program to serve a specific cultural population.

CLIENT SERVICES TO BE PROVIDED ARE:

- Mentoring: 598 hours of direct service and case planning for the contract period for Department initiated referrals. Mentoring hours provided through the FAST referral system will be consistent with the needs identified through the Individualized Service and Support Teams. This mentoring services is consistent with the "therapeutic mentoring" model involving case planning, pre and post test assessment, ongoing communication with treatment team and more intensive and frequent services to referred youth.
- Case conferencing.
- Written progress notes at least monthly including dates of service, services provided, participants, descriptive progress toward goals and objectives, recommendations for future care or plans for continued services.

COUNTY:

The County will participate in mutual treatment planning sessions, assist in coordinating ancillary services and communicate any changes in the clients' legal status or program eligibility.

The County will provide evaluation and feed back to the Contractor on the operation of this AGREEMENT.

Exhibit B

Budget

Contractor's Name: Gunnison/Hinsdale Youth Services (Partner's Inc.)

The following budget is for the Period of June 1, 2013 to May 31, 2014.

Service: Mentoring

From the CORE DHHS allocation the following budget applies:

Personnel	
Mentors $15.00 per hour for 598 hours	**$8,970**
Operating	
Admin., phone, mail, copies	$1,343
Travel	376
Incentives	500
	$2,219
Total:	**$11,189**
Monthly CORE cost:	*$932.42*

CORE SERVICES PROGRAM II
THREE YEAR PLAN

FOR

Gunnison/Hinsdale
COUNTY(IES)

2013-14

HOME BASED INTERVENTION SERVICES
DIRECT SERVICE DELIVERY – CORE SERVICES PROGRAM
CFMS – Function Code 1700, 1800

Definition
7.303.1 A Home Based Intervention: Services provided primarily in the home of the client and includes a variety of services which can include therapeutic services, concrete services, collateral services and crisis intervention directed to meet the needs of the child and family.

Indicate information for each line service worker and his/her immediate supervisor for whom Core Services funding is proposed in whole or in part. Include only amounts that are to be charged to Core Services. Staff positions to be included are County Core Services employee positions and employee contract positions.

1 Position Number	2 Job Title	3 Gross Monthly Salary	4 Monthly Fringe	5 Monthly Travel	6 Monthly Operate	7 Percent of Salary Funded by 80/20 **1700**	8 Percent of Salary Funded by 100% **1800**	9 Percent of Salary Funded by TANF or FSS (Circle One)	10 Percent Salary Funded by Regular Admin	11 Total Monthly Direct Service Cost (3+4+5+6)	12 Number of Month of Cost	13 Total Direct Service Cost

TOTAL _____

HOME BASED INTERVENTION SERVICE
PURCHASE OF SERVICE
CORE SERVICES PROGRAM

Indicate information for each Trails provider from whom Core services are proposed to be purchased.

1 PROVIDER NAME	2 Trails Resource/Provider Number	3 Amount of Contract Funded by 80/20	4 Amount of Contract Funded by 100%	5 Amount of Contract Funded by TANF or FSS (Circle One)	6 Number of Units of Service/ Month	7 Payment Rate per Unit of Service	8 Cost Per Month (6 x7)	9 Number of Months of Cost	10 Total Cost Per Provider (8 x 9)

TOTAL _____

Identification of unit is: H = Hourly, D = Daily, W = Weekly, M = Monthly, E = Episode

INTENSIVE FAMILY THERAPY
DIRECT SERVICE DELIVERY – CORE SERVICES PROGRAM
CFMS – Function Codes 1710, 1810

Definition
7.303.1 B Intensive Family Therapy: Therapeutic intervention typically with all family members to improve family communication, functioning, and relationships.

Indicate information for each line service worker and his/her immediate supervisor for whom Core Services funding is proposed in whole or in part. Include only amounts that are to be charged to Core Services. Staff positions to be included are County Core Services employee positions and employee contract positions.

