NEW Core Plan Template

(Last Revised 06/15/2023)

Is the County submitting a Core II Plan? [ ] Yes [x] No

Programmatic Pieces from County Core Plan Experts

Core Services Program/Volume 7:

- List of Definitions of Services - (Link to Volume 7.3)
    - Cut & paste this into your browser to access: https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=10689&fileName=12%20CCR%202509-4

- County Designed Services
    - List of defined services that could be referenced - counties then have space to enter distinctive features to their service
    - Ability to attach Documentation if needed

- Is this service innovative and/or otherwise unavailable in this county? Yes or No

- Can this service be funded by Medicaid or private insurance instead of Core? Yes or No

Which Core goal does this service best meet? (Check the box next to the selection)

- Focus on the family strengths by directing intensive services that support and strengthen the family and/or protect the child;
- Prevent out-of-home placement of the child;
- Return children in placement to their own home; or
- Unite children with their permanent families.
- Provide services that protect the child
- To return children in placement to their own home or to unite children with their permanent families" is defined as return to the home of a parent, an adoptive placement, guardianship, supervised independent living placement, foster-adoption placement or to live with a relative/kin if the goal for the child in the Family Services Plan is to remain in the placement on a permanent basis.

COUNTY DESIGN NARRATIVE SECTION

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. Definition of Core Services: **7.303.1 Definitions**
2. Describe the service and components of the service; define the goals of the program. 7**.303.11 Program Goals**
3. 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. **7.303.12 Access**
4. Define the eligible population to be served.**7.303.13 Program Eligibility**
5. Define the time frame of the service. **7.303.15 Service Time Frames**
6. Define the workload standard for the program: • the number of cases per worker, • the number of workers for the program, and • the worker-to-supervisor ratio. **see 7.303.16 for Workload Standards**
7. Define the staff qualifications for the service, e.g., minimum caseworker III or equivalent in rule?
8. Define the performance indicators that will be achieved by the service, **see 7.303.17.**
9. Identify the service provider.
10. Define the rate of payment (e.g., $100.00 per session/episode).

CORE SERVICES COUNTY DESIGNED SERVICE

Service Name: Family Group Decision Making (FGDM)

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.

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1. Describe the service and components of the service; define the goals of the program.

This service will provide a continuum of Family Meeting Facilitation to improve our agency's performance in partnering with families using family engagement models of facilitation that emphasize family engagement, inclusion of extended family members and community supports and a facilitation process that uses the Partnering for Safety framework consistent with Differential Response. We have expanded our facilitation team through blended funding sources to ensure that families have the opportunity to participate in developing the safety, well-being and permanency issues for their children and youth.

Additionally, we provide flexibility in scheduling including afterhours availability, meetings in the community, in the home and virtually as needed and seek active engagement of the parents, youth and children (when appropriate) to express their worries, strengths and protective factors to create the action plan that will best enable the family to achieve their goals. Boulder County now has increased capacity to improve our provision of Core services and use the integrated case management system to gather data and outcomes. Facilitators receive extensive training, group supervision and consult with peers in other counties through the Family Engagement Forum.

Our clear mission is to improve family engagement from the beginning of a case or intervention. Our pre-court meetings occur at court with our Magistrate introducing herself to the family to encourage them to engage in questions and planning from the very beginning. Our continuum enables families' to continue their efforts to improve the families' stability. An additional critical component is our efforts to engage families in seeking and accepting family and community supports for alternative placements (diligent search and family finding) and to ensure least restrictive placement. Research has indicted that where first placements are with kin, then subsequent placements are likely to be so, and vice versa (Dolan, MI, Nixon, and P. & Lawrence. (2004). Growing Up in the Care of Relatives or Friends: delivering best practice for children in Family and Friends Care. London: Family Rights Group). Mandatory Family Group

Decision Making will occur when: there is risk of placement or placement disruption; emergency placement has occurred. Our team also provides Family Group Conferences which have demonstrated the highest level of family driven practice resulting in high levels of family satisfaction and high levels of agreement with planning. Family Group Conferences enable families to have private family time to discuss decision making issues.

FGDM is not as adaptable to emergency decision-making requirements. It requires time for preparation of participants to engage in what are longer-term case planning activities. When an agency embraces the FGDM approach to decision-making, it acknowledges that its professional processes can only go so far before its information and concerns are placed before a meeting of the family group, and the agency has the willingness to be led by that family group in a solution-focused approach to the concerns. BCDHHS embraces the practices of Partnering for Safety family meeting facilitation and Family Group conferences in our Family Group Decision Making Continuum. Thus, we will involve families in critical emergency placements, and in longer-term case planning and decision-making.

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.

A new Trails service detail is not necessary as this is already an option in Trails as FGDM.

3. Define the eligible population to be served.

The population to be served is youth ages 0 – 21 identified as at risk of out-of-home placement for PA3, PA4, PA5 and at risk PA6; youth who have just been placed (D&N cases); youth who are in placement; permanency decisions are pending, and PA3 youth.

4. Define the time frame of the service.

Initial Family Group Meeting will occur either prior to placement or within 7 working days of emergency placement. A family meeting will also occur within 7 working days of case transfer from assessment to case. A family meeting will be scheduled every 90 days for children/youth in placement and every 180 days for children/youth with in-home cases. Boulder County also will provide family meetings for children/youth returning from out of home placement. Additional meetings may occur upon referral for service planning, and permanency decisions.

5. Define the workload standard for the program:

- **number of cases per worker,**
- **number of workers for the program, and**
- **worker to supervisor ratio.**

The FGDM Continuum has a total of one Supervisor, three Caseworker B's, this program is funded through a combination of Child Welfare and Core dollars. Each worker carries an average caseload of 18 cases. The worker to supervisor ratio will be one to seven.

6. Define the staff qualifications for the service, e.g., minimum caseworker III or equivalent, see 7.603.1 for guidelines.

Minimum staff qualifications for a Caseworker B for Family Meeting Facilitators.

7. Define the performance indicators that will be achieved by the service, see 7.303.18.

The performance indicators are review by reports of the effectiveness of this FGDM service continuum on outcomes such as reunification, reentry, permanency within 12 months, no new incidents of abuse and neglect and maintaining at the lowest level of appropriate placement. Additional evaluations will be informed by family perception of family engagement and documentation in ARD and foster care reviews of acceptable family engagement practice, involvement of extended family members and community support systems, and documentation of family driven practice.

8 Identify the service provider.

This is a direct delivery service provided by BCDHHS.

9. Define the rate of payment (e.g., $100.00 per session/episode).

The rate of payment will be the salaries paid to the above listed positions.

CORE SERVICES COUNTY DESIGNED SERVICE

Service Name: Community Infant Program (CIP)

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.

The Community Infant Program (CIP) will provide therapeutic services to high risk families who qualify for CIP program. Services provided by CIP in eligible low-income families will include, but are not limited to, the services described below.

a. Provide assessment of the mental health status and needs of family members and high-risk infants/toddlers, identifying family strengths as well as needs. Identify and address unsafe conditions, assess client readiness, culture, and/or language issues.
b. Advocate for clients as needed, while fostering family self-sufficiency and positive relationships with community resources.
c. Implement a plan of care which reflects appropriate intervention strategies, including parent coaching, teaching, counseling, referrals, reporting and client advocacy; document interventions according to program guidelines; coordinate and collaborate with intra-and interagency staff.
d. Participate as a team member with other CIP staff. Collaborate with other community partners. Attend training and enhance skills. Coordinate activities and interventions with other professionals and community partners.

The goals of the program include families making progress in the area of improved "stability in meeting basic needs," progress in the area of emotional availability toward infant, recidivism of child abuse and/or neglect for families who were initially referred to the program due to incidents of child abuse and/or neglect.

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.

A new Trails service detail is necessary, currently we are using "Child and Family therapist," a "CIP" service detail would more accurately reflect the service in Trails.

3. Define the eligible population to be served.

The eligible population to be served is Boulder County families with infant/toddlers ages 0 – 4 that are at imminent risk of child abuse and neglect.

4. Define the time frame of the service.

Following a referral by a BCDHHS caseworker, an intake will be completed within seven business days. A treatment plan will be developed, and services will be implemented at that time.

