AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Grant Application; Colorado Department of Public H

Action Requested: Other Approve for submittal

Parties to the Agreement: Juvenile Services and CDHS

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

Summary:

Non competitive continuation grant application

Fiscal Impact: $40,000 in revenue

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

Finance Review: (●) Required ( ) Not Required

Comments:

Previous grant was $50,057 with $25,272 match. This grant is $40,057 with $24,839 match. Payroll costs are down by $2,700. Current match requirement can be met for this grant application.

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 9/11/2015

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

Comments:

Reveiwed by: Discharge Date: Certificate of Insurance Required

Yes ( ) No ( )

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 9/11/2015

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

Agenda Date: 9/15/2015

Revised April 2015

Communities of Excellence Application:

Statewide System of Care Implementation

Supported by a Cooperative Agreement with the Colorado Department of Human Services and the Substance Abuse and Mental Health Services Administration (SAMHSA)

Strong minds, strong futures.

COACT COLORADO

Federal Fiscal Year 2015-2016

Office of Behavioral Health
Office of Children, Youth, and Families
Colorado Department of Human Services

COLORADO
Department of Human Services

APPENDIX 1: COMMUNITY OF EXCELLENCE APPLICATION FACE SHEET

1. Community (may be one or more counties, but cannot be a subdivision of a county, e.g., a town or city):

   Gunnison and Hinsdale County

   Contact person: Meghan Dougherty

   Agency/organization: Gunnison County Department of Juvenile Services

   Mailing address: 200 East Virginia Avenue Gunnison, Co 81230

   Phone: (_970_) 641-7665 Email address: mdougherty@gunnisoncounty.org

2. Collaborative body, e.g., Interagency Oversight Group (IOG), Juvenile Services Planning Committee (SB 94):Gunnison/Hinsdale County Interagency Oversight Group

3. Fiscal Agent: Gunnison/Hinsdale Department of Health and Human Services

4. Population of focus: Gunnison and Hinsdale County children and adolescents ages 0 to 21 with a Serious Emotional Disturbance who would benefit from integrated multi-agency services.

Signatures

Director, County Department of Human/Social Services

_____

Date

Director, Community Mental Health Center

_____

Date

Chairperson of Collaborative Body

_____

Date

APPENDIX 2: APPLICATION QUESTIONS

Grant Requirements

1. Who is the family advocate or promotora serving (or who will serve) families within your system of care?

   Mary Gomez, Family Advocate / Family Support Partner

   a. What training has this individual received?

      Mary has completed the Family Support Specialist Training through the Federation of Families for Children's mental health – Colorado Chapter. In addition, to support her role within High Fidelity Wraparound, she has completed the Family Support Partner training and most recently the Foundations of High Fidelity Wraparound both with Vroon VDB LLC. Additional training and support has been provided by a certified wraparound coach in both a group and one on one format. Mary is working on her tier 1 certification currently.

      In addition to the above trainings, Mary has participated in several cross system trainings locally over the past year. These include, System of Care Values and Principles, Bridges out of Poverty, Mental Health First Aid, Motivational Interviewing, and Trauma Informed Care.

   b. Explain how this individual meets the definition explained in this application.

      Mary Gomez meets the definition of a Family Advocate in all three of criteria areas. She has completed several System of Care specific trainings as outlined above. She has raised her own children and is currently raising three grandchildren. The first and second generation of children have had both mental health issues and co-occurring disorders in various capacities. Her personal experience has exposed her to several child and family serving systems and providers. The bulk of her experience and knowledge are in the areas of mental health, child welfare, and the juvenile justice systems. Mary is also very knowledgeable of the nontraditional, private, and nonprofit systems within our community that has proven to be an asset to our System of Care efforts and the families we serve.

   c. Explain how this individual works with families within the wraparound process.

      Every family served with High Fidelity Wraparound is assigned a facilitator as well as a Family Support Partner (Mary). They work together hand in hand with every family through the process. Mary has been instrumental in engaging families and finding creative supports and services that are community based and fit the needs of the family.

   d. Who provides supervision and clinical support/consultation for the family advocate?