1 Position Number	2 Job Title	3 Gross Monthly Salary	4 Monthly Fringe	5 Monthly Travel	6 Monthly Operate	7 Percent of Salary Funded by 80/20 **1700**	8 Percent of Salary Funded by 100% **1800**	9 Percent of Salary Funded by TANF or FSS (Circle One)	10 Percent Salary Funded by Regular Admin	11 Total Monthly Direct Service Cost (3+4+5+6)	12 Number of Month of Cost	13 Total Direct Service Cost
	Case worker III	4,344	1,270				100			5,614	12	67,368

Total: 67,368

SEXUAL ABUSE TREATMENT
PURCHASE OF SERVICE
CORE SERVICES PROGRAM

1 PROVIDER NAME	2 Trails Resource/Provider Number	3 Amount of Contract Funded by 80/20	4 Amount of Contract Funded by 100%	5 Amount of Contract Funded by TANF	6 Number of Units of Service/Month	7 Payment Rate per Unit of Service	8 Cost Per Month (6 x7)	9 Number of Months of Cost	10 Total Cost Per Provider (8 x 9)

TOTAL _____

CORE SERVICES PROGRAM
OVERHEAD COST

1. DIRECT SERVICE
   - A. Total Salary/Fringe/Travel/Operating Costs of Line Service Workers and their Immediate Supervisors ___67,368___
   - B. Formula Percentage Allowed for Overhead Costs ___15%___
   - C. Provided Service Overhead Costs (A X B) 10,105

2. PURCHASED SERVICE
   - A. Purchased Service Dollar Amount _____
   - B. Formula Percentage Allowed for Overhead Costs _____

   $0 - 50,000 = 5% $50,001 -100,000 = 4.9%

   For each $50,000 (in total expenditure) increase the overhead decreases by **.1** %.
   - C. Allowed Amount for Overhead Costs (A X B) _____
   - D. Base Overhead Cost Allowed ___500.00___
   - E. Purchased Service Overhead Costs (C + D) _____

3. TOTAL OVERHEAD COSTS (1C + 2E) ___$10,105___

DISTRIBUTION OF OVERHEAD COSTS AMONG SERVICES*			
SERVICE	Provided Service Overhead Costs	Purchased Service Overhead Costs	Total Overhead Costs
1. Home Based Intervention			
2. Intensive Family Therapy	10,105		10,105
3. Sexual Abuse Treatment			

4. Day Treatment			
5. Life Skills			
6. County Designed Service			
Home based purchase			
COLUMN TOTALS	10,105		10,105

* Formula to determine overhead cost by service:
Step 1: total provided service cost (by service) x 15% = provided service overhead cost
Step 2: total purchased service cost (by service) x % listed in 2B = Y
$500 divided by the number of purchased service = Z, then Y + Z = overhead cost
Step 3: Provided service overhead cost plus purchased service overhead cost equals total overhead cost.

PROJECTED CORE SERVICES OUTCOMES FOR
PERFORMANCE INDICATORS
FOR FY 2006-2007

ervice	Over 85%[1]	85%-25%[2]	Under 25%[3]	Total Clients Served
ome Base direct				
tensive Family Therapy	15	2		17
fe Skills				
ay Treatment				
exual Abuse Treatment				
ental Health Treatment				
ubstance Abuse Treatment				
pecial Economic Assistance				
ounty Design (List)				
ome based purchase				
				17

100 % FUNDING SUMMARY
CORE SERVICE PROGRAM
FY 2006-2007

COUNTY(IES) GUNNISON/HINSDALE

Services	Resource/Provider or Number of FTE	Age of Child	# of Families Served Per Month	# Children Served Per Month	Cost per Child per Month	Cost per Year
Life Skills						
Intensive Family Therapy	Case Worker III	5-18	5	10	650	77,473
Day Tx.						
Sexual Abuse Tx.						
Special Econ. Asst.						
Home based direct						
Home based purchase						

TOTAL 100% CORE 77,473

FINAL BUDGET PAGE
FY 2004-2005
CORE SERVICES
&
CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

CFMS Function Code	Service Name	Other DSS Funds	Other Source Funds	Chafee Foster Care Independence Funds	Total Funds 80/20 1700	Total Funds 100% 1800	Total FSS 100%	**TOTAL FUNDS**
1720	Life Skills							
1800	Home Based (direct)							
1810	Intensive Family Tx.					77,473		77,473
1830	Day Tx.							
1840	Sexual Abuse Tx							
1855	Special Econ. Assist.							
1800	Homebased (purchase)							
64501	Mentoring							
TOTALS								77,473