5. Define the workload standard for the program:

- **number of cases per worker,**
- **number of workers for the program, and**
- **worker to supervisor ratio.**

Referrals would come through screening and could be identified as an at-risk family for child abuse and/or neglect of children 0 – 4 years of age and then could be directly assigned to these therapists. These therapists would provide individual and family therapy in the home and could include parent coaching, teaching, counseling, referrals, reporting and client advocacy. These positions will provide monthly written progress notes to BCDHHS caseworkers. The two positions will serve 20 – 30 BCDHHS families.

6. Define the staff qualifications for the service, e.g., minimum caseworker III or equivalent, see 7.603.1 for guidelines.

Two FTE CIP therapists at a Therapist II-III level will be on the CIP team.

7. Define the performance indicators that will be achieved by the service, see 7.303.18.

The performance indicators require that 75% of families referred will receive an intake within seven business days of the initial referral. In addition, 75% of families referred to the CIP program will not demonstrate a recidivism of child abuse and/or neglect for families that were initially referred due to incidents of child abuse and/or neglect, as well as child abuse and/or neglect will not occur in at least 75% of the families who were referred to the program prior to a reported incident of abuse or neglect.

8. Identify the service provider.

Mental Health Partners (MHP) will provide the service.

9. Define the rate of payment (e.g., $100.00 per session/episode).

The rate of payment will be fee for service as outlined in the contract with MHP.

CORE SERVICES COUNTY DESIGNED SERVICE

Service Name:

Multi-Systemic Therapy (MST) - through Evidence-Based Services earmark funding

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.

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1. Describe the service and components of the service; define the goals of the program.

The Multisystemic Therapy (MST) program will provide therapeutic services to high risk youth and families who are ages 11 – 18 that are at risk of out-of-home placement. Services provided by MST include, but are not limited to, the services described below.

a. Provide assessment of the mental health status and needs of family members and high-risk youth, identifying family strengths and needs. Identify and address unsafe conditions. Assess client readiness, culture, and/or language issues.
b. Advocate for clients as needed, while fostering family self-sufficiency and positive relationships with community resources.
c. Implement a plan of care which reflects appropriate intervention strategies, including parent coaching, teaching, counseling, referrals, reporting and client advocacy; document interventions according to program guidelines; coordinate and collaborate with intra-and interagency staff.
d. MST for problem sexual behaviors (MST-PSB) is a form of MST that is designed to promote victim safety and reduce future problem behaviors and recidivism.
e. MST contingency management (MST-CM) is a form of MST that is designed to address substance abuse problems as a focal area of treatment.

The goal of MST is to provide a complex intervention that combines aspects of cognitive, behavioral, and family therapy. It is an evidence-based practice and should adhere to all fidelity and accountability guidelines. The outcomes that are expected include the youth remaining in the home, decrease in criminal behaviors and increase in family functioning.

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.

A new Trails service detail is not necessary because this is already an option in Trails.

3. Define the eligible population to be served.

The eligible population to be served is Boulder County families with youth ages 11 – 18 that are at imminent risk of out of home placement.

4. Define the time frame of the service.

Following a referral by a BCDHHS Caseworker, an intake will be completed within seven business days. A treatment plan will be developed and services will be implemented at that time. The duration of service will be 4 – 6 months.

5. Define the workload standard for the program:

- **number of cases per worker,**
- **number of workers for the program, and**
- **worker to supervisor ratio.**

Caseloads of MST Therapists are for 4 – 6 families and youth at a time. The therapists work on a team to ensure coverage 24 hours a day, 7 days per week. There is one supervisor per MST team which includes 6 – 8 therapists.

6. Define the staff qualifications for the service, e.g., minimum caseworker III or equivalent, see 7.603.1 for guidelines.

Minimum staff qualifications are a Master's in Counseling or Social Work and working with a licensed MST site. In pre-approved situations, a Bachelor's Level Clinician may perform MST services for clients; in this case, the clinician must be supervised by a licensed Master's Level Clinician.

7. Define the performance indicators that will be achieved by the service, see 7.303.18.

The performance indicators are that 78% of these youth remain in the home following the MST intervention.

8. Identify the service provider.

Savio House is a licensed MST site and will provide all services.

9. Define the rate of payment (e.g., $100.00 per session/episode).

Savio will be paid at a monthly cost of $2,254 per month per youth served for MST, $2,803 per month for youth served through MST-PSB, and $2,554 for MST-CM.

CORE SERVICES COUNTY DESIGNED SERVICE

Service Name: Play Therapy

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.

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1. Describe the service and components of the service; define the goals of the program.

The primary model used in this service is Synergetic Play Therapy, a research-based approach blending on nervous system regulation, attachment, child development, emotional congruence, and neuroscience. The service also incorporates other approaches such as sand play, sensory integration, art in play therapy, and EMDR. Work is attachment and trauma focused.

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.

A new Trails service detail is not necessary as this is already an option in Trails.

3. Define the eligible population to be served.

The eligible population to be served is Boulder County children ages 2-12 years old, and their caregivers.

4. Define the time frame of the service.

Following a referral by a BCDHHS caseworker, an intake will be completed within seven to fourteen business days. A treatment plan will be developed and services will be implemented at that time. The duration of the service will be determined by the treatment team, but there is an eight session minimum requirement.

5. Define the workload standard for the program:

- **number of cases per worker,**
- **number of workers for the program, and**
- **worker to supervisor ratio.**

The clinicians determine the caseload requirements based on availability and the level of intensity of the clients being served. This can range from 12-20 clients at one time.

6. Define the staff qualifications for the service, e.g., minimum caseworker III or equivalent, see 7.603.1 for guidelines.

Master's Level registered psychotherapist and/or Licensed Clinical Social Worker, DORA

7. Define the performance indicators that will be achieved by the service, see 7.303.18.

The performance indicators are measured by meeting treatment goals established in the treatment plan, and reviewed monthly by the clinician and the treatment team.

8. Identify the service provider.

DeAnna Heimsoth, MHP, and other contract providers will provide the services.

9. Define the rate of payment (e.g., $100.00 per session/episode). $120/session

CORE SERVICES COUNTY DESIGNED SERVICE

Service Name: Trauma Informed Care Services

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.

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1. Describe the service and components of the service; define the goals of the program.

Services provided will include short-term In-Home Preservation Services and Removal Prevention Services, case management, trauma focused skill building, behavior/skills development and parent education/strategies, trauma focused cognitive behavioral therapy (TF-CBT) and alternatives for families cognitive behavioral therapy (AF-CBT). Services will be tailored to individual needs, evidence-informed, strengthen family relationships, increase protective factors and advance the family's responsible decision-making.

Specific goals are mutually set around lowering dependency on contracted services, developing safety plans and increasing protective factors. Family Specialists provide trauma education to caregivers as well as therapeutic insight into their own trauma narrative, while the Family Coach helps the caregivers and any involved family members generalize the interventions throughout the family system for sustainable change.

Family Specialists provide 24/7, trauma-informed, crisis support to the family.

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.

A new Trails service detail is not necessary as this is already an option in Trails.

3. Define the eligible population to be served.

The eligible population to be served by SAFY services is Boulder County families with children ages 5-21 that are at imminent risk of out of home placement and in immediate need of crisis stabilization/intervention and conflict resolution. The eligible population to be served by TF-CBT and AF-CBT services are Boulder County caretakers and children ages 3-18 years experiencing trauma-related difficulties as a result of one or multiple traumatic events.

4. Define the time frame of the service.

Following a referral by a BCDHHS Caseworker, an intake will be completed within seven business days. A treatment plan will be developed and services will be implemented at that time. The duration of service will be approximately 6-9 months for SAFY services and approximately 12-20 sessions for TF-CBT and AF-CBT services. The low package with SAFY is 4-6 hours of service per week and the high package is 8-10 hours of service per week. All service hours are provided in the family's home or in the community.

