AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Ratification of County Manager's Signature; COACT

Action Requested: County Manager Signature

Parties to the Agreement: DHS - OBH and Gunnison County Juvenile Services

Term Begins: October 1, 2018 **Term Ends:** 9/30/2019 **Grant Contract #:** 19 IHJA 121157

Summary:

This is a continuation grant contract for year 3 out of 4.

Fiscal Impact: 49,974

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

Finance Review: (●) Required ( ) Not Required

Comments:
No Concerns, ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 10/17/2018

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

Comments:
ok db 10/17/18

Reveiwed by: GUNCOUNTY1\dBaumgarten Discharge Date: 10/17/2018 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 10/17/2018

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

Agenda Date: 11/6/2018

Revised April 2015

COACT COLORADO
Strong minds, strong futures.

COLORADO
Office of Behavioral Health
Department of Human Services

October 10, 2018

Enclosed is contract for Gunnision County for the System of Care COACT Colorado 2.0 grant for FFY 18/19. This contract amendment is in reference to the holdover letter that you recently received in the amount of $8,328.64 for extending services though this next fiscal year which is for services for year 3 of the 4 year grant. Your total contract for FFY 18/19 is $49,973.88.

Please sign all 3 original copies and return back to me as soon as possible in the enclosed pre-paid Fed-Ex envelope. Time is of the essence as we only have a short window to get these processed so that there is no lapse in services. If you have any questions or if you are not able to return this contract within a 1 week time period then please let me know as soon as you can.

Once your contract is executed by the State Controller then you will receive 1 original signed copy back.

Sincerely,

Sharon Aragon
Program Assistant COACT Grant
303-866-7430
Sharon.aragon@state.co.us

Received
County Administration
10/12/18

CC: M. BIRNIE
J. REYNOLDS
L. NIENHUESER
D. BAUMGARTEN
M. HOYT
J. WISE

CONTRACT AMENDMENT #1

SIGNATURE AND COVER PAGE

State Agency Department of Human Services, Office of Behavioral Health	**Original Contract Number** 18 IHJA 98188
Contractor Gunnison County	**Amendment Contract Number** 19 IHJA 121157
Current Contract Maximum Amount Initial Term Federal Fiscal Year 16-17 $46,228.44 Extension Terms Federal Fiscal Year 17-18 $49,904.32 Federal Fiscal Year 18-19 $49,973.88 Total for All Federal Fiscal Years $146,106.64	**Contract Performance Beginning Date** March 1, 2017 **Current Contract Expiration Date** September 29, 2019
The contract Total Maximum Amount shall be reduced from payments made against Holdover 19 IHJA 112629.	

THE PARTIES HERETO HAVE EXECUTED THIS AMENDMENT

Each person signing this Amendment represents and warrants that he or she is duly authorized to execute this Amendment and to bind the Party authorizing his or her signature.

CONTRACTOR Gunnison County By: Matthew Birnie, County Manager Date: 10/17/18	**STATE OF COLORADO** John W. Hickenlooper, Governor Department of Human Services Reggie Bicha, Executive Director By: Camille Harding, Division Director Office of Behavioral Health Community Programs Date:

In accordance with §24-30-202 C.R.S., this Amendment is not valid until signed and dated below by the State Controller or an authorized delegate.

STATE CONTROLLER
Robert Jaros, CPA, MBA, JD

By:_____
Clint Woodruff / Travis Yoder / Andrea Eurich

Amendment Effective Date:_____

1. PARTIES

This Amendment (the "Amendment") to the Original Contract shown on the Signature and Cover Page for this Amendment (the "Contract") is entered into by and between the Contractor, and the State.

2. TERMINOLOGY

Except as specifically modified by this Amendment, all terms used in this Amendment that are defined in the Contract shall be construed and interpreted in accordance with the Contract.

