AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: CORE Services Plan; State of CO

Action Requested: Board of County Commissioners' Signature

Parties to the Agreement: DHHS and the State of Colorado Division of Child Welfare

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

Summary:

This is Gunnison County's Services Plan on how to spend CORE dollars

Fiscal Impact:

Submitted by: Marilyn Cheever **Submitter's Email Address:** marilyn.cheever@state.co.us

Finance Review: (●) Required ( ) Not Required

Comments:

No concerns, standard annual plan for CORE Services program. ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 9/10/2020

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

Comments:

Reveiwed by: Discharge Date: 9/10/2020 Certificate of Insurance Required

Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 9/11/2020

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

Agenda Date: 9/15/2020

Revised April 2015

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

CORE SERVICES PROGRAM

SECOND YEAR OF A THREE-YEAR PLAN

SFY 2019 - 2020
SFY 2020 - 2021
SFY 2021 - 2022
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 year of a the three-year Core Services Plan, all signatures on this page are required.

This Core Services Plan is hereby submitted for Gunnison(lead) and Hinsdale, for the period contract years June 1, 2020, through May 31, 2021 fiscal years July 1, 2020, through June 30, 2021. 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 Laura Rascon can be reached at telephone number 970-641-7974/970641-7942, and e-mail at marilyn.cheever@state.co.us / laura.rascon@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 9/2/2020

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: ☐

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Jeni Reynolds — 9/2/2020
Signature, DIRECTOR, COUNTY DEPARTMENT OF HUMAN/SOCIAL SERVICES — DATE

2 Sept 2020
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 Program:

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;
- 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 the direct delivery of Core Services;
- 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);
- 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;
- County staff are responsible for monitoring their Program provider payments and for ensuring the county and providers are following all statutory and regulatory requirements;
- All Core Services are made available, based on need of each child/youth/family; and
- All contracts for services using Core Services Program funding will include all of the required language of the attached contract template.

CORE SERVICES TO BE PROVIDED/PURCHASED

List below "County Designed Service" that will be provided/purchased. 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:

☑ 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 2020 - 2021 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
Mentoring	1532770	5-18				5 500
Mentoring	1721	5-18				17 500
Mentoring	2001	5-18				17 500
Life Skills	1394,1721,2001	0-18				48 802

TOTAL 80/20 CORE 89 302

100% FUNDING SUMMARY
CORE SERVICE PROGRAM
FY 2020-2021

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	0-18				15 464
Life Skills	1721	0-18				15 464
Life Skills	2001	0-18				15 464
Home-based	1394	0-18				15 465
Home-Based	1721	0-18				15 464
Home-based	2001	0-18				15 464
SEA	various	0-18				2 184

TOTAL 100% CORE 94 969

FINAL BUDGET PAGE
FY 2020-2021
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**
	Mentoring	1532770		5 500			5 500
	Mentoring	1721		17 500			17 500
	Mentoring	2001		17 500			17 500
	Life Skills	1394,1721,2001		48 802			48 802
	Life Skills	1394			15 464		15 464
	LifeSkills	1721			15 464		15 464
	Life Skills	2001			15 464		15 464
	Home-based	1394			15 465		15 465
	Home-based	1721			15 464		15 464
	Home-based	2001			15 464		15 464
	SEA	various			2 184		2 184
TOTALS				89 302	94 969		184 271

CFMS Function Codes 17xx denotes 80/20 funded Core Service
CFMS Function Codes 18xx denotes 100% funded Core Service
CFMS Function Codes for Family Stability Services will be determined by funding source.