

**MEMORANDUM OF UNDERSTANDING
PURSUANT TO HOUSE BILL 04-1451**

This Agreement is made by and between the **JEFFERSON COUNTY DEPARTMENT OF HUMAN SERVICES (“Social Services”)**, located at 900 Jefferson County Parkway, Golden, Colorado 80401; the **FIRST JUDICIAL DISTRICT PROBATION DEPARTMENT (“Probation”) AND THE FIRST JUDICIAL DISTRICT (“Judicial”)** located at 100 Jefferson County Parkway, Golden, Colorado 80401; the **JEFFERSON COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT (“Health”)**, located at 1801 19th Street, Golden, Co. 80401, the **JEFFERSON COUNTY SCHOOL DISTRICT, (“School District”)**, located at 1829 Denver West Drive, Building 27, Golden, Co. 80401; the **JEFFERSON CENTER FOR MENTAL HEALTH, (“Mental Health”)** *a non-profit corporation whose principal place of business is* located at 4851 Independence Street, Wheat Ridge, Co. 80033, **FOOTHILLS BEHAVIORAL HEALTH, LLC (“BHO”)** located at 9101 Harlan Street, Suite 100, Westminster, Co. 80031, the **DIVISION OF YOUTH CORRECTIONS (DYC)** located at 4255 S. Knox Court, Denver, Co, the **DEVELOPMENTAL DISABILITIES RESOURCE CENTER (DDRC)** located at 11177 West 8th Avenue, Suite 300, Lakewood, Co. 80215, **SIGNAL**, the managed service organization (**MSO**) for the provision of treatment services for alcohol and drug abuse located at 1391 Speer Blvd., #300 Denver, CO 80204, and the **JEFFERSON COUNTY AFFILIATE OF THE FEDERATION OF FAMILIES FOR CHILDREN’S MENTAL HEALTH, COLORADO CHAPTER** located at 2950 Tennyson St., Denver, Co. 80212.

Each signatory to this agreement is referred to as a “Party,” and collectively as “Parties.”

WHEREAS, the Colorado General Assembly has determined that a collaborative approach to the delivery of services to children and families may lead to the provision of more appropriate and effective delivery of services; and

WHEREAS, the Colorado General Assembly has determined that such collaboration may ultimately allow the agencies providing treatment and services to provide appropriate services to children and families within existing consolidated resources; and

WHEREAS, the Colorado General Assembly has determined that it is in the best interests of the State of Colorado to establish a collaborative management of multi-agency services provided to children and families; and

WHEREAS, Colorado revised statutes, Section 24-1.9-101, et.seq. authorizes the county department of social services to enter memorandums of understanding with specific agencies for the purpose of promoting a collaborative system of local-level interagency oversight groups and individualized service and support teams to coordinate and manage the provision of services to children and families who would benefit from integrated multi-agency services; and

WHEREAS, the undersigned desire to enter into an agreement for the collaboration of services to families and children who would benefit from integrated multi-agency services; and

WHEREAS, the undersigned agencies include all of the agencies required by statute;

NOW THEREFORE, in consideration of the premises and mutual promises and covenants herein contained, the Parties agree as follows:

The Agreement. This Memorandum of Understanding (“MOU” or “Agreement”) is contained in this writing, which consists of 37 pages.

Term of the Agreement. This MOU shall be effective beginning July 1, 2008 and shall expire June 30, 2009, notwithstanding the date of execution.

I. Renewal of MOU. The Parties may renew this MOU annually subject to mutual agreement. Each Party reserves the right to elect not to renew the MOU after expiration of the current term. If any Party intends not to renew the MOU, it shall give notice of such intent at least thirty (30) days prior to expiration of the Agreement.

II. Population to be Served. The persons who will be recipients of services under this MOU shall be “children and families who would benefit from integrated multi-agency services”, (“Recipients”). This population of children and families is defined as follows:

Families and their children who meet the eligibility criteria for one of the Child Welfare Program areas 4, 5, or 6 as defined in the Colorado “Policy and Procedures for Child Welfare services” manual, Volume VII, and

Who are involved with at least one other participating agency to this MOU in addition to Child Welfare, and

Who are at risk of or are currently in out of home placement, psychiatric or medical hospitalization, and/or who are at risk of delinquency or commitment to the Department of Youth Corrections.

Between May 1, 2007 and April 30, 2008, Jefferson County served 1420 cases and 2450 children. This number does not include adoption only cases or "other" cases. Jefferson County estimates it will serve at least 70% of its Child Welfare caseload or approximately 1715 children.

III. Services and Funding Sources. The Parties agree to provide the following specific services and subject to available funds, hereby identify the following funding sources for the provision of such services.

A. Social Services:

1. Goal(s):

The Vision of the Children, Youth and Families Division is a community of safe and stable families.

The Mission of the Children, Youth and Families Division is to promote the safety, well-being, and permanency of children, youth and families.

The goals for the Child Welfare program area 4, Youth in Conflict, are alleviating conflicts and protecting the youth and the community, reestablishing family stability, and assisting the youth to emancipate successfully.

The goals for the Child Welfare program area 5, Children in Need of Protection, are that children are secure and protected from harm, have stable, permanent and nurturing living environments, and when appropriate, experience family continuity and community connectedness.

The goals for the Child Welfare program area 6, Children in Need of Specialized Services, are to fulfill statutory requirements in the interests of permanency planning for children.

2. Services to be contributed to this project and amounts associated with those services:

Jefferson County has been developing and implementing a Family to Family model. Family to Family is based on the principles of Team Decision Making Meetings, Community Collaboration, Recruitment and Retention and Self-Evaluation. In addition Jefferson County has also been implementing the principle of Systems of Care which are individualized, strength and community based services, cultural competency, family involvement and accountability.

CYF is utilizing Team Decision Making to enhance family and community involvement in case planning, and CYF is performing utilization management through “Options” staffings which bring together CYF, agency partners, and families to develop alternatives to highly restrictive levels of care.

CYF has developed an early intervention team to enhance our voluntary services for families and to reduce our reliance on legal interventions and out of home placements.