3. AMENDMENT EFFECTIVE DATE AND TERM

A. Amendment Effective Date

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B. Amendment Term

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4. PURPOSE

During Federal Fiscal Year 2018-2019, it is expected that the existing communities will continue efforts to build and enhance an integrated service delivery system for Colorado. Required data will continue to be collected on individual children and youth with a serious behavioral health challenge and their families served through this project, allowing Colorado to better understand needs and outcomes associated with system of care work. The services and supports that children, youth, and families receive include care coordination from a trained high-fidelity wraparound facilitator, as well as family peer support from a family advocate.

This amendment entails rate changes (salary changes for staff) and/or staff changes (e.g. increasing the number of staff members).

5. MODIFICATIONS

The Contract and all prior amendments thereto, if any, are modified as follows:

A. The Contract Initial Contract Expiration Date on the Contract's Signature and Cover Page is hereby deleted and replaced with the Current Contract Expiration Date shown on the Signature and Cover Page for this Amendment.

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September 30, 2018 thru September 29, 2019

Budget Narrative

Gunnison County – Community of Excellence

The Gunnison County Interagency Oversight Group (IOG) will be the overseeing collaborative body of the Communities of Excellence: Statewide System of Care Expansion and Sustainability grant. The Administrative Committee comprised of Gunnison County IOG members, staff members, and family members will report regularly to the Gunnison County Interagency Oversight Group (IOG). Gunnison/Hinsdale County Department of Health and Human Services will remain as the fiscal agent.

Personnel Expenses:

- HB 1451 Coordinator – The Community of Excellence expansion and sustainability efforts will be overseen and coordinated by the existing HB 1451 Coordinator utilizing approximately 5 hours per week for 12 months in the third year. This time will be spent overseeing the family support partner, wraparound facilitator and IOG ongoing implementation of the strategic plan efforts. This time will also be utilized to work with the evaluator, collect needed data, and participate in the needs assessment, grant kick off, and monthly state led meetings.
- Family Support Partner– 50% of this .50 FTE (20 hours per week) position are grant funds requested and 50% will be matched through HB 1451 incentive funds. Position funding will support Community of Excellence plan implementation, family engagement and participation in High Fidelity Wraparound meetings.
- Wraparound Facilitator – this position will be supported at 38% by grant funds, 62% through HB 1451 incentive funds. The .50 FTE (20 hours per week) facilitator will be dedicated to the Community of Excellence implementation and target population.

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  Match in this direct service area may be provided by SB 94, Probation Offender Treatment Dollars, DHS Core Services, or other as appropriate based on the system involvement and need of the youth and/or family, therefore, not documented in detail within the budget.
- High Fidelity Wraparound Coaching will be provided through a professional services agreement with Hilltop Youth Services. An agreement outlining monthly support by certified coaches is in place.

Other (Operating, Travel and Equipment)

- Funds being requested in these areas will support the overall implementation of our COACT project as a Community of Excellence, specifically supporting the daily functions of the High Fidelity Wraparound facilitator and Family Advocate serving the SED youth population and their families. Included is office supplies, postage, photocopies, telephone, and computer services.
- Funds being requested for travel are the estimated cost for travel to the annual grant meeting in the Denver area and participation in the regional High Fidelity Wraparound peer support and group coaching meetings. Any leftover funds in this category will go toward travel to Wraparound Networking events on the western slope and travel to Montrose for face to face coaching.
- Additionally, flex for families may include, but not limited to emergency needs on a limited basis, recreation/art/prosocial activity fees for youth and incentives.

The total project cost for year 3 is $137,635. 64% or $87,661 in cash is being matched through HB 1451 Incentive funds. 36% or $ $49,973.88 are grant funds requested.

We anticipate serving 10 youth and their families with High Fidelity Wraparound and engaged for a minimum of 6 months, with an average of 12 months or more in years one and two. Therefore grant funds being requested average $5000 per anticipated family being served.