      Supervision is provided by the Director of Juvenile Services, the Trauma Informed System of Care project coordinator and supported by the certified Wraparound Coach. Clinical supervision is provided by the Center for Mental Health's regional manager as needed. All Wraparound teams also include the identified client's individual therapist. Having the clinician on the team allows for clinical supervision and planning to happen at the family team level with additional support as needed.

2. Who is your wraparound facilitator?

   Betty Sue Gurk, MSW, is the new Wraparound Facilitator with a start date of September 1st, 2015.

   a. What training has this individual received?

      None to date.

      Planning and outreach has begun to provide one on one training within the Foundations of High Fidelity Wraparound from a certified trainer until a formal training can be found. Also, the exiting tier 2 certified Wraparound facilitator will be providing a few days of training and transition. Wraparound coaching will also be continuing.

   b. Who provides supervision and clinical support/consultation for the wraparound facilitator?

      Supervision is provided by the Director of Juvenile Services, the Trauma Informed System of Care project coordinator and supported by the certified Wraparound Coach. Clinical supervision is provided by the Center for Mental Health's regional manager as needed. All Wraparound teams also include the identified client's individual therapist. Having the clinician on the team allows for clinical supervision and planning to happen at the family team level with additional support as needed.

3. Describe how you are serving children, youth, and families with a system of care approach.

   a. How many families did you serve in FFY14-15 who meet the eligibility requirements for this project?

      Thirteen

   b. From which agencies are you receiving referrals?

      During the past federal fiscal year, referrals came from the Department of Health and Human Services, Juvenile Diversion, and two self-referrals.

   c. Explain how you will serve the required 8-12 children/youth in FFY15-16 who meet the eligibility requirements specified in the application. What services and supports will be provided?

      Efforts around agency and community awareness and engagement of Wraparound services continue to be helpful in meeting the requirements and delivery of services to the specified target population. Annual presentations are conducted with system partner agency staff clarifying the local collaborative management infrastructure, System of Care values and principles, High Fidelity Wraparound philosophy and phases and how those relate to our target population as well as the referral process. These efforts, along with our enhanced capacity and trained family advocate, help increase the number of appropriate families early on. Our new wraparound facilitator will also continue to meet with direct service staff from a variety of child and family serving entities to introduce herself, wraparound, and allow for informal brainstorming around the successes and challenges around the current collaborative management process identifying and serving youth with a serious emotional disturbance in our community.

      Services are based on a Three Tiered Model. All families who are referred to our integrated process receive a brief screening and assessment and are invited to our FAST Review table to share their own voice, strengths, needs etc. This information helps match the family with the appropriate level of service and guides initial access. Tier 1 includes access and referral to community based prevention and intervention services. Tier 2 provides support through and Individual Service and

Support Team. Tier 3 provides High Fidelity Wraparound. It is anticipated that all referred youth within the SOC target population will have access to High Fidelity Wraparound.

Family Engagement

4. List at least one concrete, measurable goal that your community will accomplish in FFY15-16 related to family engagement.
    - A voting family member will be in attendance at 50% of all IOG meetings held within the fiscal year.
    - Integrate measures of family involvement / voice / choice/ into system evaluation and feedback by collecting the Family Feedback Form from 95% of families who exit CMP services.

    a. What specific steps will you take this year to sustain this progress after the grant has ended?
    In the past, the family advocate position was funded in part by agency contributions to the incentive pool. A priority detailed in our IOG strategic plan is to sustain the SOC/CMP infrastructure and staff through the exploration of creative financing structures and continued investment by local stakeholders. A task group is being developed and more specific efforts in this area will be focused on throughout the next fiscal year.

    b. What technical assistance will you need to accomplish this goal?
    Technical assistance around community examples and specific strategies used to sustain the System of Care efforts would be extremely helpful. We need specific and real examples within our state structure and available funding sources to share with our governing groups to generate momentum and by in. TA and specific information around the work being done at the state level would also be an important update as we move forward in the final fiscal year.