CYF will be responsible for:

Active participation in the Interagency Oversight Group as a voting member.

Leadership and staff support through CYF for the development of the Collaborative Management (CM) Memorandum of Understanding (MOU) and for the CM IOG.

At least 70% of all Services provided to the Target Population through CYF staff and contracts which include Intake, Early Intervention Services, Ongoing Youth and Child Protection Services, Resource Development Services, Adoption Services, Core Services, Day Treatment, Home Based Services, Intensive Family Therapy, Mental Health Services, Sex Abuse Treatment Services, Substance Abuse Treatment Services, Life Skills Services and Special Economic Assistance Program.

3. Staff who will contribute to those services and amounts associated with those staff:

CYF offers the following staff to participate in the implementation of this MOU in collaboration with the co-signers and the community at least 70% of their time to at least 70% of the population served:

Division Director (1 FTE)
Program Managers (5 FTE)
Supervisors (20 FTE)
Caseworkers (110 FTE)
Case Aides (9 FTE)
Support Staff (6 FTE)
Financial/Billing/Payroll Staff (11 FTE)

4. Funding sources

A. Child Welfare Block Grant Allocation:

Total Block Allocation = \$28,813,764 (includes county money of \$4,500,000)
70% of Total Block Allocation = \$20,169,635 for CM

C. Core Services Allocation:

Total Core Services Allocation=\$3,905,957
70% of Total Core Services Allocation=\$2,734,170 for CM

The Child Welfare Block Grant and the Core Services Allocation change every July 1.

B. Probation:

1. Goals:

Probation Statement of Common Ground: Colorado Probation is Committed to Public Safety, Victim and Community Reparation through Offender Accountability, Skill and Competency Development and Services to the Communities of Colorado.

As such, the goals include:

To carry out the orders of the Court by completing Pre-dispositional Reports as ordered, assessing and supervising adult and juvenile offenders placed under the supervision of the First District Probation Department with attention to offender accountability, successful community integration and community safety, and restoring the victims and communities harmed by crime in accordance with the Colorado Victims Rights Amendment.

2. Services to be contributed to this project and amounts associated with those services:

Active participation in the IOG as a voting member.

Summer school, GED Testing and additional educational efforts for Jefferson County youth involved with Probation \$6,200

A variety of incentives offered to juvenile and adults under probation supervision, to promote successful outcomes \$3,000

Drug/Alcohol testing and treatment funding. Limited to juvenile and adult offenders in financial need. \$130,000.00

Sex Offender Offense Specific Evaluations and Treatment – sexually abusive youth under order of the court for presentence investigation or supervision will be assisted in obtaining offense specific evaluations and treatment when financial need exists. \$38,500

Mental health evaluation and treatment. To assist juveniles under order of the court for presentence investigation or supervision in obtaining Mental Health evaluation and/or treatment services/medication. \$15,000

General Medical – To assist indigent juveniles under probation supervision in accessing medical services. \$ 3,000

Emergency Housing – To assist families when the juvenile is under probation supervision, in maintaining housing in exigent circumstances. \$10,000

Transportation Assistance – To assist juveniles on probation to attend school and other necessary appointments \$2,500

Probation will be responsible for providing supervision services for all juvenile and adult offenders placed under the supervision of the First District Probation Department, by the Court. See Staff Contribution under item 3.

Restorative Justice Cognitive/Behavior groups – In-house groups facilitated by trained probation staff in programming such as “Thinking for a Change,” “Moral Reconciliation Training,” and victim empathy groups. Offered to juveniles and adults under probation supervision to increase victim awareness and empathy among juvenile and adult offenders. See Staff Contribution under item 3

Insuring Drug and Alcohol Assessment Services are provided for juveniles and adults under court order for presentence investigation or supervision, with priority to in-custody juveniles. See Staff Contribution under item 3

Educational Programming – Probation educational program assisting adults and age appropriate juveniles and their family members in increasing their level of education and/or obtaining their GED. See Staff Contribution under item 3

3. Staff who will contribute to those services and amounts associated with those staff:

The Chief Probation Officer and all juvenile probation officers and juvenile supervisors in the 1st Judicial District will participate in this collaborative effort to help meet the goals defined in this MOU. Funding to support these services is provided by the State of Colorado Judicial Department.

- Chief Probation Officer - 1 FTE – minimum of 25% of time devoted to this project
- Juvenile Probation Officers - 15 FTE - 75% of time devoted to this project
- Juvenile Probation Supervisors – 2 FTE – 60% of time devoted to this project
- Adult Probation Officers:
 - Female Offender Program (all adult female offenders have a drug addiction, felony conviction and have children) – 1 FTE – estimated 75% of time devoted to providing services for defined population
 - Other Adult Probation Staff, facilitating groups for adult offenders, and overseeing supervision of adult offenders who are involved with Human Services related to areas such as Child Abuse/Dependency and Neglect, Child Support Enforcement, Domestic Violence, Substance Abuse - Estimated equivalent of 15 FTE working collaboratively to provide services for defined population.
- Educational Staff – 2 FTE – estimated 50% of time devoted to providing services for defined population

4. Funding sources

Offender Treatment Services Funds C.R.S. 16-11-214 (1) (a)
Drug Offender Surcharge C.R.S. 18-19-103 (4)
Sex Offender Surcharge C.R.S. 18-21-103 (3)
Other Court ordered fee and cost recovery per statutes
Personal Services (staff salaries)

C. Health:

1. Goals:

The mission of Jefferson County Department of Health and Environment (JCDHE) is to create, promote and enhance health and vitality through innovation, collaboration and celebration. JCDHE meets this goal through its four divisions: Administrative Services, Community Health Services, Environmental Health Services, and Health Promotion and Lifestyle Management.

2. Services to be contributed to this project and amounts associated with those services:

Participating in the Jefferson County Interagency Oversight Group (IOG) as a voting member.