Exhibit B-2

COACT COLORADO

Budget Form

Colorado's System of Care, COACT CO 2.0 - Communities of Excellence Budget
APPLICANT: Gunnison County Interagency Oversight Group
PROJECT: COACT - Community of Excellence
GRANT FUNDS REQUESTED: 49,973.88
FOR THE PERIOD: September 30, 2018 to September 29, 2019

Budget - Service Components	Total Funds Required	Source of Funds	
		Applicant and Others	Grant Funds Requested
Personnel Expenses:			
Project Coordinator	$62,032.00	$51,161.00	$10,871.00
Family Support Partner	$26,048.00	$13,024.00	$13,024.00
Wraparound Facilitator	$34,813.00	$21,757.00	$13,056.00
	$0.00		
	$0.00		
	$0.00		
Sub-total Personnel Expenses	$122,893.00	$85,942.00	$36,951.00
Fringe Benefit Rate	$0.00	$0.00	$0.00
Total Personnel Expenses	$122,893.00	$85,942.00	$36,951.00
Contractual Services:			
Other professional services	$2,550.00		$2,550.00
Coaching	$2,250.00		$2,250.00
	$0.00		
	$0.00		
	$0.00		
	$0.00		
Total Contractual Services	$4,800.00	$0.00	$4,800.00
Operating Expenses:			
office supplies	$150.00		$150.00
postage	$15.00		$15.00
photocopy	$300.00		$300.00
Telephone service	$465.00		$465.00
cell phone x 2	$840.00		$840.00
Flex for Families	$1,000.00		$1,000.00
Total Operating Expenses	$2,770.00	$0.00	$2,770.00
Travel:			
motor pool	$550.00		$550.00
meals	$350.00		$350.00
lodging	$650.00		$650.00
	$0.00		
	$0.00		
	$0.00		
Total Travel Expenses	$1,550.00	$0.00	$1,550.00
Equipment:			
computer services	$2,923.00		$2,923.00
	$0.00		
	$0.00		
	$0.00		
	$0.00		
	$0.00		
Total Equipment Expenses	$2,923.00	$0.00	$2,923.00
SUBTOTAL of all EXPENSES	$134,936.00	$85,942.00	$48,994.00
Indirect:			
Indirect Rate 2.00%	$2,698.72	$1,718.84	$979.88
Total Indirect Expenses	$2,698.72	$1,718.84	$979.88
Total Project Cost	$137,634.72	$87,660.84	$49,973.88

Percent of in-kind match to total program cost

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

The maximum allowable indirect rate is 2.00% per SAMHSA requirements.

Match Funds Required* (non-Federal)

Source	Cash Match	In-Kind
CMP (HB 1451)	78,931	
Child Welfare		5,000
Mental Health		3,550
Education	15,000	2,000
Juvenile Justice	3,300	5,000
Substance Abuse		
Health		3,200
Foundations		
Local Government		
Other (please describe)DYS		4,000
Total	18300	22750

*Please document time and expense above budget lines as match funds.

By signing this document, I certify that all the above details regarding budget information are true, complete and accurate.

Signature

CONTRACT AMENDMENT #1

SIGNATURE AND COVER PAGE

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- Wraparound Facilitator – this position will be supported at 38% by grant funds, 62% through HB 1451 incentive funds. The .50 FTE (20 hours per week) facilitator will be dedicated to the Community of Excellence implementation and target population.

Contractual Services:

- Funds being requested in Other Professional Services category will be used for community based services for youth and families engaged in High Fidelity Wraparound services. Funds may also be used for community trainings supporting the values of system of care if not otherwise covered by the state technical assistance. In addition, funds in this category may be used for the cash match requirement for the Youth Peer Support Specialist if awarded through the AmeriCorps program.

  Match in this direct service area may be provided by SB 94, Probation Offender Treatment Dollars, DHS Core Services, or other as appropriate based on the system involvement and need of the youth and/or family, therefore, not documented in detail within the budget.
- High Fidelity Wraparound Coaching will be provided through a professional services agreement with Hilltop Youth Services. An agreement outlining monthly support by certified coaches is in place.

