AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Request for State Approval of Plan; SFY2016-2017 C

Action Requested: Board of County Commissioners' Signature

Parties to the Agreement: Colorado Department of Human Services and Gunnison County Human Services

Term Begins: **Term Ends:** **Grant Contract #:**

Summary:

Core Services provided by Human Services Department

Fiscal Impact: 0

Submitted by: Randy Morgan **Submitter's Email Address:** rmorgan@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:
Allocation is broken down between Gunnison and Hinsdale. Gunnison is a total of $145,235; Hinsdale is $25,000. Both totals include both 80/20 and 100% amounts. No concerns.

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 8/11/2016

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

Comments:
ok - gs

Reveiwed by: GUNCOUNTY1\gstuhr Discharge Date: 8/12/2016 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 8/12/2016

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted: 0

Agenda Date: 8/16/2016

Revised April 2015

COLORADO
Office of Children, Youth & Families
Division of Child Welfare

Office and Division: Office of Children, Youth and Families, Division of Child Welfare	Number: OM-CW-2016-0010
Program Area: The Core Services Program	Issue Date: June 29, 2016
Title: SFY2016-2016 Core Services Program Allocation and Plan	Office Director: Robert Werthwein
Memo Type: Operation	Division Director: Ann Rosales
Pertinent State/Federal Statute and/or State/Federal Rule:	Expiry Date: SFY2017-2018
Outcome: Providing resources for counties to improve the safety and well-being of Colorado's children and familes.	Effective Date: SFY2016-2017
Key Words: The Core Services Program	

Action: County Departments of Human or Social Services (Counties) are required to submit a Core Services Program Plan for approval by the Division of Child Welfare. Counties must have the eight basic Core Services accessible to children and their families who meet the eligibility criteria for the program. Those services are Home Based Intervention, Intensive Family Therapy, Life Skills, Day Treatment, Sexual Abuse Treatment, Special Economic Assistance, Mental Health Services, and Substance Abuse Treatment. Counties also have the option to provide County Designed Services, see definition in Section 7.303.1, which must be submitted with the plan.

When counties contract for services with qualified/certified appropriate service providers with Core Services Program funds, all providers must be registered with the Department of Regulatory Agencies (DORA).

Intended Recipients: This communication has been sent to all county human service directors. Please forward pertinent information to your county's Core Services Program Coordinator and other staff members as you deem necessary.

Purpose: The purpose of this letter from the Division of Child Welfare is to communicate the FY 2016-2017 Core Services Program annual planning process. The required annual Core Services Program Plan is due to the State Department by close of business August 12, 2016.

An item of note for the SFY2017 Core Services Program. In an effort to promote and highlight the effective promising practices and evidenced-based services being provided state-wide, County Designed Services applications will be published on the Division of Child Welfare website once the County Designed Service has been approved.

Please see attached six documents:

- The Core Services Program Background, History, and Core Services Program Plan instructions.
- FY 2016-2017 Core Services Final Allocation spreadsheet.
- FY 2016-2017 Core Services Instructions for plan/changes modifications and Core II submittal.
- FY 2016-2017 Core Services Plan template, in its entirety.
- FY 2016-2017 Program Area Three (PA3) Prevention and Intervention Services Plan (optional).
- FY 2016-2017 Core Services Expansion of Services Request For Proposal (RFP) for possible available evidenced based services to adolescents' awards. (optional)

Background:
In 1991, Article 5.5 of Title 26 was enacted to create the Colorado Family Preservation Act. Although the program is defined in State statutes as Family Preservation, the program is referenced in Colorado Department of Human Services (CDHS) Section 7.303.1 to 7.303.17 (12 CCR 2509-4) as the Core Services Program. Pursuant to Section 26-5.5-103, C.R.S., the Core Services Program serves families with children who are at imminent risk of out-of-home

placement, or who, without intervention, risks continued involvement with the child welfare system as established by rules promulgated by the State Board of Human Services.

The Core Services Program goals (7.303.11) are to:

A. Focus on the family strengths by directing intensive services that support and strengthen the family and protect the child;
B. Prevent out-of-home placement of the child;
C. Return children in placement to their own home; or,
D. Unite children with their permanent families.
E. Provide services that protect the child.

"To return children in placement to their own home or to unite children with their permanent families" is defined as returning to the home of a parent, an adoptive placement, guardianship, independent living placement, foster-adoption placement or to living with a relative/kin, if the goal for the child in the Family Services Plan is to remain in the placement on a permanent basis.

Per C.R.S. 19-1-116 (2)(b)(II), "…the commissions shall prepare multi-year plans for services which contain the same goals as described in subparagraph (I) of this paragraph (b), and the period for the plans shall be determined in state board rules. The multi-year plans may be amended annually for budgetary or programmatic changes that are necessary to enhance service delivery or as otherwise deemed necessary to accomplish the goals of the plan, which reasons shall be set forth in state board rules. Counties shall submit the multi-year plans for approval of the state board." Annually, the State Board approves the 80/20 Core Services allocation.

Supersedes: OM-CW-2015-0001

Contact: Melinda Cox, 303.866.5962, Melinda.Cox@state.co.us

Website: https://sites.google.com/a/state.co.us/cdhs-memo-series/home

COLORADO
Office of Children, Youth & Families
Division of Child Welfare

2016-2017 The Core Services Program Allocation and Core Services Program Plan

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HB11-1196 – Flexible Funding for Families: Prevention and Intervention Services:
Counties wishing to provide/purchase prevention, intervention and/or post-adopt services with available funding should indicate the services to be provided, and the funding source to be used for each service. For questions, please contact Melinda S. Cox at 303.866.5962 for details and plan requirements.

Action Required:
Counties are required to submit a Core Services Plan for approval by the Division of Child Welfare. Counties must have the eight basic Core Services accessible to children and their families who meet the eligibility criteria for the program. Those services are Home Based Intervention, Intensive Family Therapy, Life Skills, Day Treatment, Sexual Abuse Treatment, Special Economic Assistance, Mental Health Services, and Substance Abuse Treatment. Counties also have the option to provide County Designed Services, see definition in Section 7.303.1, which must be submitted with the plan.

All County Departments are required to submit a Core Services Plan to cover fiscal year 2016-2017. The County Department(s) Core Services Plan is approved for a period of three (3) years, with budget changes and County Designed Programs approved annually.

The three-year plans may be amended annually for budgetary or programmatic changes that are necessary to enhance service delivery, or as otherwise deemed necessary to accomplish the goals of the plan. Each county's third of a three-year Core Services Plan must be submitted by August 12, 2016.

Changes Modifications of County Core Services Program Plans:
Throughout the Core Services Program fiscal year, counties wishing to modify the Core Plan may do so at any time, provided the change enforces the intention to prevent or minimize out-of-home placement, to reunite children with their families, and/or achieve permanency. The amendment to the plan needs to enhance service delivery to meet the changes in local conditions. The Core Plan amendment request must be submitted in writing to the State Department prior to implementing the change.

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source as set forth in Section 7.414, B, 3 (12 CCR 2509-5).

If Core Services Program funding is used, counties must document in the case file and/or Trails why any other funding source was not used or available. If the person receiving the service is Medicaid eligible, the documentation must include why Medicaid could not be used to fund the service.

All Core Services Program purchase of service contracts must include language that outlines Medicaid/other available funding is to be billed first, before Core Services Program funding to be utilized.