Providing information and referral to programs in the community and at JCDHE. Based on requirements of the target population and referral for service, JCDHE services may include:

Health Care Program for Children with Special Needs (HCP) including traumatic brain injury

Family planning and reproductive health counseling

Health care access assistance for CHP+, Medicaid and EPSDT

Immunizations

Women, Infants, and Children Special Supplemental Nutrition Program

Drug and alcohol counseling

Nurse home visits including Expedited Permanency Planning placements

Sexually transmitted diseases diagnosis and treatment

HIV counseling, testing and referral

Epidemiologic surveillance

Birth and death certificates

Environmental Public Health assessments

3. Staff who will contribute to those services and amounts associated with those staff:

The Director of the JCDHE Community Health Services Division, or her alternate, will attend required meetings.

4. In-kind contributions and the amounts associated to those contributions:

In-Kind Contributions:

IOG staff time

Options staff time

Core Services Commission staff time

Core Services Expedited Permanency Planning (maximum of \$20,000)

Child Protection Team staff time

JCDHE services as listed (not included in estimated in-kind)

Estimated in-kind: \$37,000

JCDHE supports the target population through in-kind services of staff including attendance at Options by the Substance Abuse Counseling Program liaison, and participation in the Core Services Commission and the Child Protection Team.

5. Funding sources

Funding Sources:

State and Federal grants

Private Foundation grants

Client fees

Client donations

Medicaid
Third party insurance
Core Services allocation (maximum of \$20,000)
Contracts
Per capita monies
County monies

Due to the numerous funding sources for services at the Department of Health, it is difficult to break all the funding amounts out for each service since it is difficult to calculate the number of referrals that will be made to programs or the number of children seen in each program.

D. Schools:

1. Goals:

Jefferson County Public Schools mission: “To provide a quality education that prepares all children for a successful future.”

2. Services to be contributed

Active district administrative staff participation in IOG meetings as a voting member

Student health care planning and support during the school day as provided by district nursing staff and designated school staff

Student and family health care enrollment assistance through school Medicaid and CHP+ outreach program

District administrative liaison support and participation on the Jefferson County Child Protection Team

Consultation and collaboration with community agencies during risk assessments and student transitions

Coordination and implementation of Individual Education Plans for Special Education Students

District collaboration and participation as appropriate and requested in Jeffco Options meetings and Core Service Commission

Utilize understanding of HB 04-1451 to study and build capacity in a Systems of Care Model and collaborative management process to promote welfare of children.

3. Funding Sources

In-kind contributions

Hispanic	16.43%
White	76.93%

Where the School Districts Funding Comes From

- 49% State of Colorado
- 42% Property Tax
- 5% Automobile Ownership Tax
- 4% Other (interest, tuition and fees)

Where the Funding Goes

- Schools 88.1%
- Business Expenses 3.9%
- School Support 8%

Total Revenue: \$596.1 million

(2004-2005, Annual Report)

E. Mental Health:

1. Goals:

The mission of Jefferson Center for Mental Health is to promote, support and improve the mental health of the community, and provide quality mental health services to persons with emotional problems and/or serious mental illness. The Center's shared values include: Serve our customers with respect. Provide quality treatment options and empowerment opportunities for consumers. Strive for mutual respect, collaborative relationships, individual accountability, and successful outcomes. Accept individual empowerment and the responsibility for high achievement. Trust and respect one another. Be creative and flexible as we go about helping others while thoughtfully protecting their personal dignity.

2. Services to be contributed to this project and amounts associated with those services (contingent on availability of resources, and for youth and/or family members meeting medical necessity criteria):

Jefferson Center for Mental Health will be responsible for:

Active participation in the IOG as a voting member

Provide community-based mental health services for youth ages 0-18 (up to age 22 for youth attending The ROAD) and their families living in Jefferson County.

These services shall include: mental health assessment/evaluations, group, family, individual, and play therapy, case management, medication evaluation and follow-up appointments, and mental health emergency services available 24 hours a day/ 7 days a week. The Center also offers specialized evidence based, promising and innovative practices such as Functional Family Therapy, Multi-systemic Therapy, Dialectical Behavior Therapy, Cognitive Behavioral Therapy, Trauma Treatment, Wraparound, school-based counseling, home-based family treatment, transition services for youth aged 15-22 at The ROAD and Cross Roads program (for youth referred by Probation, SB-94 and the JAC).

Staff who will contribute to those services and amounts associated with those staff:

Jefferson Center for Mental Health has approximately 300 staff - including psychiatrists, psychologists, psychiatric nurses, licensed clinical social workers and professional counselors, case managers and vocational counselors. It also has access to a comprehensive network of external providers for Medicaid recipients through its association with Foothills Behavioral Health. Jefferson Center’s Deputy Chief Operating Officer and /or Family Services Manager will participate in the IOG meetings.

3. In-kind contributions and the amounts associated to those contributions:

IOG staff time	\$ 4300
Options staff time	2879
Team Decision-Making staff time	2,140
Core Services Advisory staff time	413
Child Protection Team staff time	1801
Case management/wraparound for non-Core funded CYF target population clients	15945
Management (CYF/JCMH) meetings- case staffings and system issue resolution	2135
Estimated total in-kind:	\$29,613

4. Funding sources

- Core Services
- Jefferson County Contract for children with no payer source
- Medicaid
- Grants
- Client fees
- Third party (insurance)
- Division of Mental Health

F. Behavioral Health:

1. Goals:

Foothills Behavioral Health (FBH) is the designated Behavioral Health Organization (BHO) for Jefferson, Clear Creek, Gilpin, Boulder and Broomfield Counties. Our mission is to arrange access to and reimburse for the provision of medically necessary mental health services for individuals who are Medicaid eligible in the five county area. These services are provided by our two Network Mental Health Centers (i.e., Jefferson Center for Mental Health and the Mental Health Center Serving Boulder and Broomfield Counties) and our Independent Provider Network consisting of individual and organizational providers across the five county area. The two Network Mental Health Centers generally serve as the frontline access point for the majority of individuals seeking Medicaid funded mental health services and work closely with FBH to maintain standards of quality and service access.

2. Services to be contributed to this project and amounts associated with those Services:

A member of the FBH staff and an alternate will be designated as active participants in the planning and implementation phases as well as a voting member(s) of the IOG.