5. Define the workload standard for the program:

- **number of cases per worker,**
- **number of workers for the program, and**
- **worker to supervisor ratio.**

SAFY caseloads are 8-12 families at one time. There are currently two Family Specialists and a vacancy for a Family Coach at this time, with plans to expand. The supervisor ratio is 1:8. Savio currently has 21 TF-CBT therapists (13 are child protection specific) and three AF-CBT therapists (two are child protection specific) and each can carry up to ten cases at one time. The supervisor ratio is 1:6. MHP has nine clinicians trained in TF-CBT and/or AF-CBT with a supervisor ratio of 6-8:1. Between the nine clinicians, they provided services to 52 TF-CBT and eight AF-CBT clients in the past year.

6. Define the staff qualifications for the service, e.g., minimum caseworker III or equivalent, see 7.603.1 for guidelines.

Minimum staff qualifications for Family Specialists are a Master's in Counseling or Social Work, and minimum staff qualifications for Family Coaches are a Bachelor's in Psychology or related field. Minimum qualifications for TF-CBT clinicians is a Master's Degree in a mental health discipline, licensed, and training in the specific model. MHP also requires participation in follow-up consultations twice a month for six months and once a month for a year. AF-CBT clinicians must have a Master's Degree, be licensed, and have experience working with families who may be appropriate for the service (i.e. families with caregivers who have allegations or suspected abuse, aggression, physical discipline, or frequent conflicts).

7. Define the performance indicators that will be achieved by the service, see 7.303.18.

The performance indicator is that SAFY services will close successfully as evidenced by consistent use of a safety plan, decreased need for the 24/7 crisis line, the families' ability to maintain safety without dependence on the contracted provider, and a decrease in the level of crisis in the home. Performance indicators for TF-CBT and AF-CBT are reduction in trauma symptoms for TF-CBT and reduction in conflict/abuse for AF-CBT.

8. Identify the service provider.

SAFY, Savio Tennyson, and Mental Health Partners will provide Trauma Informed Care Services.

9. Define the rate of payment (e.g., $100.00 per session/episode).

SAFY will be paid at a monthly cost of $3,200 per month for high package and $1,600 per month for low package. Savio will be paid $1,082.00 per month for TF-CBT. MHP will be paid according to their contracted level-of-care rate.

CORE SERVICES COUNTY DESIGNED SERVICE

Service Name: Therapeutic Visitation

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1. Describe the service and components of the service; define the goals of the program.

The Therapeutic Visitation Service will be provided in a carefully planned and coordinated manner that takes into account the referred child(ren) and their family's level of need for supervision, structure and intervention. The clinicians will assure safety within visits while strengthening the parent/child relationship, supporting parents in creating structure during family time, and meeting the child's needs. All visitation staff take into account best practices related understanding of attachment modalities as well as addressing the priority of reunification when indicated as a safe option. Based on the referral information provided by BCDHHS, a visitation format and plan will be discussed with the family and include a variety of possible issues including but not limited to: scheduling/duration of visits; individuals participating in visits and anyone restricted from attending visits; the level of structure/supervision to be provided by the contractor; explanation of the reporting function the agency has as facilitator; expectations for parents in terms of preparation for visits and items they need to bring; possible learning/skill building goals and activities to be integrated into the visitation time and some general guidelines in relation to attendance and behavior.

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.

A new Trails service detail is not necessary as this is already an option in Trails.

3. Define the eligible population to be served.

The eligible population to be served is Boulder County families with youth ages 0 – 18 that are placed out of the home and require a therapeutic level of visitation and/or those ordered by the court.

4. Define the time frame of the service.

Following a referral by a BCDHHS caseworker, an intake will be completed within seven business days. A treatment plan will be developed within 30 days of first meeting with the client(s). The length of treatment will be determined by the treatment team.

5. Define the workload standard for the program:

- **number of cases per worker,**
- **number of workers for the program, and**
- **worker to supervisor ratio.**

The number of cases per worker depends on the frequency and duration of visits. A full time worker would be able to supervise between 20-30 direct hours of visitation-dependent on transportation needs, etc. The other hours would be parent coaching, treatment plans, meetings, and collateral contact. There are approximately 10 workers and one supervisor currently but they are not all dedicated to BCDHHS. In addition, BCDHHS has two full time clinicians who carry a caseload of approximately 7-8 cases.

6. Define the staff qualifications for the service, e.g., minimum caseworker III or equivalent, see 7.603.1 for guidelines.

Minimum staff qualifications are a Bachelor's or Master's in a human behavioral science and an LCSW or equivalent. Bachelor's level staff will be supervised by Master's level clinician with LCSW or equivalent.

7. Define the performance indicators that will be achieved by the service, see 7.303.18.

The performance indicators are that safety concerns will be mitigated and children will be reunified with their parents.

8. Identify the service provider.

BCDHHS, Maple Star, Life Support Behavioral Institute, and Savio will provide Therapeutic Visitation.

9. Define the rate of payment (e.g., $100.00 per session/episode).

The ranges of rates between providers is $75 - $168/hour for contracted services, and FTE will be covered for BCDHHS staff that provide therapeutic visitation.

CORE SERVICES COUNTY DESIGNED SERVICE

Service Name: Animal Assisted Therapy

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1. Describe the service and components of the service; define the goals of the program.

Animal Assisted Therapy skillfully involves animals as a part of the relationship building process as a source of information about individual and family dynamics, a partner in providing feedback, and as a motivator for change. Sessions are focused on specific, measurable, stated client treatment goals. The client is assessed for safety including prior history of animal cruelty, allergies, and animal based fears. Therapy is offered flexibly in homes and in appropriate community settings and can be arranged to fit family scheduled. Approaches used can include DBT, CBT, ACT, individual and group treatment, EMDR, psychodynamic, mentoring, mindfulness-based strategies, and Family Systems work. Examples of treatment goals include developing social emotional skills such as frustration tolerance, impulse control, non-verbal communication, assertiveness vs aggression, empathy, hygiene, sense of responsibility, and self-confidence.

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.

A new trails detail is needed for this service. We are currently using the Mental Health detail and an Animal Assisted Therapy detail would be more accurate.

3. Define the eligible population to be served.

The eligible population to be served is Boulder County youth ages 5-18 who are struggling with adjustment, anger management, anxiety, attachment, depression, domestic violence, grief/loss, trauma, oppositional defiance, parenting challenges, physical abuse, PTSD, relationship problems, school issues, substance abuse, and more.

4. Define the time frame of the service.

Following a referral from BCDHHS, an intake will be completed within 24-48 hours. Frequency of sessions and duration of treatment can be adjusted based on the therapist assessment of client needs.

5. Define the workload standard for the program:

- **number of cases per worker,**
- **number of workers for the program, and**
- **worker to supervisor ratio.**

There is currently one worker providing this service. EquiRhythm (Caroline Roy) is an LCSW and operates independently.

6. Define the staff qualifications for the service, e.g., minimum caseworker III or equivalent, see 7.603.1 for guidelines.

Clinicians must be licensed and/or Master's Level or working toward licensure. Caroline is an LCSW.

7. Define the performance indicators that will be achieved by the service, see 7.303.18.

Case plans are extremely varied and unique based on client needs. Increased emotional regulation increased distressed tolerance, and decreased outbursts/aggression are common indicators, as well as increased compassion, empathetic capacity, increased respect for boundaries, coping skills, self-identity, communication and relationship skills.

8. Identify the service provider.

EquiRhythm (Caroline Roy) will provide services.

9. Define the rate of payment (e.g., $100.00 per session/episode).

Caroline Roy is $110/75 minute session.

CORE SERVICES COUNTY DESIGNED SERVICE

Service Name: Post-Permanency and Kinship Services

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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.