All counties must submit the following:
1. Signature Page with the signature of a Core Services Plan representative;
2. "County Designed Service" form (if applicable);
    - If the county received additional funds to provide evidenced based county designed services to adolescents based on Agency Letter CW-03-21-A, and is requesting to continue/expand the program, please submit all information contained in Agency Letter CW-03-21-A, the section of the Request for Proposal under the Needs Assessment, County Design Description and Projected Outcomes, if applicable – as well as:
        - Number of children served for FY 2015-2016.
        - Cost savings/benefit for those children served.
        - Highlight any families that the county would like to showcase.
        - Projected outcomes for FY 2016-2017.
3. "Information of Core Service Fees" form;
4. All applicable "Direct Service Delivery" forms for each Core Service provided;
5. All applicable "Purchase of Service" forms for each Core Service purchased;
6. Completion of the Special Economics Assistance (SEA) Budget Page, inclusive of requested SEA amount from your county's 100% Core funding line;
7. "Core Services Program Overhead Cost" (optional);
8. "State Board Summary" form for 80/20 Funding;
9. "100% Funding Summary" form;
10. "Final Budget Page";
11. Information on providing prevention, intervention and/or post-adopt services with existing funds, if desired and applicable via the PA3 Addendum (optional);

12. Two copies of the contract for the county's Core Services substance abuse treatment allocation;
13. Two copies of the contract or plan for the Substance Abuse Treatment Additional Families Services (AFS) allocation designated for child welfare clients;
14. Two copies of the mental health contract; and
15. Core Plan Part II, if demonstrated need, and desired (optional).

Budget Information for FY 2016-2017:

- FY 2016-2017 Appropriation in the Long Bill reflects no change from SFY 2015-2016 in the total amount allocated in the Family and Children's Programs line (the Core Services Program).
- FY 2016-2017 Appropriation to County Departments has been approved due to the Child Welfare Allocation Committee (CWAC) final vote.
- The total amount allocated for evidenced based services to adolescents is $4,006,949.

County designed programs may be renewed/re-approved at the sole discretion of the Division of Child Welfare, contingent upon funds being appropriated, budgeted and otherwise made available, and other contract requirements, if applicable, being satisfied.

Please ensure all Core Services Program Plan modifications correspond to the current FY 2016-2017 Allocation.

Additional Funding for Evidenced Based Services to Adolescents:
If the county received funding for evidenced based services to adolescents, and would like to continue to receive the same funding for the same evidenced based county designed program to adolescents, please indicate so on the Core Plan under County Designed. Each county must also document:

- Historical outcomes with regard to how these specific county designed services demonstrate effectiveness in reducing the need for higher costs of residential services (for FY 2015-2016)
- Numbers of children projected to be served for FY 2016-2017
- Cost savings/benefit for those children served
- Highlight any cases that the county would like to showcase
- Projected outcomes for FY 2016-2017
- Each county must follow the requirements set forth in Agency Letter CW-03-21-A, Request for Proposal (RFP) section, under the Needs Assessment, County Designed Description and Projected Outcomes section

If counties currently receiving an evidenced based services to adolescents award do not wish to continue to administer the same approved program, the county forfeits the award. If that occurs, there may be funding available to award new proposals submitted with the Core Plan. Please utilize the RFP attached to this agency letter.

If funding becomes available, counties will be notified of the amount available and how to apply for the evidenced based services to adolescents.

Core Services Program Plan Part II Information:
Counties who demonstrate need and wish to request funds in excess of the current allocation should complete a second part to the Core Services Plan that outlines only the desired additional/expansion services planned to be provided as well as any additional funds requested.

Procedure to submit a Core Services Program Plan, Part II:

1. Copy the Core Plan template and indicate "Core Plan II" on cover page.
2. Submit only Core Plan pages affected by additional funding request.
3. Format for Core Part II of the plan needs to include:
   - Purchased or Provided Service pages (as appropriate),
   - Core Services Overhead page,
   - 80/20 budget page,
   - 100% budget, and
   - Final budget page.

Mental Health Services:
County Departments have the option of contracting with the local Behavioral Health Organization, Community Mental Health Center, or other qualified, licensed mental health. Please refer to Agency Letter CW-03-28-A for more specific information with regard to Core Services and Mental Health Centers.

Substance Abuse Services:
County Departments must contract with the Managed Services Organization (MSO) for substance abuse treatment. If a county department chooses not to contract with the MSO, the funding available through the MSO (Additional Family Services Funds, or AFS) dollars will not be available to the county department. If a county would like to contract outside of their MSO for any reason, the county needs to obtain a "first right of refusal" from the MSO in order for the county to contract for substance abuse services outside the network.

Please send a final copy of the county's substance abuse contract to:
Karen Mooney, Women's Substance Use Disorder Programs
Division of Behavioral Health
Colorado Department of Human Services
3824 Princeton Circle, Denver, CO 80236
303-866-7492
303-866-7520(fax)

This Core Services Program Plan is the first of a three fiscal year plan (2016-2017, 2017-2018, and 2018-2019), as the allocation/budget allows.

The Core Services Program FY 2016-2017 Annual Plan is due to the State Department on August 12, 2016. Attached to this correspondence is the plan format and plan instructions. The plan is to be returned to Melinda Cox at the address below for distribution to appropriate State staff.

Please send original and one copy to:
Melinda Cox, Core Services Administrator
Department of Human Services, Division of Child Welfare Services
1575 Sherman, 2nd Floor
Denver, CO 80203 –1714

Questions regarding Core Services may be directed to Melinda Cox at 303.866.5962 or via e-mail at Melinda.Cox@state.co.us.

The Two-Generation Approach to Service Delivery: Consider 2Gen When Providing Services to Your Community as the Core Services Program Plan is implemented

Parents are painfully aware their children's dreams and economic future are at risk unless all sectors of society can work together to offer a new path forward. This is the promise of what we call two-generation approaches, which address two generations at the same time. Research has documented the impact of parent education, economic stability, and overall health on a child's trajectory. Similarly children's education and healthy development are powerful catalysts for parents. Two-generation approaches provide opportunities for and meet the needs of low-income children and their parents simultaneously, helping the two generations make progress together.

We all work towards providing services that encourage Colorado's families to thrive, but fragmented approaches that address the needs of children and their parents separately often leave either the child or parent behind and dim the family's chance at success. Placing parents and children in silos ignores parents' daily challenges of working or studying while raising a child, challenges that are even more pronounced for those with low wages. Two-generation approaches work with children and the adults in their lives simultaneously to harness the family's full potential and put the whole family on a path to permanent health, well-being, and economic security.

Colorado is working toward providing the two-generation approach in all we do, for the families we serve, and the siloes we can break down towards a holistic approach to service delivery. We challenge county departments to be thoughtful on how the two-generation approach is driving service delivery in an effort to holistically serve Colorado's families.