Other (Operating, Travel and Equipment)

- Funds being requested in these areas will support the overall implementation of our COACT project as a Community of Excellence, specifically supporting the daily functions of the High Fidelity Wraparound facilitator and Family Advocate serving the SED youth population and their families. Included is office supplies, postage, photocopies, telephone, and computer services.
- Funds being requested for travel are the estimated cost for travel to the annual grant meeting in the Denver area and participation in the regional High Fidelity Wraparound peer support and group coaching meetings. Any leftover funds in this category will go toward travel to Wraparound Networking events on the western slope and travel to Montrose for face to face coaching.
- Additionally, flex for families may include, but not limited to emergency needs on a limited basis, recreation/art/prosocial activity fees for youth and incentives.

The total project cost for year 3 is $137,635. 64% or $87,661 in cash is being matched through HB 1451 Incentive funds. 36% or $ $49,973.88 are grant funds requested.

We anticipate serving 10 youth and their families with High Fidelity Wraparound and engaged for a minimum of 6 months, with an average of 12 months or more in years one and two. Therefore grant funds being requested average $5000 per anticipated family being served.

Exhibit B-2

Budget Form

COACT COLORADO

Colorado's System of Care, COACT CO 2.0 - Communities of Excellence Budget
APPLICANT: Gunnison County Interagency Oversight Group
PROJECT: COACT - Community of Excellence
GRANT FUNDS REQUESTED: 49,973,88
FOR THE PERIOD: September 30, 2018 to September 29, 2019

Budget - Service Components	Total Funds Required	Source of Funds	
		Applicant and Others	Grant Funds Requested
Personnel Expenses:			
Project Coordinator	$62,032 00	$51,161 00	$10,871.00
Family Support Partner	$26,048 00	$13,024 00	$13,024.00
Wraparound Facilitator	$34,813.00	$21,757.00	$13,056.00
	$0.00		
	$0.00		
	$0 00		
Sub-total Personnel Expenses	$122,893.00	$85,942.00	$36,951.00
Fringe Benefit Rate	$0.00	$0.00	$0.00
Total Personnel Expenses	$122,893.00	$85,942.00	$36,951.00
Contractual Services:			
Other professional services	$2,550 00		$2,550.00
Coaching	$2,250.00		$2,250.00
	$0.00		
	$0 00		
	$0.00		
	$0.00		
Total Contractual Services	$4,800.00	$0.00	$4,800.00
Operating Expenses:			
office supplies	$150 00		$150.00
postage	$15.00		$15.00
photocopy	$300 00		$300.00
Telephone service	$465.00		$465.00
cell phone x 2	$840.00		$840.00
Flex for Families	$1,000.00		$1,000.00
Total Operating Expenses	$2,770.00	$0.00	$2,770.00
Travel:			
motor pool	$550.00		$550.00
meals	$350.00		$350.00
lodging	$650.00		$650.00
	$0.00		
	$0.00		
	$0.00		
Total Travel Expenses	$1,550.00	$0.00	$1,550.00
Equipment:			
computer services	$2,923.00		$2,923.00
	$0 00		
	$0 00		
	$0.00		
	$0.00		
	$0.00		
Total Equipment Expenses	$2,923.00	$0.00	$2,923.00
SUBTOTAL of all EXPENSES	$134,936.00	$85,942.00	$48,994.00
Indirect:			
Indirect Rate 2.00%	$2,698 72	$1,718 84	$979 88
Total Indirect Expenses	$2,696.72	$1,718.84	$979.88
Total Project Cost	$137,634.72	$87,660.84	$49,973.88

Percent of in-kind match to total program cost

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

The maximum allowable indirect rate is 2.00% per SAMHSA requirements.

Match Funds Required* (non-Federal)

Source	Cash Match	In-Kind
CMP (HB 1451)	78,931	
Child Welfare		5,000
Mental Health		3,550
Education	15,000	2,000
Juvenile Justice	3,300	5,000
Substance Abuse		
Health		3,200
Foundations		
Local Government		
Other (please describe)DYS		4,000
Total	18300	22750

*Please document time and expense above budget lines as match funds.

By signing this document, I certify that all the above details regarding budget information are true, complete and accurate.

Signature