BCDHHS will provide comprehensive, voluntary supportive services to post-permanency families and kinship foster families. BCDHHS will continue to build off of research by The National Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG) to provide high quality post-permanency programing. Families who have a finalized adoption, have achieved permanency through custody arrangements, or are kinship foster families may participate in programing Families may be identified through screened out RED team referrals, community partners, caseworkers, or may self-refer. Interventions will be universal, selective, and indicated. Universal interventions will include such activities as support groups and community building events that all post-permanency and kinship foster families in BCDHHS may participate. The goal of the universal activities is to keep families engaged so that they will request additional assistance if needed and to assist families in growing their support system. Selective prevention interventions will target at-risk families as identified at time of subsidy negotiation and through caseworker referral and will include case management and regular check-ins by post-permanency staff as well as youth support programming and psychoeducational programming for parents. Indicated prevention interventions will target families currently experiencing situations that increase the risk of post-permanency discontinuity. Indicated prevention interventions will include crisis management and case management by post-permanency staff. Through engagement with the BCDHHS Post-Permanency Program, families will increase their protective factors and decrease placement discontinuity. Post-permanency support services will provide opportunities for families to meet the unique needs of the children in their care, stabilize legal permanent kinship placement arrangements, actively support the goal of minimizing placement disruptions post-permanency and help to address familial challenges, which lead to post-permanency dependency and neglect referrals. Specific services will include case management by means of crisis management, case planning, connection to resources, system navigation, flex funding, community building, home visits, attending meetings to support the family, respite, and clinical case consultation. Support groups will be offered to meet the needs of families. Childcare will be offered to participants of these groups. Community

building events will be held to increase social connection and support. An educational series will be offered to increase the knowledge of parenting and child development. The series will be held in the evening and will focus on post-permanency issues including but not limited to identity development, trauma, kinship family dynamics, preparing kinship families for adoption, drug and alcohol use prevention, and school success. An in-depth training series will be offered to increase the skill level of those parenting traumatized children. Trust-Based Relational Intervention (TBRI) and Nurturing Parenting Programs are being explored as possible in-depth series. Therapeutic case consults will be available to assist parents and the treatment team in planning for a child's special needs. A group will be offered to post-permanency youth to provide youth with an environment to explore their adoption/kinship identity, decrease isolation, strengthen attachment with caregivers, and increase self-esteem.

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.

These services are coded to County Design Trails Service Detail of 1792 Foster Care / Adoption Support and Therapeutic Kinship Services.

3. Define the eligible population to be served.

The eligible population to be served includes families with finalized adoptions or who have achieved permanency through custody arrangements as well as kinship foster families. Families may be identified through screened out RED team referrals, community partners, caseworkers, or self-refer. The family could have open child welfare involvement including adoption assistance.

4. Define the time frame of the service.

Case management will occur on an ongoing basis. Support groups will be offered monthly in Boulder, Longmont, and Lafayette. A Spanish-speaking support group will also be offered. The educational series will be offered twice per year (one in the Spring and one in the Fall).

5. Define the workload standard for the program:

- **number of cases per worker,**
- **number of workers for the program, and**
- **worker to supervisor ratio.**

Workload Standards: 140 post-permanency families will be served with case management each year. Between 6-10 families will be served by support groups each year, with 5-15 children served with the childcare option. Approximately 60 families will be served at the community building events. Between 12-20 families will be served at each educational event and 10-30 families will be served by the in-depth training series. Due to COVID-19, groups have moved online and no childcare is offered. The program served 35 families in virtual TBRI training over the summer.

6. Define the staff qualifications for the service, e.g., minimum caseworker III or equivalent, see 7.603.1 for guidelines.

Staff Qualifications: Bachelor's degree in human behavioral science or related field and two years of professional social casework experience. Additional education, such as a master's degree in a related field may apply toward required experience. Must have a valid driver's license with a good driving record, valid insurance and be able to provide own safe transportation. Child Welfare experience is required. The positions are CW B positions.

7. Define the performance indicators that will be achieved by the service, see 7.303.18.

Performance Measures: 85% of post-permanency youth will remain in their home without a placement change evidenced in Trails. Families will feel supported and connected to resources as demonstrated through a family satisfaction survey. Families will feel less isolated and more supported as demonstrated through a satisfaction survey. 85% of families served will show an increase in at least one domain on the CFSA 2.0. 85% of families will feel less isolated due to attending the community building events. 85% of families will increase their knowledge of parenting and child development as demonstrated through a satisfaction survey.

8. Identify the service provider.

Boulder County Housing and Human Services will provide the services directly.

9. Define the rate of payment (e.g., $100.00 per session/episode).

Rate of Payment: The rate of payment will be the salary paid to the listed positions out of Core services, and will pay the balance out of Child Welfare, PSSF, and other funding.

CORE SERVICES COUNTY DESIGNED SERVICE

Service Name: Transition Aged Youth (TAY) Support Services

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.

BCDHHS will provide strengths-based, inclusive, collaborative, and sustainable services that engage youth as partners in their transition process. These services include supports and transitional services such as educational/vocational assistance and training, job placement and retention, training, life skills, substance abuse prevention, and preventative health activities. Programming also serves to help children to achieve more meaningful, permanent connects with a caring adult, as well as engagement in developmentally appropriate activities and experiential learning. In addition, services can address financial, housing, counseling, employment, education, and other appropriate support services to aid in clients' achievement of self-sufficiency and personal responsibility for the transition from adolescence to adulthood.

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.

A new trails detail is needed for this service. We are currently using the Youth Intervention Program service detail and a Transition Aged Youth (TAY) Support Services detail would be more accurate.

3. Define the eligible population to be served.

The eligible population to be served includes youth age 14 or older who have experienced out-of-home placement. Specifically, the age ranges to be served are: 14 to 21.

4. Define the time frame of the service.

The average duration of services is six months to six years depending on the client needs and specific case plan/goals and services received.

5. Define the workload standard for the program:

- **number of cases per worker,**
- **number of workers for the program, and**
- **worker to supervisor ratio.**

Workload Standards: The average caseload is 9-12 for 0.5 FTE workers and 17-20 for 1.0 FTE workers. The supervisor to caseworker ratio is 5:1.

6. Define the staff qualifications for the service, e.g., minimum caseworker III or equivalent, see 7.603.1 for guidelines.

Staff Qualifications: There are currently two positions that are Child Welfare Caseworker B classification (0.75 FTE) that serve our Transition Age Youth population; Staff must have a Bachelors Degree in a human behavioral science and at least one year of professional human services casework experience. Additional related education may count towards required experience.

7. Define the performance indicators that will be achieved by the service, see 7.303.18.

Performance Measures: The measures are reported by Trails ROC, Pathways WAI, the National Youth in Transition database survey, and the IL assessment scoring. Goal include showing stable or improved outcomes in each of these domains as measured by the assessment(s): Housing and Household Management, Employment, Education, Well-Being and Permanency, Money Management, Community Resources, and Personal Skills and Communication.

8. Identify the service provider.

BCDHHS will provide the services directly.

9. Define the rate of payment (e.g., $100.00 per session/episode).

The rate of payment will be the salary paid to the listed positions.

CORE SERVICES COUNTY DESIGNED SERVICE

Service Name: Parents as Teachers (PAT)

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.

The primary model used in this service is Parents as Teachers, an evidence-based model that focuses on child development, school readiness, parenting skills, and life-skills access to community resources – that reduces child abuse and maltreatment and increases literacy.

The service incorporates modalities such as trauma-informed child development, parenting skills training, parent/child attachment and parent advocacy skills. The model supports early discovery and treatment of child developmental delays or other concerns.

Parents as Teachers is an Evidence-Based Home Visiting Model that offers comprehensive parent education services used by Parents as Teachers affiliates. The model provides a wide array of services to families with children from prenatal through kindergarten and offers deep insights into early childhood development. The PAT model has been rigorously tested by peer-reviewed studies and shown to produce outstanding results for families. The PAT model is delivered by a global network of affiliates and Parent Educators. Affiliates follow the essential requirements of the model, which provide minimum expectations for program design, infrastructure, and service delivery. Parents as Teachers provides support for affiliates to meet those requirements as well as further quality standards that represent best practices in the field. There are four dynamic components to the Parents as Teachers model:

- Personal Visits
- Group Connections
- Resource Network
- Child and Caregiver Screening

Together, they form a comprehensive set of services with seven goals/outcomes:

- Increase parent knowledge of early childhood development and improve positive parenting practices
- Provide early detection of developmental delays and connection to services
- Improve parent, child and family health and well-being
- Prevent child abuse and neglect

- Increase children's school readiness and success
- Improve family economic well-being
- Strengthen community capacity and connectedness.

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.

A new Trails service detail is needed, but in the meantime we can code as this to Life Skills as the PAT program is an evidence-based life skills training program aimed at effective parenting for young children.