Core Services Program Final SFY 2016-2017 Allocation

Approved Core Services Program Allocation June 1, 2016

	(A)	(B)	(C) = (A) + (B)	(D)	(E)	(F)	(G)	(H) = (C) + (D) + (E) + (F) + (G)
County	80/20 Allocation SFY 2016-17	Evidenced Based (Expanded Services) 80/20 SFY 2016-17	Total 80/20 Allocation SFY 2016-17	Total Core 100% Allocation SFY 2016-17	Mental Health (100%) SFY 2016-17	Substance Abuse (100%) SFY 2016-17	Special Economic Assistance (100%) SFY 2016-17	Grand Total Core Services Allocation SFY 2016-17
Adams	$ 2,865,238.65	$ 287,039.43	$ 3,152,278.08	$ 1,109,596.39	$ 552,245.15	$ 370,779.36	$ 78,508.93	$ 5,263,407.91
Alamosa	$ 144,656.22	$ 62,560.14	$ 207,216.36	$ 267,250.63	$ 220,142.41	$ 124,139.87	$ 6,207.00	$ 824,956.27
Arapahoe	$ 3,112,014.82	$ 559,918.45	$ 3,671,933.27	$ 1,205,163.28	$ 273,285.66	$ 369,618.80	$ 85,270.71	$ 5,605,271.72
Archuleta	$ 58,184.16	$ -	$ 58,184.16	$ 107,494.54	$ -	$ -	$ 2,496.60	$ 168,175.30
Baca	$ 18,517.03	$ -	$ 18,517.03	$ 34,209.99	$ -	$ -	$ 794.54	$ 53,521.56
Bent	$ 30,833.34	$ -	$ 30,833.34	$ 56,964.23	$ -	$ -	$ 1,323.02	$ 89,120.59
Boulder	$ 717,128.52	$ 20,005.00	$ 737,133.52	$ 277,716.21	$ 665,503.06	$ 244,142.82	$ 19,649.67	$ 1,944,145.28
Chaffee	$ 70,285.52	$ 96,183.88	$ 166,469.40	$ 129,851.65	$ -	$ -	$ 3,015.85	$ 299,336.90
Cheyenne	$ 8,649.33	$ -	$ 8,649.33	$ 15,979.54	$ -	$ -	$ 371.13	$ 25,000.00
Clear Creek	$ 30,603.45	$ -	$ 30,603.45	$ 56,539.50	$ 18,044.46	$ 18,044.46	$ 1,313.15	$ 124,545.02
Conejos	$ 47,754.09	$ 61,186.84	$ 108,940.93	$ 88,225.11	$ -	$ -	$ 2,049.06	$ 199,215.10
Costilla	$ 25,238.35	$ 38,723.63	$ 63,961.98	$ 46,627.54	$ -	$ -	$ 1,082.94	$ 111,672.46
Crowley	$ 20,783.15	$ -	$ 20,783.15	$ 38,396.61	$ -	$ 69,771.91	$ 891.78	$ 129,843.45
Custer	$ 15,067.68	$ -	$ 15,067.68	$ 27,837.36	$ -	$ -	$ 646.53	$ 43,551.57
Delta	$ 138,310.34	$ -	$ 138,310.34	$ 255,526.68	$ -	$ -	$ 5,934.70	$ 399,771.72
Denver	$ 3,046,643.35	$ 221,649.35	$ 3,268,292.70	$ 1,179,847.44	$ 1,123,552.57	$ 842,384.10	$ 83,479.50	$ 6,497,556.31
Dolores	$ 9,116.03	$ -	$ 9,116.03	$ 16,841.75	$ -	$ -	$ 391.16	$ 26,348.94
Douglas	$ 268,559.33	$ -	$ 268,559.33	$ 496,160.13	$ 41,372.34	$ 28,329.80	$ 11,523.50	$ 845,945.10
Eagle	$ 98,219.09	$ 10,860.00	$ 109,079.09	$ 181,458.59	$ -	$ -	$ 4,214.44	$ 294,752.12
Elbert	$ 54,268.66	$ 163,894.00	$ 218,162.66	$ 100,260.70	$ 52,653.73	$ 14,616.01	$ 2,328.59	$ 388,021.70
El Paso	$ 3,756,196.44	$ 243,665.84	$ 3,999,862.28	$ 1,454,629.97	$ 182,212.87	$ 533,865.48	$ 102,921.60	$ 6,273,492.20
Fremont	$ 268,045.61	$ 91,131.02	$ 359,176.63	$ 495,211.05	$ 129,920.11	$ 84,846.25	$ 11,501.46	$ 1,080,655.50
Garfield	$ 164,658.28	$ 38,178.00	$ 202,836.28	$ 304,204.20	$ 159,390.32	$ 45,111.15	$ 7,065.26	$ 718,607.21
Gilpin	$ 18,204.67	$ -	$ 18,204.67	$ 33,632.91	$ 18,044.46	$ 18,044.46	$ 781.14	$ 88,707.64
Grand	$ 35,566.92	$ -	$ 35,566.92	$ 65,709.46	$ -	$ -	$ 1,526.13	$ 102,802.51
Gunnison	$ 36,961.41	$ 38,401.95	$ 75,363.36	$ 68,285.77	$ -	$ -	$ 1,585.96	$ 145,235.09
Hinsdale	$ 8,649.33	$ -	$ 8,649.33	$ 15,979.54	$ -	$ -	$ 371.13	$ 25,000.00
Huerfano	$ 50,898.07	$ 11,699.17	$ 62,597.24	$ 94,033.57	$ 18,044.46	$ 27,066.69	$ 2,183.96	$ 203,925.92

Core Services Program Final SFY 2016-2017 Allocation

Approved Core Services Program Allocation June 1, 2016

	(A)	(B)	(C) = (A) + (B)	(D)	(E)	(F)	(G)	(H) = (C) + (D) + (E) + (F) + (G)
County	80/20 Allocation SFY 2016-17	Evidenced Based (Expanded Services) 80/20 SFY 2016-17	Total 80/20 Allocation SFY 2016-17	Total Core 100% Allocation SFY 2016-17	Mental Health (100%) SFY 2016-17	Substance Abuse (100%) SFY 2016-17	Special Economic Assistance (100%) SFY 2016-17	Grand Total Core Services Allocation SFY 2016-17
Jackson	$ 8,649.33	$ -	$ 8,649.33	$ 15,979.54	$ -	$ -	$ 371.13	$ 25,000.00
Jefferson	$ 2,090,879.83	$ 416,305.22	$ 2,507,185.05	$ 809,717.10	$ 500,443.43	$ 321,940.70	$ 57,291.12	$ 4,196,577.41
Kiowa	$ 11,950.73	$ -	$ 11,950.73	$ 22,078.84	$ -	$ -	$ 512.79	$ 34,542.36
Kit Carson	$ 37,820.83	$ 19,236.78	$ 57,057.61	$ 69,873.52	$ -	$ -	$ 1,622.84	$ 128,553.97
Lake	$ 32,742.33	$ -	$ 32,742.33	$ 60,491.06	$ -	$ 6,014.82	$ 1,404.93	$ 100,653.14
La Plata	$ 168,082.16	$ 307,948.73	$ 476,030.89	$ 310,529.78	$ 216,533.52	$ 64,960.05	$ 7,212.17	$ 1,075,266.41
Larimer	$ 1,646,864.00	$ 214,497.00	$ 1,861,361.00	$ 637,766.89	$ 160,629.05	$ 203,237.43	$ 45,124.87	$ 2,908,119.24
Las Animas	$ 93,064.31	$ -	$ 93,064.31	$ 171,935.20	$ 18,044.46	$ 27,066.69	$ 3,993.26	$ 314,103.92
Lincoln	$ 73,499.71	$ -	$ 73,499.71	$ 135,789.83	$ -	$ -	$ 3,153.77	$ 212,443.31
Logan	$ 111,537.69	$ -	$ 111,537.69	$ 206,064.54	$ 58,583.14	$ 15,638.53	$ 4,785.93	$ 396,609.83
Mesa	$ 1,112,216.82	$ 284,711.78	$ 1,396,928.60	$ 430,718.67	$ 166,783.64	$ 88,303.16	$ 30,475.28	$ 2,113,209.35
Mineral	$ 8,649.33	$ -	$ 8,649.33	$ 15,979.54	$ -	$ -	$ 371.13	$ 25,000.00
Moffat	$ 70,445.23	$ -	$ 70,445.23	$ 130,146.72	$ 159,390.32	$ 45,111.15	$ 3,022.71	$ 408,116.13
Montezuma	$ 120,058.61	$ -	$ 120,058.61	$ 221,806.84	$ -	$ -	$ 5,151.55	$ 347,017.00
Montrose	$ 201,800.42	$ 63,695.11	$ 265,495.53	$ 372,823.85	$ -	$ -	$ 8,658.97	$ 646,978.35
Morgan	$ 162,980.88	$ 25,000.00	$ 187,980.88	$ 301,105.22	$ 97,426.85	$ 20,089.50	$ 6,993.28	$ 613,595.73
Otero	$ 130,880.38	$ -	$ 130,880.38	$ 241,799.93	$ 161,197.17	$ -	$ 5,615.89	$ 539,493.37
Ouray	$ 8,976.33	$ -	$ 8,976.33	$ 16,583.66	$ 214,127.59	$ 40,900.78	$ 385.16	$ 280,973.51
Park	$ 32,254.33	$ -	$ 32,254.33	$ 59,589.48	$ 14,146.86	$ 18,044.46	$ 1,383.99	$ 125,419.12
Phillips	$ 16,644.82	$ -	$ 16,644.82	$ 30,751.10	$ -	$ -	$ 714.21	$ 48,110.13
Pitkin	$ 21,103.23	$ -	$ 21,103.23	$ 38,987.96	$ -	$ -	$ 905.51	$ 60,996.70
Prowers	$ 78,252.28	$ -	$ 78,252.28	$ 144,570.15	$ -	$ -	$ 3,357.70	$ 226,180.13
Pueblo	$ 1,176,672.84	$ 178,953.32	$ 1,355,626.16	$ 455,680.00	$ 187,819.42	$ 140,163.74	$ 32,241.41	$ 2,171,530.73
Rio Blanco	$ 33,195.22	$ -	$ 33,195.22	$ 61,327.77	$ -	$ -	$ 1,424.36	$ 95,947.35
Rio Grande	$ 59,722.23	$ -	$ 59,722.23	$ 110,336.11	$ -	$ -	$ 2,562.60	$ 172,620.94
Routt	$ 64,671.78	$ -	$ 64,671.78	$ 119,480.34	$ -	$ -	$ 2,774.98	$ 186,927.10
Saguache	$ 43,143.60	$ -	$ 43,143.60	$ 79,707.27	$ -	$ -	$ 1,851.23	$ 124,702.10
San Juan	$ 8,649.33	$ -	$ 8,649.33	$ 15,979.54	$ -	$ -	$ 371.13	$ 25,000.00
San Miguel	$ 14,474.48	$ -	$ 14,474.48	$ 26,741.42	$ -	$ -	$ 621.08	$ 41,836.98
Sedgwick	$ 9,482.55	$ -	$ 9,482.55	$ 17,518.90	$ -	$ -	$ 406.88	$ 27,408.33