3. Staff who will contribute to those services and amounts associated with those staff:

FBH, as an organization, will use all necessary staff resources to ensure that authorized and medically necessary mental health services are provided to members of its health plan who are participants in the collaborative management program.

4. In-kind contributions and the amounts associated to those contributions:

FBH estimates that in-kind contributions tied to staff time and travel expenses for IOG meetings will be \$6200.

5. Funding sources:

FBH receives its funding through the Colorado Medicaid Community Mental Health Services Program under contract with the Department of Healthcare Policy and Financing. These funds for the five county area are restricted to the purchase of medically necessary mental health services for individuals who are eligible for Medicaid and members of FBH's health plan.

G. Division of Youth Corrections and SB 94:

1. Goal:

The Division of Youth Corrections (DYC) and SB 94 are committed to enhancing public safety by partnering with local agencies and citizens to build better service capacity in

assessment, case planning, treatment, and continuing care for at-risk youth in those communities.

2. Services and Staff to be Contributed:

In order to fulfill that commitment NYC and SB 94 agree to the following as our investment in this MOU.

- NYC and SB 94 will continue to provide management level staff time to participate in the IOG for this MOU.
Assistant Director (4 hours/month)
SB 94 Coordinator (4 hours/month)
Total: \$3230
- NYC will provide space at Montview Detention Center for multidisciplinary screenings, which may include family members and/or family advocates, designed to provide better sentencing recommendations and pretrial release planning.
Facility Meeting Space Undetermined at this time
- NYC and SB 94 will be actively involved in those screenings and will share their expertise to provide for higher quality assessments.
Client Managers (2 hours/week) \$2500
Client Manager Supervisor (4 hours/week) \$6000
SB 94 Coordinator (6 hours/week) \$10,500
- NYC and SB 94 will continue to be involved in the collaborative management of SB 94 services and resources at the local level.
SB 94 Annual Budget*
- NYC will work collaboratively with local entities and families in the transition of youth as they parole back to their home communities.
Residential Purchase of Services*
Continuum of Care Services*
- NYC will also participate with county agencies in the development of juvenile justice initiatives in those local communities.

*Unable to determine amount of contribution without at least one year's operational figures regarding how many youth NYC and SB 94 served are also a part of the child welfare target population

H. Court:

The First Judicial Courts support the implementation of HB 1451 through necessary in-kind services of judicial and non-judicial staff. Approximate in-kind contribution is \$3,000.

I. Developmental Disabilities Resource Center:

1. Goals of agency:

Developmental Disabilities Resource Center (DDRC) Mission Statement:

- The mission of Developmental Disabilities Resource Center (DDRC) is to provide leading edge services that create opportunities for people with developmental disabilities and their families to participate fully in the community.

DDRC is the Community Centered Board (CCB) for Jefferson, Clear Creek, Gilpin and Summit Counties. CCBs are nonprofit organizations contracted with by Colorado Department of Human Services, Division for Developmental Disabilities (DDD) to manage resources at the local level, to determine eligibility for community based services and provide case management services. The 20 community centered boards in Colorado are designated by the State and may either provide child and adult services directly or purchase services.

There is no entitlement to funding or services within the developmental disabilities system; therefore not everyone who is eligible for services receives services. There are waiting lists for services.

Eligibility Criteria

In Colorado, a **developmental disability** is defined as a disability that:

- ✓ Occurs before the person reaches 22 years of age,
- ✓ Substantially impacts the person's daily life,
- ✓ Is caused by mental retardation or related conditions...for example – cerebral palsy, autism, epilepsy, Down Syndrome, or other neurological conditions, and
- ✓ Impairs the person's general intellectual functioning: IQ 70 or below,
- ✓ Significantly limits daily living skills in 2 or more areas.

A **developmental delay** refers to the slowed or impaired development of a child who meets one or more of the following criteria:

(1) children less than five years of age who experience a delay in one or more of the following areas:

- a) physical or motor (moving);
- b) communication (babbling/talking);
- c) sensory (hearing/seeing);
- d) cognition (learning);
- e) social/emotional (playing and interacting);
- f) adaptive development (self help skills).

(2) children less than five years of age who are at risk of a developmental disability because of the presence of chromosomal conditions, congenital syndromes, metabolic disorders, prenatal and perinatal infections, postnatal conditions affecting development, or low birth weight.

(3) children less than three years of age whose parents have a developmental disability.

DDRC CHILDREN AND FAMILY SERVICES

CASE MANAGEMENT/ RESOURCE COORDINATION

Case managers (also known as Service or Resource Coordinators) are qualified professionals trained to help people with developmental disabilities- and their families – navigate all the different types of services that may be available to meet the person’s needs. Case managers work at Community Centered Boards and provide a variety of case management activities, such as:

- Determining eligibility for services
- Describing services and how to apply
- Helping determine needs
- Working together with the person and others to develop an individualized plan
- Providing ongoing monitoring and coordination of services

EARLY INTERVENTION SERVICES (EI)

As part of Early Childhood Connections in Jefferson, Clear Creek, Gilpin and Summit Counties, DDRRC offers educational and therapeutic supports to children birth to three with developmental concerns. Early intervention services are designed to enhance the capacity of families to support their children’s well being, development, learning, and full participation in their communities. Services address desired functional outcomes and are provided in families’ everyday routines, activities and places.

FAMILY SUPPORT SERVICES PROGRAM (FSSP)

Family Support is intended to support families who have children with developmental disabilities or delays with costs that are beyond those normally experienced by other families. The primary purpose of the FSSP is to support children with developmental disabilities or delays remain within their own nurturing family setting and prevent out-of-home placements. FSSP offers both money and Resource Coordination. It is a state-funded program and is not income based. In order to receive funding families must complete a Needs Assessment and be determined most-in-need of State Family Support funds relative to other families- based on five parameters: Overall care needs, behavior, family composition and stability, access to support networks, and access to other resources. Services that can be paid for using FSSP funds include, but are not limited to:

- **Respite Care:** The temporary care of a person with a developmental disability in order to offer relief to the person’s family or caregiver, to allow the family to deal with emergency situations, or to engage in personal, social activities.
- **Professional Services:** Therapy, individual counseling, behavioral intervention, consultation or other services provided by an appropriately qualified person or agency to the family member with a developmental disability.
- **Medical and Dental:** Medical and dental expenses for a family member with a developmental disability not covered by health insurance or other programs. Examples include co-pays, syringes, feeding tubes, suctioning equipment, catheters, lodging and food expenses incurred during out of town medical treatment, or long distance calls to arrange or coordinate medical services.
- **Transportation:** Transportation costs related to providing care and support to a family member with a developmental disability which are above and beyond

those typically incurred by other families. Mileage to medical, therapy or program appointments not covered by other sources can be reimbursed at .405 per mile.