3. Define the eligible population to be served.

The eligible population to be served is Boulder County children ages Prenatal/0-6 years old, and their caregivers.

4. Define the time frame of the service.

Following a referral by a BCDHHS caseworker or a self-referral through the PAT website, an intake will be completed within seven business days. Parent educators must complete and document a family-centered assessment within 90 days of enrollment and then at least annually thereafter, using an assessment that addresses the Parent as Teachers required areas. An on-going strengths-based lesson plan is developed in partnership with the parents, and services are implemented bi-weekly upon program enrollment. The duration of the service will be determined by the Parent Educator and the family, but the program is designed to be approximately one year and it follows the evidence-based age-appropriate curriculum as published by PAT-national.

5. Define the workload standard for the program:

- **number of cases per worker,**
- **number of workers for the program, and**
- **worker to supervisor ratio.**

The Parent Educators carry a caseload of 15 families per Parent Educator. The caseload is adjusted based on availability, location and the level of intensity of the clients being served. Caseloads won't typically exceed 15, and the program manages a waitlist when capacity is full. Number of workers per program: 4 Parent Educators and 1 Licensed Professional Counselor (LPC) Supervisor (4:1 ratio).

6. Define the staff qualifications for the service, e.g., minimum caseworker III or equivalent, see 7.603.1 for guidelines.

The PAT supervisor is an LPC. Two out of four Parent Educators (P.E.s) have Master's Degrees (one in Social Work, one in Early Childhood Education). The other two Parent Educators have

bachelor's in early childhood and one is a licensed teacher, and the other was a parent in the program who has graduated and been promoted through her work to become a Parent Educator. All P.E.s have undergone formal training through the Parents As Teachers National program, which requires and provides formal training. 1 week of training plus 25 professional development hours per year on an on-going basis.

Minimum training requirements for PAT:

- All new parent educators in an organization who will deliver Parents as Teachers services to families must attend the Foundational and Model Implementation Trainings before delivering Parents as Teachers; new supervisors attend at least the Model Implementation Training.
- Parent educators must obtain competency-based professional development and training and renew certification with the national office annually.
- 100% of model affiliate parent educators must be up-to-date with their certification.
- Parent educators must have completed their GED plus have successfully completed two years of supervised early childhood teaching.

7. Define the performance indicators that will be achieved by the service, see 7.303.18.

Intermediate

- Improved child health and development
- Reduced rates of child abuse and neglect
- Increased school readiness
- Increased parent involvement in children's care and education

Short-term

- Increased healthy pregnancies and improved birth outcomes
- Increased early identification and referral to services for possible developmental delays and vision, hearing, and health issues in children
- Increased parent knowledge of age-appropriate child development, including language, cognitive, social-emotional and motor domains
- Improved parenting capacity, parenting practices and parent-child relationships through the demonstration of positive parenting skills and quality parent-child interactions
- Improved family health and functioning as demonstrated by a quality home environment, social connections, and empowerment

Long-term

- Strong communities, thriving families and healthy, safe children who are ready to learn.

8. Identify the service provider.

Boulder County Housing and Human Services.

9. Define the rate of payment (e.g., $100.00 per session/episode).

The rate of payment will be the salary paid to the listed positions.

CORE SERVICES COUNTY DESIGNED SERVICE

Service Name: Nurse Family Partnership

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.

Infant and Early Childhood Mental Health Consultation (IECMHC) is an evidence-based approach that pairs mental health professionals with providers who work with young children and their families. Infant and early childhood mental health is defined as "the developing capacity of the young child (aged 0-2 within Nurse Family Partnership (NFP) to form close and secure relationships; experience, express, and regulate a full range of emotions; and explore the environment and learn, all within the context of family, community, and culture (Zero to Three).

The 0.5 FTE of an early-childhood trained LCSW staff member is providing this service to Boulder County's Nurse Family Partnership. The funding for the position is currently grant funded. However, an expansion based on local Mental Health needs IECMH Core duties include:

- ➔ IECMHC provides individual RN consultation before and after joint visits (RN-IECMHC-client) with families to support nurse's reflective capacity and to increase knowledge of adult and child mental health issues.
- ➔ IECMHC provides both joint visits (RN-IECMHC-client) and individual client visits in accordance with nursing and client need.
- ➔ During the COVID pandemic waitlists for mental health services across Boulder County are significant. Due to the high demand for mental health care and the shortage of mental health services available, the IECMHC has provided increased levels of individual and dyadic support to the target client population.

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.

We are requesting a new Core Services code (suggested code of IECMH) for the clinical mental health services provided by this position. In the meantime, the coding of County Design 3 will be used.

3. Define the eligible population to be served.

IECMHC serves enrolled women and their children/families in the program who have mental health needs. For the Core Services, only direct 1:1 client appointments will be charged to Core. BCNFP enrolls women who are pregnant with their first child (up to one-month post-partum) who meet income requirements (200% of federal poverty level).

4. Define the time frame of the service.

Clients participate in the NFP program and have access to these MH supports until their child reaches age two, although typical length of enrollment in the program is 2 months. This program primarily serves PA3 households.

5. Define the workload standard for the program:

The LCSW mental health therapist fulfilling the role of ECMHC is employed with Boulder County Public Health at .5 FTE, and provides appointments to referred participants from the Nurse Family Partnership program.

6. Define the staff qualifications for the service, e.g., minimum caseworker III or equivalent, see 7.603.1 for guidelines.

The staff qualifications are:

- Licensed mental health professional in state of Colorado (e.g. LSW, LCSW, LPCC, LPC, LMFT, Psychiatric Nurse Practitioner).
- At least two years of experience working with at-risk pregnant women, infants and children ages 0-5 years old, their families, and their caregivers.
- Bilingual language skills (i.e . Spanish and English) are preferred.
- Experience providing mental health consultancy services for home visiting programs.

- Knowledge of maternal child home visiting programming models (e.g. NFP), scope, and outcome domains.
- Knowledge of trauma, toxic stress, and brain development and its impacts on parenting and therapeutic relationships between the caregiver and nurse home visitor.
- Ability to demonstrate how cultural beliefs, values, attitudes, biases, and experiences inform equity practices and shape client environments and behavior.
- Expert clinical knowledge of mental and behavioral health practices for maternal, infant, and child populations.
- Working knowledge of local, regional, state, and national maternal and early childhood services and syst ems.
- Expert knowledge of Colorado Mandated Reporter Child Abuse and Neglect Reporting Requirements.

- Must maintain required clinical licensure.

7. Define the performance indicators that will be achieved by the service, see 7.303.18.

Because this is an Evidence-Based Practice, fidelity to the model and number of appointments are the key performance indicators. The program delivers trauma-informed, highly skilled mental health services to clients in their post-partum time of need. The IECMH staff tracks data related to service provision and client level of acuity to assure services are appropriately matched to the family's need. For example:

BCNFP Behavioral Risk Screening Data (10/1/20 – 12/31/20)

- 13 referrals for mental health services. ECMHC provided consultation for 12/13 (92%).
- 6 mental health crisis referrals. ECMHC provided consultation for 6/6 (100%).
- 2 CPS referrals. ECMHC provided consultation for 2/2 (100%).
- Client's with positive mental health risk on STAR: 48/72 (66%).
- Clients with positive mental health risk for whom ECMHC has provided consultation: 34/48 (70%).
- PHQ-9 (depression screening): 22/55 (40%) scored positive. Of these 22 who screened positive ECMHC provided consultation for 15/22 (68%).
- GAD-7 (anxiety screening): 27/58 (46%) scored positive. Of these 27 who screened positive ECMHC provided consultation for 23/27 (85%).

8. Identify the service provider.

Boulder County Public Health.

9. Define the rate of payment (e.g., $100.00 per session/episode).

Funding for this position is via grant, through the end of 2021 and Core Services is assessing the amount to allocate at $50/15-min, as some vacancy savings are realized.

CORE SERVICES COUNTY DESIGNED SERVICE

Service Name: Child First (CF)

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.

Child First is a national, evidence-based, home-based model that aims to alleviate the effects of trauma and stress to prevent or reduce emotional disturbance, developmental and learning problems, and abuse and neglect in prenatal to 5-year-old children. The intervention is a two-generation model that combines two complementary approaches to healing from trauma and adversity: It (1) directly decreases the stressors experienced by the family by connecting them to needed services and supports, and (2) it also facilitates nurturing, responsive parent-child relationships.