Core Services Program Final SFY 2016-2017 Allocation

Approved Core Services Program Allocation June 1, 2016

	(A)	(B)	(C) = (A) + (B)	(D)	(E)	(F)	(G)	(H) = (C) + (D) + (E) + (F) + (G)
County	**80/20 Allocation SFY 2016-17**	**Evidenced Based (Expanded Services) 80/20 SFY 2016-17**	**Total 80/20 Allocation SFY 2016-17**	**Total Core 100% Allocation SFY 2016-17**	**Mental Health (100%) SFY 2016-17**	**Substance Abuse (100%) SFY 2016-17**	**Special Economic Assistance (100%) SFY 2016-17**	**Grand Total Core Services Allocation SFY 2016-17**
Summit	$ 47,577.73	$ -	$ 47,577.73	$ 87,899.28	$ -	$ -	$ 2,041.49	$ 137,518.50
Teller	$ 79,490.19	$ 112,855.76	$ 192,345.95	$ 146,857.17	$ 26,621.59	$ 18,044.46	$ 3,410.81	$ 387,279.98
Washington	$ 26,459.50	$ -	$ 26,459.50	$ 48,883.60	$ -	$ -	$ 1,135.34	$ 76,478.44
Weld	$ 1,277,264.77	$ 383,075.83	$ 1,660,340.60	$ 494,635.37	$ 306,839.46	$ 420,491.23	$ 34,997.67	$ 2,917,304.33
Yuma	$ 51,466.09	$ -	$ 51,466.09	$ 95,082.97	$ 57,191.31	$ 14,616.01	$ 2,208.34	$ 220,564.73
Broomfield	$ 90,140.82	$ 55,572.91	$ 145,713.73	$ 166,534.07	$ 60,148.20	$ 42,103.74	$ 3,867.82	$ 418,367.56
TOTALS	**$ 24,341,017**	**$ 4,006,949**	**$ 28,347,966**	**$ 14,595,388**	**$ 5,860,338**	**$ 4,277,488**	**$ 721,853**	**$ 53,803,031**
Ten Large Totals (74%)	**$ 20,801,120**	**$ 2,809,821**	**$ 23,610,941**	**$ 8,055,471**	**$ 4,119,314**	**$ 3,534,927**	**$ 569,961**	**$ 39,890,614**
Balance of State Totals (26%)	**$ 3,539,897**	**$ 1,197,128**	**$ 4,737,024**	**$ 6,539,916**	**$ 1,741,023**	**$ 742,561**	**$ 151,892**	**$ 13,912,417**

Core Services Program Allocation holdout: $50,000 of 100% funds are set aside in order to allocate to each Tribe if/when they apply and submit a Core Services Program Plan. $150,000 of 100% funds are set aside for the annual Family Preservation/Commission Report. Funds not expended at the end of the fiscal year will be used at state fiscal year close out.

COLORADO
Office of Children, Youth & Families
Division of Child Welfare

CORE SERVICES
First of a Three-Year Plan, and Core II Plan Instructions for

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SFY 2017, 2018, and 2019

CORE SERVICES PROGRAM PLAN INSTRUCTIONS

Following is a description along with instructions for completion of each page contained in the Core Services Program Plan. Counties are asked to structure requests in two parts: Part I current allocation, Part II additional requests for funding. Additional information on Part II can be found on page 7 in the instructions. Questions regarding plan completion may be directed to Melinda Cox for Core Services at 303.866.5962.

Page 2 - Request for State Approval of Plan

This page provides detailed information about the county(ies) that are requesting approval of the plan. The form contains the name of the county(ies) submitting the plan and the signatures of persons authorizing the plan. If the plan is multi-county, then all counties included in the plan must be listed. Please use additional sheets as necessary in order to include the names of all counties involved along with the signatures of the directors and commissioners. If your county does not have a Placement Alternative Commission, please indicate by checking the corresponding box.

Page 3 - Core Services Program Plan Statement of Assurances

This page contains a commitment to assurances necessary for state reimbursement for expenses incurred as a result of the implementation of the plan. List all counties included in the plan.

Page 4 - Core Services to be Provided and/or Purchased

This page lists eight of the nine basic Core Services and asks that the county indicates which basic services are available to clients. Place an **"X"** beside the service that is available to clients who meet the eligibility criteria. All providers of Core Services (through purchase of service contracts and county staff providing direct delivery of services) must be registered with the Colorado Department of Regulatory Agencies (DORA). The provision of Life Skills is the only exception to this mandate.

This page allows counties to indicate their requested county designed programs that will be provided/purchased in accordance with State Department Rules, including evidenced based services to adolescents.

Page 5 – "County Designed Service" for Core Services

Rule allows flexibility in county designed services, therefore, a program description narrative is required for any county designed service that is being submitted for approval. County designed service descriptions need to follow the information on page 6. The information page needs to be completed for **each county designed service that the county wishes to have approved**. **County designed services shall be approved annually, (7.401.12, E).**

Page 6 - Information on Core Services Fees

Please indicate if the county(ies) intends to assess fees to parents for services rendered.

- If fees are not to be assessed for any of the county's Core Services then check only the first box and skip the rest of the page.
- If fees are to be assessed, please check the spaces that apply. A copy of the fee schedule to be used by the county needs to be attached.

