AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Ratification of Chairperson's Signature; Core Serv

Action Requested: Board of County Commissioners' Signature

Parties to the Agreement:

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

Summary:

2017/2018 - 2nd year of 3 year plan for Gunnison and Hinsdale Counties

Fiscal Impact:

Submitted by: Joni Reynolds **Submitter's Email Address:** jreynolds@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:
No concerns. ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 9/19/2017

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

Comments:
ok db 9/20/17

Reveiwed by: GUNCOUNTY1\dBaumgarten Discharge Date: 9/20/2017 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 9/22/2017

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

Agenda Date: 10/3/2017

Revised April 2015

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

CORE SERVICES PROGRAM

SECOND 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, 2017, through May 31, 2018, fiscal years July 1, 2017, through June 30, 2018. The Plan includes the following:

- Completed "Statement of Assurances";
- Completed program description of each proposed "County Designed Service";
- Completed "Information on Fees" form;
- Completed "Overhead Cost" form (Optional);
- Completed "State Board Summary";
- Completed "100% Funding Summary" form; and
- Completed "Final Budget Page".

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,

MARILYN CHEEVER and can be reached at telephone number

970-641-7974, and e-mailed at marilyn.cheever@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 9/16/17

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

18 Sept 17

Signature, CHAIR, PLACEMENT ALTERNATIVES COMMISSION DATE

9/26/17

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;
- 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): 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) must be registered with the Colorado Department of Regulatory Agencies (DORA). The provision of Life Skills is the only exception to this mandate.
- All Core Services are made available, based on need of each child/youth/family.

CORE SERVICES TO BE PROVIDED/PURCHASED

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:

Home Based Intervention
Intensive Family Therapy
Sexual Abuse Therapy
Life Skills
Special Economic Assistance
Mental Health Services
Substance Abuse Treatment Services

Program Area Three - PA3 Services - Prevention/Intervention Services
If your county submitted a Program Area Three (PA3) Plan last fiscal year, and you wish to continue providing PA3 services using Core Services Program funding, please check the box below;

☒ Yes, our county wishes to continue offering PA3 services using Core Services Program funding.

If your county has not submitted a Program Area Three (PA3) Plan, and you wish to provide PA3 services, please complete and submit the PA3 Plan Addendum attached.

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).

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).

CORE SERVICES PROGRAM
OVERHEAD/PROGRAM ADMINISTRATION COST for CORE SERVICES STAFF
*****OPTIONAL PAGE - ONLY USE IF YOUR COUNTY WISHES TO CLAIM OVERHEAD/PROGRAM ADMINISTRATION 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/Program Administration Costs 15%
   - C. Provided Service Overhead/Program Administration Costs (A X B) _____

2. PURCHASED SERVICE
   - A. Purchased Service Dollar Amount _____
   - B. Formula Percentage Allowed for Overhead/Program Administration Costs _____
     $0 - 50,000 = 5%; $50,001 -100,000 = 4.9%
     For each $50,000 (in total expenditure) increase the Overhead/ Program Administration decreases by .1 %.
   - C. Allowed Amount for Overhead/Program Administration Costs (A X B) _____
   - D. Base Overhead/Program Administration Cost Allowed $500.00
   - E. Purchased Service Overhead/Program Administration Costs (C + D) _____

3. TOTAL OVERHEAD?PROGRAM ADMINISTRATION COSTS (1C + 2E) _____

DISTRIBUTION OF OVERHEAD/PROGRAM ADMINISTRATION COSTS AMONG SERVICES*			
SERVICE	Provided Service Overhead/Program Administration Costs	Purchased Service Overhead/Program Administration Costs	Total Overhead/Program Administration 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/program administration cost by service:
Step 1: total provided service cost (by service) x 15% = provided service overhead/program administration 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/program administration cost
Step 3: Provided service overhead/program administration cost plus purchased service overhead cost equals total overhead/program administration cost.

STATE BOARD SUMMARY
CORE SERVICES PROGRAM
FY 2017-2018 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	1394,1721,1735	0-18				42,518
Mentoring	1532770	5-18				14,962
Mentoring	150	5-18				19,670
Mentoring	1735	5-18				4,885
Mentoring	1721	5-18				4,885

TOTAL 80/20 CORE 86,920

100% FUNDING SUMMARY
CORE SERVICE PROGRAM
FY 2017-2018

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				17340
Life skills	1394	0-18				23220
Life skills	1721	0-18				20682
Life skills	1735	0-18				23220
Life Skills	1394,1721,1735	0-18				4181
SEA	Various	0-18				2082

TOTAL 100% CORE **90,725**

FINAL BUDGET PAGE
FY 2017-2018
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			17,340		17,340
	Life Skills	1394			23,220		23,220
	Life skills	1721			20,682		20,682
	Life skills	1735			23,220		23,220
	SEA	Various			2,082		2,082
	Life skills	1735,1394,1721		42,518	4,181		46,699
	Mentoring	1532270		14,962			14,962
	Mentoring	150		19,670			19,670
	Mentoring	1735		4,885			4,885
	Mentoring	1721		4,885			4,885
TOTALS				86,920	90,725		177,645

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 Human/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 Human/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.

GUNNION/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 2017-2018

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				5,500
Various Providers	Various	0-18				5,500
Therapeutic Mentoring	Gunnison/Hinsdale Youth Services	5-18				5,500

TOTAL 16,500

Program Area Three (PA3): Prevention and Intervention Services
FINAL BUDGET PAGE - SFY2018

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%	5,500
Various	Various	CORE			50%	50%	5,500
Therapeutic Mentoring	Gunnison/Hinsdale Youth Services	CORE			50%	50%	5,500

TOTAL 16,500