As a home-based tertiary prevention and intervention model that works with the caregiver and child, Child First is delivered by a two-person team consisting of a licensed mental health clinician with experience in early childhood development and a care coordinator who works with the entire family unit on the sources of stress that impacts their family, and to connect them with resources.

Child First home-based intervention has seven major components:

1. Engagement of Family: The intervention begins with engagement and trust building. We begin by asking what we can do to help the family meet their own goals and listen closely to their concerns. The Child First team members serve as family partners and advocates.
2. Comprehensive Assessment of Child and Family: The Child First Team partners with the family to understand the child's health and development, the child's important relationships with parents as well as other individuals who care for the child (e.g., early care providers), child trauma and other stressors (e.g., violence and separation), and the multiple challenges experienced by the parents that interfere with their ability to protect, nurture, and support their child's development. Formal measures, conversations, observations, and records from other providers are included in the process.

3. Development of Child and Family Plan of Care: A family-driven plan consisting of comprehensive, well-coordinated, therapeutic intervention goals, supports, and services is developed in partnership with the parents or caregivers. This plan reflects the parents' goals, priorities, strengths, culture, and needs. This serves as the Medicaid-compliant treatment plan.
4. Parent-Child Psychotherapeutic Intervention: The promotion of responsive nurturing through a parent-child psychotherapeutic approach was designed to enhance the parent-child relationship as fundamental to the child's social-emotional health and cognitive development. Given the high level of risk and psychological challenges in the children and parents served by Child First, an intensive approach that blended parent guidance and dyadic, psychotherapeutic treatment was deemed most appropriate to meet the needs of our multi-challenged families. This approach is highly individualized and driven by the child and family's unique strengths, needs, culture, and psychological availability.
5. Enhancement of Executive Functioning: The Child First Team promotes self-regulation and executive functioning capacity through both the psychotherapeutic intervention and the development and execution of the service plan. Child First mentors caregivers so that they are able to thoughtfully focus attention, plan, organize, problem solve, and succeed. Furthermore, this enables them to scaffold the development of executive functioning in their own children, which is essential to their children's educational success.
6. Mental Health Consultation in Early Care and Education: The Mental Health Clinician works with the early care and education environment to provide consultation to the teacher or caregiver. This is especially critical when there are challenging behaviors within the classroom. The Clinician conducts observations, discusses past and current behavior with the teacher, and helps the teacher understand the meaning of the child's behavior. Together they develop strategies that can meet the child's individual needs and coordinate efforts between early care and education and the home.
7. Care Coordination: The Care Coordinator facilitates the coordination of services and the family's access to multiple resources throughout the community, based on the collaborative planning with the parents. The Care Coordinator listens carefully, always reflecting on the meaning of the service for the family. The Care Coordinator provides hands on assistance obtaining information and partnering with community providers, researching program appropriateness and availability, and making and facilitating referrals to provider agencies. Though this process, she promotes the caregiver's executive functioning.

The goals of Child First are:

For Children: Decreased problem behaviors; Improved social-emotional regulation and well-being; Improved communication and cognition.

For Parents/Caregivers: Decreased child abuse and neglect; Improved mental health;
Improved executive functioning.

For Families: Increased nurturing, responsive, and protective parent-child relationships
Increased stabilization and connection to needed services and supports.

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.

Yes, a new Trails service detail is necessary. We suggest creating a Child First code. In the meantime, we will use County Design 2.

3. Define the eligible population to be served.

All Boulder County children and families with the following characteristics:

Age of child: Prenatal through five years at the onset of services

Target concerns:

- Children with emotional/behavioral or developmental/learning problems
- Families with multiple challenges (such as extreme poverty, maternal depression, domestic violence, substance use, homelessness, abuse and neglect, incarceration, and isolation)

4. Define the time frame of the service.

Services generally continue for six to twelve months but may be longer based on individual family needs. Families receive visits twice per week during the assessment period (first 60 days) and then once a week or more, depending on the needs of the child and family. After assessment, Clinicians and Care Coordinators may visit together or separately, based on the individual family needs. Visits last 1- 1.5 hours.

5. Define the workload standard for the program:

Tennyson has allocated up to 22 slots for Boulder County families over the course of the first year.

Staffing: Each affiliate site has a Child First Clinical Director/Supervisor and two to five clinical teams. The Child First team consists of a licensed or licensed eligible, Master's level Mental Health/Developmental Clinician and Bachelor's level Care Coordinator, both with significant expertise with very young children and vulnerable families. They work together in the home with the family.

Caseload: Each Child First team usually carries between 10 and 16 families, such that they are able to complete 12-14 home visits per 40-hour work week. However, this varies based on intensity of service need, success of planned visits, and travel time.

6. Define the staff qualifications for the service, e.g., minimum caseworker III or equivalent, see 7.603.1 for guidelines.

The Child First team consists of a licensed or licensed eligible, Master's level Mental Health/Developmental Clinician and Bachelor's level Care Coordinator, both with significant expertise with very young children and vulnerable families.

7. Define the performance indicators that will be achieved by the service, see 7.303.18.

Tennyson will be sent monthly and quarterly Child First Benchmark Reports to track if they are meeting key fidelity requirements with regard to the process of implementing Child First with families. Tennyson will share benchmark report information in monthly staffings with BCDHHS.

Monthly Metrics:

- The Child First National Program Office (NPO) has established Metric Benchmarks, which include: # of families served, # of visits/week, # of missed appointments, ages of children, assessments completed, connection to community resources, and prioritization of waitlist.
- Metric reports are made available to each Child First site on a monthly basis. The State Clinical Director reviews these reports with each site to promote problem solving and the development of program-based quality enhancement strategies.

Benchmarks

Child First Benchmarks are:

1. Age Served: As equal as possible number of children aged 0-3 served as children aged 3-6 served.
2. Adjusted home visits: 90% of all home visits scheduled are completed.
3. Baseline Assessment Completion: 80% of all baseline assessments are completed for the family within the first 60 days of service.
4. Meeting Identified Needs: 60% of identified needs are met or the family is on a waitlist for services by the end of treatment.
5. Early Childhood Mental Health Consultation: 90% of all children cared for outside of the home will have an early childhood mental health consultation with their school or early learning center.
6. Supervision Hours: 75% of all scheduled supervision hours are met and completed.
7. Length of Service: 70% of all children served will complete 6 months or longer of treatment.
8. Met Treatment Goals: 60% of goals are met and completed at discharge.
9. Discharge Assessment Completed: 70% of all discharge paperwork will be completed with the family served.
10. Family Improvement: 75% of discharged families will improve .5 standard deviation in at least one domain area identified as a problem at admission.

Assessment Data Collection and Analysis:

Outcome reports are provided to Tennyson (which include both site-level and team-level data) on a quarterly basis by Child First NPO. These will be shared with BCDHHS. Assessment reports are prepared by the Data and Quality Enhancement Department at the NPO based on data entered into Assessment Database. Child and family outcomes are reviewed for each site, based on statistical significance and effect size, on a quarterly basis. This information will be shared with Boulder County on a quarterly basis.

After two years of program operation, the Tennyson Child First program will begin the Child First National Accreditation process. This is a collaborative process and includes a review of

Benchmarks; Assessment outcomes; Clinical Fidelity Framework, Program Fidelity Checklist, clinical chart review; videos of parent, child, and team interaction; presence of Community Advisory Board, and training, among other factors. Based on Accreditation status, plans for continuous quality improvement are developed by the affiliate site.

8. Identify the service provider.

Tennyson Center for Children At Colorado Christian Home

9. Define the rate of payment (e.g., $100.00 per session/episode).

The rate of payment will be up to $1,117 per month, per family.

CORE SERVICES COUNTY DESIGNED SERVICE

Service Name: Trauma Assessments

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.

Starting in January 2016, BCDHHS began using the Southwest Michigan Children's Trauma Assessment Center Trauma Screening Checklist. The screen is completed in Trails and required for all children opened for case services. If a child meets criteria for screen-in then a referral for a trauma assessment by a clinician will be made.