Page 7-12 - Direct Service Delivery - Core Services

The information on these pages is required in order to:

- Identify positions funded to provide Core Services
- Distinguish which positions are 80/20 funded, 100% funded, TANF, and/or other source funded
- Identify all travel and operating costs to be directly attached to Core Services positions/programs
- Facilitate compilation of costs associated with each service

Complete a separate page for **each** of the different services that the county will offer. County Fiscal Management System (CFMS) Function codes for the basic Core Services are listed on each page by type of service.

Page 12 is a generic page that can be used for county designed programs (please duplicate as necessary).

The "Direct Service Delivery" includes information about county personnel and/or contract employees. Information reported on pages 7-12 needs to be consistent with information that is reported on CFMS.

County or county contract employee(s) who are to be reported are:

- Line service workers
- Line service supervisors
- Line service worker supervision that is purchased outside of the department. If the county is buying line service workers supervision, put the supervisory position on this page, asterisk it in Column 1 and at the bottom of the page identify the individual by name.

Travel (public carrier, per diem, or mileage at $.49 per mile) is to be reported for each individual who uses transportation in the course of the job.

"Monthly Operate" is a monthly operating cost that each county computes for each line services worker and supervisor. Operating costs are: supplies, equipment, capital outlay, rent and utilities, telephone, postage, printing, and reproduction that is directly related to line service worker and supervisor. Care needs to be taken to avoid requesting duplicate state reimbursement in the Core Services and other sources of direct reimbursement.

Columns 7, 8, 9, and 10 are the salary percentage by funding streams:

- 80/20 – 80% state general funds; 20% county funds
- 100% - 100% state general funds
- TANF, FSS, and/or Other Source funded
- Regular County Administration

To compute the Total Direct Service Cost please complete the Excel spreadsheets that correspond to each direct service delivery. The spreadsheets will calculate the following:

1) Add Columns 7 and 8 (should not exceed 100%)
2) Multiply Columns 11 and 12
3) Take the product of step 2 multiplied by the sum of step 1 = Direct Service Cost

Pages 13-21 - Purchase of Service Delivery - Core Services

Purchase of service delivery means: buying services from an independent contractor by a fully executed contract. The contract may be the State approved contract form FPP-1 (located on pages 27-28) or a county developed legal contract form which meets the State approved contract criteria.

The information on these pages is required to compute service cost. A page for each eight basic Core Services (including Special Economic Assistance, Mental Health, and Non-Residential Substance Abuse Treatment) is included along with a generic page for use with county designed programs.

Please list **contract provider by service,** i.e. if a contract provider is delivering more than one service, list the contractor under each service provided. Services contracted for client transportation costs to access the purchased service should be built into the contract costs for Core Services only, when possible. (Transportation costs cannot be included in Special Economic Assistance.)

Unit of service means the time interval used to purchase the service. The service type may have several details. Each has its own type/detail/unit/rate combination. This is the same time interval that appears on the contract between the county and the provider(s). The units of service is limited to: **H = hourly, D = daily, W = weekly, M = monthly or**
E = episode.

Payment rate per unit of service is the payment rate either established/approved by the State Department or negotiated by the county with the contractor.

Per month cost is a conversion of the units of service to a monthly span. To obtain per month cost, multiply the number of units of service to be purchased per month, times the payment rate per unit of service. If using the episode rate, divide the episode rate by the number of months treatment is projected to last to arrive at the monthly span.

Please complete the Excel spreadsheets that correspond to each purchase of service delivery. The spreadsheets will calculate the information needed.

Page 18 – Special Economic Assistance

Please indicate the amount of earmarked 100% Core Services funds the county would like to apply to expend in Special Economic Assistance (SEA). Counties are not able to apply for more than the amount earmarked in the SFY2015-2016, last fiscal year. January 1, 2015, Volume 7 Rule 7.303.1 (I) was modified to increase the $400 SEA limit to $2,000 per family, per year.

Page 22 - Core Services Overhead Cost - Optional

Core Services Overhead are costs of the county department that are in addition to the cost of direct delivery of service and contracted/purchased services. Overhead is intended to cover general administrative activities such as contract monitoring, accounting functions, data processing, Core Services plan coordinator functions, etc. Information is required for both direct services and purchased services.

Training/staff development is an allowable expense to be paid from overhead.

1. Direct Service Formula:

A.) List the total of all Salary/Fringe/Operating as totaled from the bottom of Column 11 as determined on pages 9-14
B.) Formula percentage is a fixed fifteen percent (15%)
C.) Provided service overhead cost is the amount listed in **A** multiplied by **B**

2. Purchased Service Formula:

A.) Purchased service dollar amount is the amount as totaled from the bottoms of pages 15-23 (include all county design totals).
B.) Formula percentage is a variable percentage, that decreases as the dollar amount paid for service purchase increases. The allowable percentage is 5% if the **total** purchase service for only **Home Based Services, Intensive Family Treatment, Life Skills, Day Treatment, Sexual Abuse Treatment, and County Designed** is $50,000 or less. or each increase of $50,000 in total purchased service cost, the percentage rate of overhead decreases by .1% (one tenth of one percent).

For example, if the total purchased overhead cost were $150,000, the percentage rate of allowable overhead would be 4.7%. **Special Economic Assistance, Mental Health, and Substance Abuse Treatment are restricted from request for overhead costs.**

C.) Allowed amount for overhead costs - multiply line **A** by line **B**

D.) Base overhead cost allowed is a fixed $500 for every county

E.) Purchased services overhead cost is equal to **C** minus **D**

3. Total overhead cost is the sum of 1C (provided service overhead cost) plus 2E purchased service overhead cost

The table for **"Distribution of Overhead Costs among Services"** takes information developed above and distributes it to **each** service. The service name is the name for each individual service, i.e. Day Treatment. For each service, determine the amount of Provided Service Costs and the amount of Purchased Service Costs. Provided Service Costs are the total from pages 9-14 as appropriate, Direct Service Delivery, and Purchase Service Costs, pages 15-23. Apply the provided service formula to determine the Provided Service Overhead Cost. Apply the purchase service formula to determine Purchased Service Overhead Cost. It will be necessary to determine overhead by each service whether provided or purchased. The information continued in this table is necessary in order to compute service costs reflected on the Summary Sheet.

Page 23 - Generic Cost Summary Sheet - Optional

The Generic Cost Summary Sheet is an optional work sheet to use in computing cost. The summary sheet can be used to compute costs to enter into the budget pages on the plan.

Page 24 - State Board 80/20 Summary of Core Services

This form should reflect the county's plan for **80/20 expenditures only**. This has been submitted to State Board of Human Services and funding approved**. County departments must complete this document if they have an allocation of 80/20 funds.** The total amount on this page shall reflect the same dollar amount approved for the the FY 2016-2017 Core Services Program allocation.

Page 25 - 100% Funding Summary

This form reflects the county's plan for 100% expenditures. The total amount on this page shall reflect the same dollar amount approved for the FY 2016-2017 Core Services Program allocation. Appropriate 100% funding recorded on this summary should be Core Services 100% funding, 100% funds for SEA, 100% funds for Substance Abuse and 100% funds for Mental Health.

Page 26- Final Budget Page

The Final Budget Page shows funding breakdown for each service and for the entire Core Services Program.

CFMS Function Code - is the function code from County Financial Management System. The function code identifies the Core Services program service and funding, i.e. 1700's code series refer to 80/20 funding split, 1800's code series refer to 100% funding from the State for Core Services.