- **Other Individual Expenses:** Services or items which are provided for the person with a developmental disability which are necessary as a result of the person's disability, including physical, medical, educational or behavioral needs. Examples: diapers for a child age 3 or older, special diets, specialized clothing, and developmental toys and materials.
- **Assistive Technology:** Any equipment that pertains directly to supporting the individual with a developmental disability in the home. Examples include *mobility aids* such as wheelchairs, strollers, orthotics, braces; *adaptive equipment* such as special beds, switches, tools or jigs; *communication devices, glasses, hearing aids, special kitchen appliances, or vehicle modifications* to enable access by the family member with a developmental disability.
- **Home Modifications:** Physical adaptations to the home environment such as ramps, lifts, widened doorways, accessible bathrooms. Repair of home structure or replacement of items damaged by the eligible family member due to aggressive behavior, not normal wear and tear.
- **Parent and Sibling Support:** Activities to reduce stress related to caring for a family member with a developmental disability such as homemaker services, recreation and leisure activities, costs of memberships in support organizations, family counseling, special resource materials or publications, genetic counseling, behavioral intervention or training; and sitter care for siblings while the person with a disability is taken to medical or therapy appointments.

CHILDREN'S MEDICAID WAIVER PROGRAMS (C-HCBS, CES, and CWA)

The Children's Home and Community Based Services Waiver (C-HCBS), the Children With Autism Waiver (CWA), and the Children's Extensive Support Waiver (CES) are Medicaid Waiver Programs for children with significant functional limitations in at least two of the following areas: toileting, bathing, dressing, eating, mobility, and transferring, and/or require a high level of supervision due to significant cognitive or behavioral concerns. Each of the Waiver programs has additional program specific eligibility criteria. There is a state-wide waiting list for all Children's Medicaid Waivers.

Children With Autism Medicaid Waiver (CWA) Medicaid benefits and behavioral supports for children birth through five years old- with a medical diagnosis of autism. Children must meet functional long term care criteria. Interested families need to apply through their local Community Centered Board (e.g., DDRC).

Home and Community Based Services Waiver (CHCBS) Medicaid benefits and case management for children birth to 18 years old with significant, functional long term care needs. Waives SSI parental income limit for kids who meet long term care criteria. Families may apply for this program through their local Community Centered Board

(e.g., DDRC), County Human Services office, or any other CHCBS Case Management Agency.

Children’s Extensive Support Waiver (CES) Medicaid benefits and additional supports for children birth to 18 years old with extensive medical or behavioral needs requiring direct human intervention at least every 2 hours during the day, and every 3 hours during the night. CES services include personal assistance, professional services, home modifications, assistive technology, specialized medical equipment and supplies, and community connection services. Interested families need to apply through their local Community Centered Board (e.g., DDRC).

2. Services to be contributed to this project and amounts associated with those services:

DDRC will be responsible for:

- Active participation in the IOG as a voting member
- Assignment of a Resource Coordinator to all eligible children. The Resource Coordinator will attend interagency meetings to assist in the identification of needs and make referrals to appropriate services and supports (see above)

3. Staff who will contribute to those services and amounts associated with those staff:

- DDRC currently has 18 Children and Family Services Resource Coordinators serving children ages birth to 21
- DDRC’s Children and Family Services Director or designee will participate in the IOG meetings.

4. In-kind contributions and the amounts associated to those contributions:

- IOG staff time \$1400
- Team Decision-Making staff time \$1600
- Space for meetings, as needed \$ 400
- Attendance at Options staffings, as needed \$1000

5. Funding sources

The vast majority of funding for services are appropriated from the Colorado Legislature and administered through the Colorado Department of Human Services (CDHS). Within CDHS, DDD is directly responsible for adult services funding and for funding to children and their families. There is no entitlement to funding or services within the developmental disabilities system; therefore not everyone who is eligible for services receives services. There are waiting lists for services. It is the CCB’s responsibility to determine through the Individualized Planning (IP) process what level of support an individual requires and how much funding is necessary to meet the needs of each eligible person based on that person’s IP.

Funding for Children and Family Services:

Most of the funding for children and family services is State General Funds, with the exception of the CES program which is funded through Medicaid (50% State general

funds and 50% federal Medicaid dollars). 3-5% is local match (e.g. county mill levy funds, cash donations, in-kind donations, grants etc.).

Families with eligible children living at home may request funding for disability related expenses.

J. Family Partnerships:

1. Goal(s):

Mission: Intervention and services for individual families will be family driven respecting legal mandates, individualized, and based on family's strengths and abilities. Family members/Family organizations will regularly participate in decision-making bodies relating to intervention and services.

Vision: All families will have the tools and supports needed to participate fully in intervention and treatment services. Family members/Family organizations will be considered as equal partners and thus will be eligible to share in monies received for services rendered.

2. Services to be contributed to this project:

Participate as a voting member of the Jefferson County Interagency Oversight Group (IOG).

Train and mentor families to advocate for themselves and to participate in decision-making bodies for families as a whole.

Train on other applicable subjects, i.e. "How to navigate the Juvenile Justice and the IEP systems."

Continue to build capacity of family organizations in Jefferson County to provide trained family members to serve on committees, boards, ISSTs, etc. and to testify for policy making entities.

Continue to strengthen partnerships and collaboration between the family organizations in Jefferson County.

Be actively involved in the development and implementation of a 1451-specific family outcome survey to assure that family outcomes measured relate to the difference between collaborative and non-collaborative service delivery as well as system of care values and principles.