For all assessments, a caregiver interview and an interview with the child's caseworker will be required. It is important to assess multiple areas of functioning and to gather information from multiple informants (i.e. parent, teacher, and child) across different settings (i.e. school, community, and home). Assessors will be required to review the history provided by the CYF Division. Both clinicians need to participate on the day that the client comes in for the assessment. Both clinicians should participate in the testing, then during the psychosocial, the clinician stays in and the other observes through a different room (if possible) and takes notes. Testing clinician be replaced by an OT/speech and language therapist who does the testing then takes notes during the psychosocial.

Referrals for assessments will include available documentation about the child's trauma history which may include the most recent Child & Adolescent Needs & Strengths Package (CANS), trauma screening checklist, recent court letters, custody orders, social histories, family meeting notes, prior assessments, IEPs, other school records, and/or other medical/health information.

Two clinician assessments should assess different domains of the child's development and trauma. It is anticipated this level of assessment will require between 4-6 hours of face to face assessment time with the child conducting both the psychosocial interview and completing evaluation tools/instruments**.**

One clinician assessments are designed for a single clinician to conduct both the testing and the psychosocial interview with an estimate of 4-6 hours of face to face time with the child.

Two clinician assessments will require the team to give immediate recommendations during a post assessment session with the child's team to address immediate safety and trauma needs. All assessments require written findings of the assessment measures to the CYF Division. The recommendations should integrate an understanding of the child's trauma with their level of functioning, current mental health and caregiver relationships within 4 weeks of the assessment. One clinician assessments will give immediate recommendations via a phone call with the caseworker followed by written recommendations within 4 weeks of the assessment. The written report will include recommendations for treatment, as well as concrete and specific ideas or activities for the child, caregiver, caseworker, and/or school. It is highly encouraged the recommendations are broad and are developed for the purpose of building resiliency within the child. Three elements of increasing a child's resilience include; 1) Attachment; connecting the child to one or more concerned, supportive, nurturing adult 2) Regulation; a focus on trauma informed, evidence-based psychotherapy with a focus on skill and developing the capacity to control emotions in the moment. Competency; grows from a sense of success at influencing and affecting the environment. Competency is achieved when children are involved in activities where they are successful; sports, art, music, etc. 3) Trauma assessment therapists should be familiar with multiple community programs and trauma treatment methods to be able to give a broad range of recommendations. Court testimony is an allowable charge where the Contractor is subpoened; the maximum charge for appearing in court is for 3 hours per day at $63.00 per hour; the Contractor may also charge the agreed upon hourly rate for up to a maximum of 3 hours of preparation; court testimony &/or preparation outside these parameters should be discussed with your Core Coordinator.

All assessments will require a post assessment discussion with the child and family to review the recommendations. This may be followed by attendance at a family meeting to discuss implementation of the recommendations.

Trauma Assessments should aim to focus on assessing core areas that underline the presentation of complex trauma. According to research and literature and the expertise of the National Child Traumatic Stress Network (NCTSN) Trauma Taskforce the seven primary domains of impairment observed in children exposed to complex trauma include: (I) Attachment, (II) Biology, (III) Affect regulation; (IV) Dissociation; (V) Behavioral regulation; (VI) Cognition; and (VII) Self-concept. It is important to assess multiple areas of functioning and to gather information from multiple informants (i.e. parent, teacher and child) across different settings (i.e. school and home).

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.

A new Trails service detail is necessary. We suggest creating a code named Trauma Assessment / Evaluation.

3. Define the eligible population to be served.

Trauma Assessments are specifically intended to serve children and adolescents involved with the Child Welfare system and those who have had or likely had some level of exposure to abuse, neglect, trauma, and/or disruption in caregivers.

4. Define the time frame of the service.

Following a referral by a BCDHHS Caseworker, an intake will be completed within seven business days. Contractors will begin assessment within 30 days of referral.

The overall turnaround time for an assessment is about 1 month. The testing takes 4-5 hours on average, but can be longer depending on the age of the child. The report writing takes 5-10 hours depending on the assessor, and then there is a meeting with the family/team to review the assessment which is an hour.

5. Define the workload standard for the program:

- **number of cases per worker,**
- **number of workers for the program, and**
- **worker to supervisor ratio.**

The CSU assessment center has 2 assessors and they do 8 assessments per month total (including from other counties). David Kalis typically only has one trauma assessment referral at a time. They have one supervisor between the two of them and David Kalis' licensure status does not require him to have supervision.

6. Define the staff qualifications for the service, e.g., minimum caseworker III or equivalent, see 7.603.1 for guidelines.

Contractors shall have training through Dr. Jim Henry or Colorado State University (CSU): Trauma 101, Trauma 201 and/or the Trauma Assessment Training.

Trauma Assessment Therapists will be required to carry a therapeutics license or have their Master's degree and are working towards their license and supervised by someone who holds a therapeutic license to provide therapy services in the state of Colorado. Trauma Assessment therapists should be knowledgeable in local resources and skilled in family engagement practices.

In an effort to support capacity building, ongoing training, and growth within the community, assessments may be conducted in a learning environment for master level students; the contractor must provide direct supervision and oversight by individuals with their Master's degree or higher.

7. Define the performance indicators that will be achieved by the service, see 7.303.18.

There is currently a quality assurance survey that is automatically generated that is part of the 7 County Resiliency Project. When the project is over we won't continue those surveys. However, the results of those are being used in a white paper that is being written and published by CSU. After that we will determine how we will monitor quality and outcomes on our own. Additionally, the assessors all went through an extensive training and certification process specific to this model.

8. Identify the service provider.

Colorado State University, David Kalis, and other contract providers.

9. Define the rate of payment (e.g., $100.00 per session/episode).

David Kalis will be paid a rate of $150, for up to 20 hours per assessment.

CORE SERVICES COUNTY DESIGNED SERVICE

Service Name: High Fidelity Wraparound (HFW)

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.

With longer-term care and higher-risk families, High Fidelity Wraparound will be offered to provide support to youth and families to be able to meet their treatment goals within a trauma-informed, strengths-based, evidence-based framework. High Fidelity Wraparound can be used for both Child Welfare involved cases and to prevent Child Welfare involvement.

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.

A new Trails detail is needed. We suggest creating a High Fidelity Wraparound code. In the meantime, we will use County Design 1.

3. Define the eligible population to be served.

The population to be served is youth ages 0 – 24 identified as at risk of out-of-home placement PA3, PA4, PA5 and at risk PA6; youth who have just been placed (D&N cases); youth who are in placement and permanency decisions are pending.

4. Define the time frame of the service.

For PA-3 cases, the cases that are at highest risk of becoming open to Child Welfare may be offered High Fidelity Wraparound as appropriate. If the youth and family choses to engage, the first High Fidelity Wraparound Team meeting will occur within 30 working days of initial engagement and will continue for an average of 8-12 months with meetings occurring at least once a month until the youth and family meet their own treatment goals and chose to transition out of services, or towards lower level services. Both one-on-one and large team meeting occur in person, or virtually at the request of the family or team.

5. Define the workload standard for the program:

- **number of cases per worker,**
- **number of workers for the program, and**
- **worker to supervisor ratio.**

There are a total of three High Fidelity Wraparound Facilitators, one full time High Fidelity Wraparound Family Support Partner, and one full time High Fidelity Wraparound Youth Support Partner. We also have two credentialed High Fidelity Wraparound Coaches, who coach both Facilitators and Support Partners. These positions are funded through a combination of System of Care (SOC) and Division of Youth Services (DYS) dollars. With System of Care funding coming to an end, our plan is to replace the System of Care funding with direct Medicaid billing, provided we can get contracts and systems implemented in FY22. Each facilitator carries an average caseload of twelve high-risk clients, each support partner carries an average caseload of fifteen. The supervisor ratio is one to five.

6. Define the staff qualifications for the service, e.g., minimum caseworker III or equivalent, see 7.603.1 for guidelines.