- Service Name – Is the name of the service, i.e. Home Based Intervention.
- The next five columns refer to how the county intends to fund the Service (listed under service name)
- Other DSS Funds – If the county is using other funding sources in addition to the Core Service allocation, for example Child Welfare Block, TANF, etc.
- Other Funds – If the county has obtained other funds outside the county department allocation, i.e. grants
- Total Funds 80/20 – Refers to the Core Services 80/20 allocation (80% State Funds 20% County Funds)
- Total 100% Funds – Refers to the Core Services 100% allocation (100% State Funds)

- Total FSS (Family Stabilization Services) – Refers to the FSS funded by other funding sources such as Child Welfare Block, TANF, or county only funds
- Total Funds – Is the total of all the funds listed in the line for the county as applied for the service name going across the page

For county designed programs, use the designated Trails previously assigned provider number (unless county provided, then use appropriate the CFMS codes. If this is a new county designed service only identity the first two numbers 17-- or 18--).

Page 27-28 - Purchase of Service Contract
This is a sample of a purchase of service contract to be used when purchasing Core Service.

Core Plan Part II - counties requesting funds in excess of last year's allocation should complete an addional Core Services plan that outlines only the additional funds requested. The format for Part II of the plan needs to include Purchased or Provided Service pages (as appropriate), Core Services Overhead page, Projected Outcomes page, and the final and 100% budget pages.

COLORADO
Office of Children, Youth & Families
Division of Child Welfare

CORE SERVICES PROGRAM

FIRST OF A THREE-YEAR PLAN

SFY 2016 - 2017
SFY 2017 - 2018
SFY 2018 - 2019
FOR

Gunnison/Hinsdale
_____COUNTY(IES)

Please complete signature page, all corresponding Core Services Plan and budget pages, and then submit the original hard copy for approval.

REQUEST FOR STATE APPROVAL OF PLAN

Since this is the second 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, 2016, through May 31, 2017, fiscal years July 1, 2016, through June 30, 2017. 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 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, Gillian Wilks and can be reached at telephone number 970 641 7947, and e-mail at gillian.wilks@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.

_____

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

_____

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.
- All providers of Core Services (through purchase of service contracts and county staff providing direct delivery of services) must be registered with the Colorado Department of Regulatory Agencies (DORA). The provision of Life Skills is the only exception to this mandate.

CORE SERVICES TO BE PROVIDED/PURCHASED

Place an "X" to indicate which of the following Core Services Program Services will be provided/purchased:

_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/purchase. Please indicate which, if any, of the County Designed Service are provided through the Evidenced Based Services to Adolescents earmarked funding:

Therapeutic Mentoring

Funding for Evidenced Based Services to Adolescents

If the county received funding for evidenced based services to adolescents, and is requesting the funding 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**.

CORE SERVICES COUNTY DESIGNED SERVICE

Service Name: Therapeutic Mentoring

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. The information listed below is to be completed for each County Designed Service and 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 Trails.
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., $100.00 per session/episode).

SEE ATTACHED

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).

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

Definition
7.303.1 D 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. Core Services Providers must be registered with DORA.

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 of 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
1394	CW III						20%		72%			16,055

TOTAL 16,055

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 E 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. Core Services Providers must be registered with DORA.

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 of 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 F 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 of 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
1394	CW III					33.3	33.3					35, 635
1455	CW III					33.3	33.3					35,635
1721	CW I					33.3	29					33,285

TOTAL 104, 555

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 C 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. Core Services Providers must be registered with DORA.

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 of 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 H 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. Core Services Providers must be registered with DORA.

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 of 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 B 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. Core Services Providers must be registered with DORA.

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 of 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	CW III					6						4885
1720	CW I					7						4885
150	manager					100						18700

TOTAL 28,470

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
CFMS – Function Code 1700, 1800

Indicate information for each Trails provider from whom Core services are proposed to be purchased. Core Services Providers must be registered with DORA.

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, 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
CFMS – Function Code 1710, 1810

Indicate information for each Trails provider from whom Core services are proposed to be purchased. Core Services Providers must be registered with DORA.

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, 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
CFMS – Function Code 1720, 1820

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, 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).

DAY TREATMENT
PURCHASE OF SERVICE
CORE SERVICES PROGRAM
CFMS – Function Code 1730, 1830

Indicate information for each Trails provider from whom Core services are proposed to be purchased. Core Services Providers must be registered with DORA.

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
CFMS – Function Code 1740, 1840

Indicate information for each Trails provider from whom Core services are proposed to be purchased. Core Services Providers must be registered with DORA.

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
CFMS – Function Code 1754, 1755, 1854, 1855

Indicate information for each Trails provider from whom Core services are proposed to be purchased. Core Services Providers must be registered with DORA.

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)
various providers			5500						5500

TOTAL 5500

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
CFMS – Function Code 1745, 1845

Indicate information for each Trails provider from whom Core services are proposed to be purchased. Core Services Providers must be registered with DORA.

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).

SUBSTANCE ABUSE TREATMENT SERVICES
PURCHASE OF SERVICE
CORE SERVICES PROGRAM
CFMS – Function Code 1750, 1850

Indicate information for each Trails provider from whom Core services are proposed to be purchased. Core Services Providers must be registered with DORA.

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. Core Services Providers must be registered with DORA.

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	12689							12689

TOTAL 12689

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).

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

1. DIRECT SERVICE
   - A. Total Core Services salary/Fringe/Travel/Operating Costs of Line Core Service Workers and their Immediate Supervisors _____
   - B. Formula Percentage Allowed for Overhead Costs 15%
   - C. Provided Service Overhead Costs (A X B) _____

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) _____

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			
3. Sexual Abuse Treatment			
4. Day Treatment			
5. Life Skills			
6. County Designed Service			
COLUMN TOTALS			

* 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 2016-2017 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
Life Skills	1455, 1394, 1721	0-18				44,405
Mentoring	1532770	5-18				12, 689
Mentoring	150	5-18				18,700
Mentoring	1455	5-18				4885
Mentoring	1721	5-18				4885

TOTAL 80/20 CORE 84,564

100% FUNDING SUMMARY
CORE SERVICE PROGRAM
FY 2016-2017

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	1394	0-18				16,055
Life skills	1394	0-18				21,500
LIfe skills	1721	0-18				19,150
life skills	1455	0-18				21,500

TOTAL 100% CORE 78,205

FINAL BUDGET PAGE
FY 2016-2017
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**
	Home based	1394			16,055		16,055
	Life Skills	1394			21,500		21,500
	Life Skills	1721			19,150		19,150
	Life Skills	1455			21,500		21,500
	SEA	Various			5500		5500
	Life Skills	1455, 1394, 1721		44,405			
	Mentoring	1532270		12,689			
	mentoring	150		19,666			
	mentoring	1455		4885			
	Mentoring	1455		4885			
TOTALS				86,530	83,705		170,235

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. Please contact Melinda Cox at 303.866.5962 for more information.

PURCHASE OF SERVICE CONTRACT
Core Services Program

1. THIS CONTRACT, made this _____day of _____, 201_ by and between the _____County Department of Social Services at _____, hereinafter called "County"
and (address)
_____,
(name) (address)
_____, hereinafter called "Contractor".
(Tax I.D. or Social Security Number)

2. This contract will be effective from _____ until _____

3. County agrees to purchase and Contractor agrees to provide _____
(Core Service)
to_____ at _____at other
such (population to be served) (location service is to be provided)
location as shall facilitate the provision of such services. This service is described in Rule Manual Volume 7, Section 7.303.1_____, and, if appropriate, the State approved County Core Service Plan.

4. County agrees to purchase and contractor agrees to furnish _____units of _____ service at the cost of _____per unit of service for a maximum amount of this contract of $ _____.

5. The parties agree that the Contractor's relationship to the county is that of an independent Contractor.

6. The parties agree that payment pursuant to this Contract is subject to and contingent upon the continuing availability of funds for the purpose thereof.