3. Staff who will contribute to these services and the amounts associated with those staff:

Representatives of the Jefferson County Affiliate of the Federation of Families will attend and be active members of the IOG meetings at an approximate cost of \$1000.00.

Attend various ISSTs, committees and boards at an approximate cost of \$1440.00.

Train and mentor families at an approximate cost of \$6000.00.

4. Funding Sources:

Various public and private grants and volunteer time at \$15.00 per hour, if this person were to be paid.

K. Managed Service Organization

1. Goals:

Signal Behavioral Health Network (Signal) is a managed service organization and a Colorado not-for-profit corporation whose purpose is to manage an accessible and affordable network of providers of substance abuse treatment services.

2. Services to be contributed to this project:

A member of the Signal staff and an alternate will be designated as active participants in the planning and implementation phases as well as a voting member(s) of the IOG.

1. Staff who will contribute to these services and the amounts associated with those staff:

Signal, as an organization, will contribute consulting resources available for the interagency staffing process as necessary for clients that have complex clinical needs and are eligible for Signal funding; in-kind support through Signal staff and Signal provider staff who may serve on client staffing teams; commitment to the system of care/wraparound practice and philosophy; coordination of the following services as appropriate: the provision of substance abuse treatment services for all Signal eligible funded clients with special emphasis on coordinating those services with other agencies involved in the MOU.

4. In-kind contributions and the amounts associated to those contributions:

Signal estimates that in-kind contributions tied to staff time and travel expenses for IOG meetings will be \$3,000.00. Other funding sources that may be applicable to the youth and family being served include general ADAD/Signal funds and access to various grant programs that Signal may offer from time to time.

5. Funding sources:

Signal receives its funding through the Alcohol and Drug Abuse Division under contract with the State of Colorado. Signal also receives Core Services funds through the Jefferson County Department of Human Services.

IV. Oversight group. The Parties agree that there is hereby created an Interagency Oversight Group, "IOG", whose membership shall be comprised of at least one local representative of Jefferson County Department of Human Services, the First Judicial District, including Probation, Jefferson County Department of Health and Environment, Jefferson County School District, Jefferson Center for Mental Health, Foothills Behavioral Health, Division of Youth Corrections, Developmental Disabilities Resource Center, Signal and the Federation of Families for Children's Mental Health, Colorado Chapter each such Party having voting member status. Membership requirements are:

1. Attend and actively participate in regularly scheduled meetings;
2. Represent an agency or organization while simultaneously viewing services to families and children on a systems-level;
3. Approve the contribution of time, resources, and/or funding to solve problems;
4. Serve at least a 1 year term of office as an IOG member;
5. Find and nominate an appropriate individual from within their current agency or organization to serve as a replacement if they must discontinue service mid-term.
6. Assume personal responsibility to read reports, make recommendations and manage conflict;
7. Comply with the Memorandum of Understanding Pursuant to House Bill 04-1451 and other documents and agreements pertaining to House Bill 1451;
8. Commit to problem solving and decision making through consensus, realizing that voting is only resorted to when an intractable impasse is reached.

Consensus is defined as all voting members being able to live with and support the decision. When there are multiple representatives of an entity on the IOG, those members need to agree on the one vote for that entity. If they cannot agree, they will abstain. If an IOG representative believes it is inappropriate or a conflict of interest for he or she to vote on a particular decision, that representative shall abstain.

The IOG will strive to resolve all disputes through consensus following a discussion led by the Chair. If consensus is not achieved the members will vote and the majority will prevail. Two-thirds of voting members need to be present in order to vote.

Officers for the first year will be selected by the members of the current standing IOG on or before July 1, 2006. Officers of the IOG shall be elected annually, thereafter, by a majority vote each September beginning in September 2007. Officers shall assume office upon election and serve for one year or until their successors are elected. Officers will include one Chair, one Vice-Chair, one Treasurer and one Secretary. These officers and the other members of the IOG will develop and abide by by-laws for the ongoing operation of the IOG.

In the event that the IOG identifies a need for a subcommittee, the IOG will identify the necessary members for the subcommittee, which may include both members of this MOU as well as other community members. The subcommittee shall report back to the IOG and the subcommittee shall be dissolved upon the completion of the assigned task.

Other voting and non-voting members may be included in the IOG membership by consensus. If consensus can not be reached, the process for resolving disputes will be implemented.

V. Collaborative Management Processes. The collaborative management processes shall address risk-sharing, resource-pooling, performance expectations, outcome-monitoring, and staff training in order to do the following:

- A. Reduce duplication and eliminate fragmentation of services provided to recipients;
- B. Increase the quality, appropriateness, and effectiveness of services delivered to recipients, to achieve better outcomes; and
- C. Encourage cost sharing among service providers.

Jefferson County is working with the Annie E. Casey's Family to Family model to promote the welfare of children through sustainable partnerships that provide integrated, quality services that are individualized, strength based, family centered and culturally competent. The Division is working with other agencies to increase the array of services available to meet the unique needs of children and families through shared resources. Joint treatment planning through ISSTs is reducing duplication and fragmentation of services and encouraging sharing of risks and costs among agencies.

Cross-systems training has been implemented and/or supported through Jefferson County's "Improving Child Welfare Outcomes through Systems of Care" federal grant and/or partner agencies to increase knowledge that will enhance collaboration and best practice. The Division has a Training Coordinator. Staff attendance at the cross-system trainings from multiple agencies have and will assist in the quality, appropriateness and effectiveness of services to recipients and will assist in improving outcomes. The Training Coordinator also offers a training on the Child Welfare system to other agencies, churches, and groups to educate the community on its practice and need for community assistance.

The Division has also been working with family members who have successfully completed their involvement in the Child Welfare System so that these families can participate effectively in decision making forums and train, mentor and advocate for families currently in the Child Welfare system. These family members are helping design and implement various ways of doing business in child welfare in Jefferson County, including being involved in Team Decision Making Meetings, Options and various committees and boards both locally and on the state level.

The Division also has a Volunteer Coordinator who is working with the community on providing services to the child welfare population. Including the community in keeping children safe is a cornerstone value of Family to Family work. The Volunteer Coordinator has been able to engage community members in this work through a Hiking Club, a respite program for kin, foster and adoptive parents, backpacks for children removed from methamphetamine homes, etc.