Minimum staff qualifications for a High Fidelity Wraparound Facilitator are for a Quality Assurance Coordinator I, and are a combined five years of education/experience in child welfare or a related field. Support partner staff qualifications are for a Program Specialist Level I, and include a high school diploma as well as lived experience in the Child Welfare, Mental Health, and Juvenile Justice systems. Both roles require working towards and maintaining their respective High Fidelity Wraparound Facilitator or Support Partner Certifications, which are maintained at the state of Colorado level.

7. Define the performance indicators that will be achieved by the service, see 7.303.18.

The performance indicators are reviewed by monthly reports and data collection surrounding reduction in youth and family needs and an increase in youth and family competencies and self-efficacy. We also use a state-developed Wraparound Fidelity Assessment survey filled out by our Wraparound teams, as well as our CANS and caseload data.

8. Identify the service provider.

This is a direct delivery service provided by BCDHHS.

9. Define the rate of payment (e.g., $100.00 per session/episode).

The rate of payment will be the salaries paid to the above listed positions.

SERVICE	Check here if included in (PA3) (Prevention)	Check here if included in (PA4) (Youth in Conflict)	Check here if included in (PA5)	Check here if included in (PA6) (Adoption at risk of disruption, FYIT)
1. Home-Based Intervention	x	x	x	x
2. Intensive Family Therapy	x	x	x	x
3. Sexual Abuse Treatment	x	x	x	x
4. Day Treatment	x	x	x	x
5. Life Skills	x	x	x	x
6. County-Designed Service	x	x	x	x
7. SEA - (Special Economic Assistance)		x	x	x
8. Aftercare Services	x	x	x	x
9. Mental Health Services	x	x	x	x
10. Substance Abuse Treatment	x	x	x	x

- Aftercare Services: Any of the Core Services provided to prepare a child for reunification with his/her family or other permanent placement and to prevent future out-of-home placement of the child.
- County Designed Services: An optional service tailored by the specific county to meet the needs of families and children in the community in order to prevent the out-of-home placement of children or facilitate reunification or another form of permanence. County-designed services encompass components of the menu of Core Services, yet are structured in their delivery and tracked uniquely to gain detailed data on evidenced-based programs, as well as programs that are providing positive outcomes in communities around the state.
- Day Treatment: Comprehensive, highly structured services that provide education to children and therapy to children and their families.
- Home-Based Intervention: Services provided primarily in the home of the client and include a variety of services, which can include therapeutic services, concrete services, collateral services, and crisis intervention directed to meet the needs of the child and family. See Section 7.303.14 for service elements of therapeutic, concrete, collateral, and crisis intervention.
- Intensive Family Therapy: Therapeutic intervention typically with all family members to improve family communication, functioning, and relationships.
- Life Skills: Services provided primarily in the home that teach household management, effectively accessing community resources, parenting techniques, and family conflict management.
- Mental Health Services: Diagnostic and/or therapeutic services to assist in the development of the family services plan and to assess and/or improve family communication, functioning, and relationships.
- Sexual Abuse Treatment: Therapeutic intervention designed to address issues and behaviors related to sexual abuse victimization, sexual dysfunction, sexual abuse perpetration, and to prevent further sexual abuse and victimization.

- Special Economic Assistance: Emergency financial assistance of not more than $2,000 per family per year in the form of cash and/or vendor payment to purchase hard services. See Section 7.303.14 for service elements of hard services.
- Substance Abuse Treatment Services: Diagnostic and/or therapeutic services to assist in the development of the family service plan, to assess and/or improve family communication, functioning, and relationships, and to prevent further abuse of drugs or alcohol.

County FTEs Funded With Core
Core Services Program

County:	**Boulder**

How many total FTEs are funded using your county's Core Services allocation?	

Using the list below, please subdivide your county's total number of FTEs according to what area of child welfare they spend the most time working in.

Example: If you have an employee whose position is funded using Core and that employee spends 25% of their time working on primary prevention efforts, 25% of their time working on family engagement, and 50% of their time working on adoptions, then the assignment of that FTE's job duties toward the total number of FTEs for your county would be:
Primary Prevention .25 FTE, Family Engagement .25 FTE, and Adoptions .5 FTE.

Job Duties that Align with Core Goals	Total Number of FTEs
Family Engagement	6.25 FTE
Primary Prevention	3.5 FTE
Life Skills	1.75 FTE
Youth skill-building	.75 FTE
Youth Engagement	.75 FTE
Facilitation	3 FTE
Therapeutic Intervention	2 FTE
Total number of FTEs funded through Core:	**18**

80/20 Funding Summary
Core Services Program

County:	Boulder

Service Name:	Allocation Percentage:
MST EBP allocation	3%
Life Skills	16%
Day Treatment	4%
County Design	77%

Total 80/20 Allocation Percentage	100%

100% Funding Summary
Core Services Program

County:	Boulder

Service Name:	Allocation Percentage:
Special Economic Assistance (SEA)	1.5%
Substance Abuse Treatment	21%
Mental Health	10%
Sexual Abuse Treatments	4%
County Design	49.5%
Intensive Family Therapy (IFT)	6%
Home-Based Services	8%

Total 100% Allocation Percentage	100%

Final Budget Page
Core Services Program

County:	**Boulder**

CFMS Function Code:	**Service Name:**	**80/20 Allocation Percentage**	**100% Allocation Percentage**
1778	MST EBP Allocation	3%	
1720	Life Skills	16%	
1730	Day Treatment	4%	
1855	Special Economic Assistance (SEA)		1.5%
1850	Substance Abuse Treatment		21%
1845	Mental Health		10%
1840	Sexual Abuse Treatment		4%
1810	Intensive Family Therapy		6%
1800	Home-based Services		8%
1746,1788, 1790,1792,1790, 1890, 1845, 1850, 1861, 1883	County Design	77%	49.5%
Totals:		100%	100%

*CFMS Function Codes 17xx denotes 80/20 allocation funded Core Service
**CFMS Function Codes 18xx denotes 100% allocation funded Core Service

CORE SERVICES
STATEMENT OF ASSURANCES

Boulder County 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 the 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 the 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.

PURCHASE OF SERVICE CONTRACT
Core Services Program

1. THIS CONTRACT, made this _____day of_____, 20 __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 the 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 with 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 the Contractor with written prior authorization on a child or family basis for services to be purchased.
c) To provide the 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 the 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 a 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 non-payment.

g) To safeguard the information and confidentiality of the child and the child's family in accordance with the 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 statute, 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 Date

_____ _____
Contractor's Signature Date

_____
Contractor's Title

Original to Contractor
Copy to the Case File
Copy to County Bookkeeping
Copy to State Accounting
Attach Core II Plan Documentation Here - if applicable

Resource List:

1. Volume 7 - Child Welfare Services (12 CCR 2509-4) effective 03/02/2023
    - https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=10689&fileName=12%20CCR%202509-4
2. Colorado Code of Colorado Regulations webpage (for future updates to this Volume 7 PDF)
    - https://www.sos.state.co.us/CCR/DisplayRule.do?action=ruleinfo&ruleId=2823&deptID=9&agencyID=107&deptName=Department%20of%20Human%20Services&agencyName=Social%20Services%20Rules%20(Volume%207;%20Child%20Welfare,%20Child%20Care%20Facilities)&seriesNum=12%20CCR%202509-4
3. Volume 7 for Core Services Effective 20230302 - 12 CCR 2509-4
    - https://docs.google.com/document/d/12fHsbgqj3Aw-8NXJf_jcn42UjXeDvOwJ/edit?usp=sharing&ouid=101377615796361637579&rtpof=true&sd=true

REQUEST FOR STATE APPROVAL OF PLAN

All signatures from the County Director(s) and Placement Alternatives Commission are required for a year 2 plan.

This Core Services Plan is hereby submitted for Boulder [Indicate county name(s) and lead county if this is a multi-county plan], for the period contract years June 1, 2023, through May 31, 2024 fiscal years July 1, 2023, through June 30, 2024. 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, Sara Boylan and can be reached at telephone number 303-441-1477, and e-mail at sboylan@bouldercounty.gov.
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.

Please check here if your county has a Core II Plan:

Please check here if your county does not have a Placement Alternative Commission: ☐

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

Signature, CHAIR, PLACEMENT ALTERNATIVES COMMISSION DATE

Signature, CHAIR, BOARD OF COUNTY COMMISSIONERS DATE