7. County agrees:
   a) To determine child eligibility and as appropriate, to provide information regarding rights to fair hearings
   b) To provide Contractor with written prior authorization on a child or family basis for services to be purchased.
   c) To provide Contractor with referral information including name and address of family, social, medical, and educational information as appropriate to the referral.
   d) To monitor the provision of contracted service.
   e) To pay Contractor after receipt of billing statements for services rendered satisfactorily and in accordance with this Contract.

8. Contractor agrees:
   a) Not to assign any provision of this Contract to a subcontractor.
   b) Not to charge clients any fees related to services provided under this contract.
   c) To hold the necessary license(s) which permits the performance of the service to be purchased, and/or to meet applicable Colorado Department of Human Services qualification requirements.
   d) To comply with the requirements of the Civil Rights Act of 1964 and Section 504, Rehabilitation Act of 1973 concerning discrimination on the basis of race, color, sex, age, religion, political beliefs, national origin, or handicap.
   e) To provide the service described herein at cost not greater than that charged to other persons in the same community.
   f) To submit a billing statement in a timely manner, no later than forty-five (45) days after services. Failure to do so may result in nonpayment.

g) To safe guard information and confidentiality of the child and the child's family in accordance with rules of the Colorado Department of Human Services and the County Department of Social Services.
h) To provide County with reports on the provision of services as follows:
   - Within _____ weeks of enrollment/participation, submission of a treatment plan for the child/child's family with specific objectives and target dates. The treatment plan is subject to county approval.
   - At intervals of _____ months, from the time of enrollment/participation, submit reports that include progress and barriers in achieving provisions of the treatment plan.
i) To provide access for any duly authorized representative of the County or the Colorado Department of Human Services until the expiration of five (5) years after the final payment under this Contract, involving transactions related to this Contract.
j) Indemnify the County and the Colorado Department of Human Services from the action based upon or arising out of damage or injury, including death, to persons or property caused or sustained in connection with the performance of this contract or by conditions created thereby, or based upon any violation of any statue, regulation, and the defense of any such claims or actions.

9. In addition to the foregoing, the County and Contractor also agree:

10. Termination: Either party may terminate this Contract by thirty (30) days prior notification in writing.

11. All payments will be paid through the State's approved automated system, as appropriate.

- Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (As set forth in Rule Manual Volume 7, at 7.414, B (12 CCR 2509-5).

ADDITIONAL PROVISIONS:_____

_____

_____

_____

_____

_____	_____
County Director's Signature	Contractor's Signature
_____	_____
Date	Contractor's Title
	_____
	Date

Original to Contractor
Copy to the Case File
Copy to County Bookkeeping
Copy to State Accounting

COLORADO
Office of Children, Youth & Families
Division of Child Welfare

Program Area Three PA3 - Prevention and Intervention Services Plan

Please submit if applying for CDHS funding sources per Volume 7.200.1, 7.200.11 and 7.200.12.

Gunnison/Hinsdale _____ **COUNTY(IES)**

Prevention Intervention Service Delivery using:

Please check all that apply:

- ☐ Child Welfare Block Funding
- ☐ Collaborative Management Funding
- ☒ Core Services Program Funding
- ☐ County Only Funds
- ☐ Promoting Safe and Stable Families Program Funding (if your county is an approved PSSF site)
- ☐ Parental Fee Funding
- ☐ SSA/SSI Trust Funds
- ☐ TANF Block Grant Funding

For Core Services Funding Only:
Program Area Three (PA3): Prevention and Intervention Services TO BE PROVIDED/PURCHASED

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

- _x_ **Home Based Intervention**
- _x_ **Intensive Family Therapy**
- ___ **Sexual Abuse Treatment Services**
- ___ **Day Treatment**
- _x_ **Life Skills**
- _x_ **Special Economic Assistance**
- _x_ **Mental Health Services**
- ___ **Substance Abuse Treatment Services**

List below "County Designed Service" that will be provided/purchased in accordance with State Department rules.

Program Area Three (PA3): Prevention and Intervention Services
COUNTY DIRECTLY PROVIDED SERVICES SUMMARY
SFY 2016-2017

COUNTY(IES) Gunnison/Hinsdale

Services	Position Number of FTE	Age Range of Child/ children	Number of Families Served Per Month	Number of Children Served Per Month	Cost per Child Per Month	Cost per Year
Life Skills	various	0-18				5500
Various providers	various	0-18				5500
Therapeutic mentoring	Gunnison/Hinsdale	5-18				5500
	youth svcs					

TOTAL 16,500

Program Area Three (PA3): Prevention and Intervention Services
FINAL BUDGET PAGE – SFY2017

Service Name	Service Provider	PA3 Funding Source: _____	PA3 Funding Source: _____	PA3 Funding Source: _____	Total Funds 80/20 CWB:____ Core:____	Total Funds 100% CWB:____ Core:____	**TOTAL FUNDS**
LIfe Skills	various	CORE			50 %	50%	5500
Various	various	CORE			50%	50%	5500
Therapeutic mentoring	Gunnison/						
	Hinsdale Youth svs	CORE			50%	50%	5500

TOTAL:_____16,500_____

COLORADO
Office of Children, Youth & Families
Division of Child Welfare

STATE OF COLORADO

COLORADO DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILD WELFARE

REQUEST FOR APPLICATION FOR CORE SERVICES FUNDING FOR EARMARKED EXPANSION OF SERVICES TO ADOLESCENTS

This application should only be submitted when counties are notified there are Evidenced Based Services for Adolescents funding available.

Core Services Expansion of Evidence Based Services for Adolescents For Adolescents and Families – Earmarked Funding

Contract Year 2016-2017 --- June 1, 2016 through May 31, 2017
State Fiscal Year 2016-2017 --- July 1, 2016 through June 30, 2017

STATE OF COLORADO

DEPARTMENT OF HUMAN SERVICES

REQUEST FOR GRANT PROPOSAL SIGNATURE PAGE

DATE: 07.01.16

DIRECT INQUIRIES TO: Melinda S. Cox
PHONE: 303-866-5962
E-Mail: Melinda.Cox@state.co.us

RETURN TO:
DEPARTMENT OF HUMAN SERVICES
Division of Child Welfare
1575 Sherman Street, 2nd floor
Denver, CO 80203

DATE DUE: **August 26, 2016** **AT 4:00 PM (LOCAL TIME)**

Proposals properly marked as to DATE and HOUR of opening, subject to the conditions herein stipulated and in accordance with the specifications set forth and/or attached hereto, will be accepted at the address listed above, prior to the date and time listed for the grant opening. All proposals shall be quoted F.O.B. destination, unless otherwise specified, to the delivery location or jobsite listed herein.

REQUEST FOR ADDITIONAL FUNDING PROPOSAL

TITLE: **Core Service Expansion of Services/County Design**

AGENCY:

SEE ATTACHED PAGES FOR PROPOSAL REQUIREMENTS.

IMPORTANT: Proposals submitted in response to this request **MUST** be accompanied by this REQUEST FOR GRANT PROPOSAL SIGNATURE PAGE.
Counties should read the entire document before submitting a proposal.

PROPOSALS MUST BE SIGNED IN INK

TYPED OR PRINTED SIGNATURE
Title:

Handwritten Signature by County Director or Authorized Representative

TITLE

DATE

Confirm # _____ OF AMENDMENTS RECEIVED
Confirm # _____ OF ADDENDA RECEIVED

Complete the blanks for each statement.