Collaborative management (CM) partners will work together to achieve selected outcomes that are of mutual benefit to our agencies and shared clients, and will pool existing data bases and resources to measure achievement of these outcomes.

CM partners also participate in the CYF Child Protection Team, Options, Team Decision Making Meetings, various sub-committees and Core Services Commission to collaboratively improve and manage services at the individual, system and service delivery level.

VI. Individualized Service and Support Teams. According to the legislation the IOG is authorized to create individualized service and support teams, (hereinafter “ISST”) to develop a service and support plan and provide services to recipients.

The partners to this collaborative will utilize several already existing collaborative forums as ISSTs (see below). The IOG will strengthen the existing groups by continuing to expand partner agency representation. An ongoing assessment of the need for additional ISSTs will be done. These teams will adhere to principles such as Interagency and Community Collaboration, Cultural Competence, Family Involvement, Individualized Strength-Based Care Practice and Accountability.

CYF is increasing utilization of Team Decision Making (TDM) which is a component of the Family to Family model. This is a forum that brings together the family, youth, community and partner agencies to develop treatment plans with a trained facilitator. Through this process, families can participate in the development of their treatment plans and share in decisions regarding the care of their children.

CYF is also the lead agency for the Jefferson County “Options” process to bring together agency partners and families to develop alternatives to restrictive levels of out of home care.

Probation is the lead agency for a hosting a multidisciplinary screening team to screen and inform the agencies affected by delinquent youth at risk of being committed to the Department of Youth Corrections. The results and recommendations of this ISST are delivered to the courts for their consideration, independently of the particular probation officer or caseworker’s recommendations.

Probation and CYF has been working together with the TDM model to determine the necessary services and mutually agreed upon plans are put in place with juveniles that are a risk of revocation of probation for technical violations of probation, in an effort to avoid the need for detention services when the risk to the community is not immediately at stake. It is anticipated that this process will expand to include more partners and eventually reach the status of and ISST.

The mental health court was developed as a way to more effectively deal with youth who have come to the court’s attention as a result of delinquency behaviors, but who are suffering from a serious mental illness. A multiagency group initially screens the case to determine eligibility, and if found to be so eligible. A court “navigator” processes that family through the alternative court system. Multiagency input and representation is experienced through the frequent MH court reviews, so that treatment planning,

treatment, and case management services are more integrated and not duplicated. It is the goal of the IOG and the MH Court in the future to work more closely together to help maximize and streamline the services available to the juveniles and families that participate in the MH Court.

VII. Authorization to Contribute Resources and Funding. Each Party to this MOU represents that it has the authority to approve the contribution of time, resources, and funding to solve problems identified by the IOG in order to create a seamless, collaborative system of delivering services to recipients.

VIII. Reinvestment of Moneys Saved, Pooled and Incentive Money Received. The IOG has created a procedure that will be subject to the approval of the head or director of each party agency, to allow any moneys resulting from waivers granted by the federal government and any state general fund savings realized as a result of the implementation of services provided to recipients pursuant to this MOU, to be reinvested by the parties to this agreement in order to provide appropriate services to recipients.

Jefferson County agrees that any savings from the block grant allocation to the county which may result in the State Fiscal Year (SFY) 2007-08 will not be returned to the county. In the event that Jefferson County overspends the allocation for said SFY the county will be allowed to participate in the surplus distribution process should there be such a process.

The percentage of dollars to be spent on delinquency and D & N children and families shall be divided equally unless the IOG decides otherwise.

Jefferson County continues to participate in the State Steering Committee Meetings to expand our knowledge related to collaborative management including how to measure and reinvest possible money saved, pooled funding and incentive money received through this process. IOG members also sit on various committees in their line of work and bring information regarding collaborative management back to the IOG.

Members of the IOG will continue to gain information about evidence-based programs and other successful programs by attending workshops and reading information on such programs and bringing this information back to the group. The IOG will also work with other departments throughout the state to become more knowledgeable about programs that are working in their communities and seek to ascertain if they could be replicated in Jefferson County.

The IOG shall devote time to discuss programs and services it deems necessary to best serve children and families in the community. Funds from any money saved, pooled and/or incentive money will be used to fund such programs and services.

The IOG will create a contract and a budget for each program or service, if necessary, that is chosen to be funded from any money saved, pooled and/or incentive money. The Treasurer will prepare a budget, present it to the IOG for approval and keep track of all monies spent. The Treasurer will get the appropriate signature for expenses being paid and will make quarterly reports to the IOG regarding the financial status of the collaborative.

In the event the IOG disbands, the IOG will meet to discuss how to disburse any unappropriated funds.

The Jefferson County IOG, has final decision making authority on all fiscal matters concerning this MOU and will not recommend any program or policy to the IOG which would cause the IOG or any of its agencies to overspend their budget.

IX. Performance-Based Measures. The Parties hereby determine that they will attempt to meet or exceed the following performance-based measures:

A. Child Welfare Outcome:

Increase the percentage of children with 2 or fewer placements in less than 12 months in care by 2%.

Data source will be AFCARS and NCANDS data collected and reported on the Colorado Trails User Group Ad-Hoc report for Jefferson County from July 1, 2008-June 30, 2009.

Baseline data will be taken from the AFCARS and NCANDS data collected and reported on the Colorado Trails User Group Ad-Hoc Report for children entering care between January 1, 2007 and December 31, 2007 which shows that Jefferson County is at 86.2%. New outcome will be at least 88.2%.

B. Juvenile Justice System Outcome:

Decrease the number of revocations of probation by technical violations of youth by 3%.

Data source will be from a Jefferson County Probation Department spreadsheet for the period July 1, 2008 ending June 30, 2009.

Baseline will be taken from Jefferson County Probation Department master revocation summary spreadsheet for the time period: FY 2008.

C. Education Outcome:

Increase attendance rates of CYF children attending public schools for at least 60 consecutive school days and are over the age of four, in kindergarten or higher by 1%.