RETURN THIS PAGE

I. ISSUE AND TIMELINE INFORMATION

A. ISSUING OFFICE: This Request for Additional Core Services Funding Proposals is issued by the State of Colorado by the Department of Human Services for the benefit of Child Welfare Services CORE SERVICES PROGRAM. Child Welfare Services is the SOLE point of contact concerning this RFP. Inquiries should be directed in writing to:

Melinda S. Cox
Colorado Department of Human Services
Division of Child Welfare
1575 Sherman Street, Second Floor
Denver, Colorado 80203
Email: Melinda.Cox@State.co.us

B. INVITATION TO SUBMIT PROPOSALS: Any county department of social/human services or group of counties may submit an application for additional county designed program funds through the Core Services Program.

C. PURPOSE AND SCOPE: This request for additional county designed funds provides prospective counties with sufficient information to enable them to prepare and submit proposals for consideration. This request for additional county designed funds contains the instructions governing the proposal to be submitted and the material to be included.

D. SCHEDULE OF ACTIVITIES / TIMELINE

		TIME	DATE
1.	REQUEST FOR FUNDING PROPOSALS RELEASED		07/01/2016
2.	**WRITTEN INQUIRY DEADLINE FOR PROSPECTIVE APPLICANTS** (No questions accepted after this date) Submit by e-mail to Melinda.Cox@state.co.us	**4:00 p.m.**	**N/A**
4.	**PROPOSAL SUBMISSION DEADLINE**	**4:00 p.m.**	**08/26/2016**
5.	PROPOSAL SELECTION (Estimated Month of)		September 2016
6.	COUNTIES NOTIFIED (Estimated Month of)		September 2016
7.	CONTRACT PERIOD: From 06.01.16 through 05.31.17		

The anticipated initial term of the resulting county design is June 1, 2016 through May 31, 2017. At the end of that initial term, the county designed program may be renewed/re-approved for up to one (1) additional one-year period, at the sole discretion of the State, contingent upon funds being appropriated, budgeted, and otherwise made available and other contract requirements, if applicable, being satisfied.

Submit one original (marked "original") and six (6) copies of the proposal sealed in a single package.

A. APPROVED SERVICE COMPONENTS

The additional Core Services Program funding must be used to assist county departments of social/human services in implementing and expanding family-and community-based services for adolescents. These services should be based on a program or programs that have been demonstrated to be effective in reducing the need for higher costs of residential services.

1. **These additional funds cannot supplant existing Core Services funding.**

2. These additional funds must be in the Core Plan under County Design and all appropriate forms must be submitted.

3. The additional funds have been appropriated as 80/20 funds. Each county must put forward a 20% share in order to utilize the additional funds.

4. The services offered must be evidenced based services for adolescents.

5. The services need to demonstrate effectiveness in reducing the need for higher cost of residential services.

B. TYPES OF COUNTY DESIGNED EVIDENCED BASED SERVICES TO ADOLESCENTS:

Listed below are a few examples of acceptable programs or services. Applicants are encouraged to offer a creative array of services that meet the needs of eligible families and adolescents in their communities and address current service gaps.

1. Multisystemic Therapy (MST)
This program targets specific factors in each youth's and family's environment (family, peer, school, neighborhood) that contribute to antisocial behavior. The goal of intervention is to help parents deal effectively with their youth's behavior problems, including deviant peers and poor school performance.

2. Functional Family Therapy
A short term, easily trainable, and well-documented program. The program involves phases and techniques designed to engage and motivate families; changes family communications, intersection, and problem solving; and help families better deal with and utilize outside system resources.

A web page that may give more examples of evidence-based services is:
http://www.colorado.edu/cspv/blueprints/index.html

II. REQUIREMENTS

The successful County's County Design Expansion of Services proposal shall include the following:

A. NEEDS ASSESSMENT:

A needs assessment is the first step in developing an integrated service network. The assessment should be both comprehensive and reflective of the voice of eligible Core Service families. Discuss the needs of eligible Core Service adolescents and families in the county(ies) including:

- Types of Core Services the county provides
- Estimated / calculated number of additional adolescents the expanded services funded county design program will serve
- Similar resources and services already available to Core Service families
- Gaps in resources and services and how the proposal will address those gaps

B. COUNTY DESIGN DESCRIPTION: Describe the following:

- The county's experience and achievements in providing county designed services to eligible Core Services adolescents with special needs and their families
- The involvement of the community in planning and evaluating this county design program
- The services and activities the county will provide with the additional funds to address stated needs
- How the county will collaborate with other public agencies (e.g. mental health, education, etc.), community based organizations, and/or advocacy groups to create or enhance the network of services for adolescents.
- How much additional Core Services Expansion of Services Funding is the county requesting?
- How is the county ensuring this expansion is cost effective?

C. PROJECTED OUTCOMES:

The Core Services Program County Design must achieve the following outcome: **The County Design will serve (how many?)_____ adolescents and will reduce the need for (how many?)_____ residential services during the additional funding period.** Specify this and any other performance indicators the county will measure and report on to the annual Colorado Department of Human Services Commissions Report.

D. CORE SERVICES STATEMENT OF ASSURANCES PAGE (SEE ATTACHED PAGE D)

E. CORE SERVICE COUNTY DESIGNED SERVICES PAGE (SEE ATTACHED PAGE E)

PAGE D CORE SERVICES STATEMENT OF ASSURANCES PAGE – EVIDENCED BASED SERVICES

_____County(ies) assures that, upon approval of the Core Services 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;
- Operation will not discriminate against any individual on the basis of race, gender, 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.

COUNTY DESIGNED EVIDENCED BASED SERVICE

Service Name: _____

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.

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. Define the eligible population to be served.
3. Define the time frame of the service.
4. Define the workload standard for the program:
    - number of cases per worker,
    - number of workers for the program, and
    - worker to supervisor ratio.
5. Define the staff qualifications for the service, e.g., minimum caseworker III or equivalent, see 7.303.17 for guidelines.
    - Define the performance indicators that will be achieved by the service, see 7.303.18.
    - Identify the service provider.
    - Define the rate of payment (e.g., $250.00 per month).

III. REQUEST FOR ADDITIONAL FUNDING FORMAT

To facilitate an effective evaluation process, proposals must be submitted in the following format on 8 ½ by 11 inch paper and all pages should be numbered in the following manner: page ____ of ____ pages. Proposals must not exceed five pages. Please define all acronyms in the proposal. Failure to provide the requested information may result in disqualification of the proposal. Submit one original (marked "original") and six (6) copies of the proposal sealed in a single package.

- **State of Colorado Request for Proposal Signature Page**
  Include the State of Colorado Request for Proposal Signature Page. The County Director or a representative of the County Director who is legally authorized to bind the offeror to the proposal must sign this page in ink.

- **Project Proposal** – The proposal should respond to the requirements A. through F. described in Section III of this RFP. Organize the response consistent with the Requirements outline (e.g. "A. NEEDS ASSESSMENT").

IV. EVALUATION

The Evaluation Committee will use the following factors to determine the score that will be assigned to each offeror's proposal. The number of points given for each factor will be based on the reviewer's assessment of the adequacy of the response in meeting the requirements of the RFP.

Factor	Weight
A. Needs Assessment	4
B. Project Description	
Expansion of Services in Community	3
Involvement of adolescents	3
Responsiveness to needs	3
Collaboration	3
Cost Effectiveness of Expansion	3
C. Projected Outcomes	2
D. Statement of Assurances	Yes/No
E. County Designed Services Description	
Accurate description	2
Fair and reasonable costs	4

REQUEST FOR STATE APPROVAL OF PLAN

Since this is the second 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, 2016, through May 31, 2017, fiscal years July 1, 2016, through June 30, 2017. 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 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, Gillian Wilks and can be reached at telephone number 970 641 7947, and e-mail at gillian.wilks@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.

Joni Reynolds 8/9/16

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

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: ☐