Data source will be from Trails cross-referenced with Infinite Campus for the 2008-2009 school years.

Baseline will be taken from Trails cross-referenced with Infinite Campus for the 2007-2008 school years.

D. Health/Mental Health/Other Outcome:

Jefferson County Department of Health and Environment, Jefferson Center for Mental Health and Foothills Behavioral Health HB 1451 Goal for 2008-2009.

Increase the number of females who are referred to Jefferson Center for Mental Health (JCMH) from the Jefferson County Department of Health and Environment and (JCDHE) who are provided outreach services from JCMH by 40%. Those referred will be people who present at the Department of Health and Environment and receive a pre-natal risk assessment and screen positive for mental health concerns on the Prenatal Visitation Programs Questionnaire. Those who have Medicaid or are applying for Medicaid, will be outreached by Jefferson Center for Mental Health, assessed for mental health needs and connected with resources as appropriate. The objective of this goal is the increased coordination and provision of both health and mental health resources to childbearing mothers who are in need of such services.

The screening instrument utilized by the Health Department, the Prenatal Visitation Programs Questionnaire, includes some mental health items and additional items will be added as flags for referrals to Jefferson Center.

Data source will be from an Excel spreadsheet created by Jefferson Center for Mental Health reflecting all pre-natal mothers who screened positive for mental health concerns by the Department of Health and Environment from July 1, 2008-June 30, 2009.

Baseline for this goal will be determined utilizing a representative sample of the Health Department's Prenatal Visitation Programs Questionnaire. For the timeframe 4/1/07-04/30/08, of the people who presented at JCDHE and completed the Prenatal Visitation Programs Questionnaire, 29% self reported mental health risks by answering "YES" to the question, "Have you ever been treated for mental illness, including depression?" Of that 29% who indicated that they had been treated for mental illness, including depression, 29% were successfully contacted by a Jefferson County public health nurse. The new goal will reflect that 40% of these people will be outreached by Jefferson Center for Mental Health.

X. Confidentiality Compliance. Parties agree that State and Federal law concerning confidentiality shall be followed by the Parties and IOG. Any records used or developed by the IOG or its members or by the ISST that relate to a particular person are to be kept confidential and may not be released to any other person or agency, except as provided by law.

XI. Termination of MOU. The Parties acknowledge that withdrawal from this MOU of any statutorily required Party will result in the automatic termination of this Agreement and termination of the collaborative system of delivery of services developed hereunder. The withdrawing Party shall assist the other Parties to achieve an orderly dissolution of the collaborative system with as little disruption as possible in the delivery of services provided to Recipients.

A. Withdrawal/Termination Any Party may withdraw from this Agreement at any time by providing 30 days written notice to all other Parties.

B. For Loss of Funds. Any Party may withdraw from this Agreement, or modify the level of its commitment of services and resources hereunder, effective immediately, in the event of loss or reduction of resources from its funding source identified herein. Any Party withdrawing due to loss of funds will provide notice of withdrawal, in writing within 30 days.

IN WITNESS WHEREOF, the Parties hereto, through their authorized representatives have executed this Memorandum of Understanding effective for the dates written above.

FOR JEFFERSON COUNTY
MEMORANDUM OF UNDERSTANDING
PURSUANT TO HOUSE BILL 04-1451

THE JEFFERSON COUNTY DEPARTMENT OF HUMAN SERVICES

By: _____ Date _____

Its: _____

FOR JEFFERSON COUNTY
MEMORANDUM OF UNDERSTANDING
PURSUANT TO HOUSE BILL 04-1451

THE FIRST JUDICIAL DISTRICT

By: _____ Date _____

Its: _____

FOR JEFFERSON COUNTY
MEMORANDUM OF UNDERSTANDING
PURSUANT TO HOUSE BILL 04-1451

THE JEFFERSON COUNTY PROBATION DEPARTMENT

By _____ Date _____

Its: _____

FOR JEFFERSON COUNTY
MEMORANDUM OF UNDERSTANDING
PURSUANT TO HOUSE BILL 04-1451

THE JEFFERSON COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT

IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement as of _____ be effective as of _____.

JEFFERSON COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT CONTRACTOR

Cathy Corcoran, President
Board of Health

SSN /EIN

ATTEST: _____
By: Bonnie McNulty, Secretary
Board of Health

FOR JEFFERSON COUNTY
MEMORANDUM OF UNDERSTANDING
PURSUANT TO HOUSE BILL 04-1451

THE JEFFERSON COUNTY SCHOOL DISTRICT

By: _____ Date _____

Its: _____

FOR JEFFERSON COUNTY
MEMORANDUM OF UNDERSTANDING
PURSUANT TO HOUSE BILL 04-1451

THE JEFFERSON CENTER FOR MENTAL HEALTH

By: _____ Date _____

Its: _____

FOR JEFFERSON COUNTY
MEMORANDUM OF UNDERSTANDING
PURSUANT TO HOUSE BILL 04-1451

FOOTHILLS BEHAVIORAL HEALTH

By: _____ Date _____

Its: _____

FOR JEFFERSON COUNTY
MEMORANDUM OF UNDERSTANDING
PURSUANT TO HOUSE BILL 04-1451

THE JEFFERSON COUNTY DEVELOPMENTAL DISABILITIES RESOURCE
CENTER

By: _____ Date _____

Its: _____

FOR JEFFERSON COUNTY
MEMORANDUM OF UNDERSTANDING
PURSUANT TO HOUSE BILL 04-1451

THE DIVISION OF YOUTH CORRECTIONS

By: _____ Date _____

Its: _____

FOR JEFFERSON COUNTY
MEMORANDUM OF UNDERSTANDING
PURSUANT TO HOUSE BILL 04-1451

THE JEFFERSON COUNTY CHAPTER OF THE FEDERATION OF FAMILIES FOR
CHILDREN'S MENTAL HEALTH, COLORADO CHAPTER

By: _____ Date: _____

Its: _____

FOR JEFFERSON COUNTY
MEMORANDUM OF UNDERSTANDING
PURSUANT TO HOUSE BILL 04-1451

SIGNAL

By: _____ Date: _____

Its: _____