Cultural and Linguistic Competency

5. List at least one concrete, measurable goal that your community will accomplish in FFY15-16 related to cultural and linguistic competence.
    The Gunnison/Hinsdale IOG will have consistent language translation services from Spanish to English and English to Spanish available to all system partner agencies by the end of FFY 2016.

    a. What specific steps will you take this year to sustain this progress after the grant has ended?
    Pooled incentive funds will be used to sustain this service beyond SOC grant funds.

    b. What technical assistance will you need to accomplish this goal?
    Identify available certifications and/or trainings within the state of Colorado for interpreters.

Youth Engagement and Youth Leadership

6. List at least one concrete, measurable goal that your community will accomplish in FFY15-16 related to youth engagement or youth leadership.
    Provide one Youth Peer Support Specialist Training in Gunnison and one in Crested Butte to community school students by the end of FFY 2016.

    a. What specific steps will you take this year to sustain this progress after the grant has ended?
    We will engage and educate the school system in this model. We will need to share data on its effectiveness to community partners so they have a vested interest. In addition, we are

collaborating with Western State Colorado University's prevention office and the Peer Educators program to support the sustainability of this effort.

b. What technical assistance will you need to accomplish this goal?

Peer Support Specialist training at the local level.

LGBTQ Responsiveness

7. List at least one concrete, measurable goal that your community will accomplish in FFY15-16 related to LGBTQ responsiveness.

LGBTQ population will be identified within the intake process at the Center for Mental Health in order to increase the responsiveness of services to the population by the end of FFY 2016.

a. What specific steps will you take this year to sustain this progress after the grant has ended?

It is anticipated that once this process is established within the Center for Mental Health that it will continue beyond the grant year.

b. What technical assistance will you need to accomplish this goal?

It is unknown at this time. We would likely connect with TA provider around appropriate ways to identify this population within the intake process.

System of Care Infrastructure and Sustainability

8. Describe how your community has adopted a system of care approach to serving children, youth, and families.

The Gunnison/Hinsdale community has been successful in adopting the system of care approach and advancing our system transformation goals. Our existing framework supported by our strong collaborations across agencies has proven success in streamlining service access in a more coordinated cross systems approach. Fortunately, the Gunnison and Hinsdale community already has strong organizational infrastructure and collaboration through the CMP/IOG, our FAST community collaborative, Juvenile Team meetings, Crossover Youth Practice Model Implementation Team, Juvenile Planning Board (regionally) and Health and Human Services Commission. Therefore, we have utilized these groups to identify strengths, needs and opportunities to better serve multi system involved youth and families, ensure access to needed care for everyone and strengthen our community based services.

a. To what extent is this approach ingrained in your community's key leadership and mandatory IOG partners?

The IOG adopted a set of Values and Principles we believe to be at the heart of our System of Care. These values and principles have been presented to ALL staff in our participating partner agencies. In addition, individual staff sign off statements have been completed indicating there commitment to upholding these values and principles ensuring that no matter what system a family becomes involved with first, they will receive the same level of service and experience.

Because of the key leadership's commitment to the System of Care framework, several cross system trainings occurred with direct service staff that align with the overarching principles of System of Care and the local level priority in cross system training and information sharing. The

focus has been how these pieces play a role in working collaboratively with youth and families, how these services and information play a role in service delivery and overall awareness.

b. Has this approach become integrated into strategic plans for the Collaborative Management Program, SB94, or other programs and services?

At the administration level the IOG/SOC Strategic planning process has enhanced IOG member's passion and commitment to the work moving forward. The members agreed to enhance what was already in place and to use this SOC initiative as an overarching guidance to the collaborative work between systems already in place.

9. How is your community increasing collaboration between child- and youth-serving agencies and expanding the array of evidence based and effective services available?

a. In what ways are child welfare and mental health collaborating?

The Center for Mental Health staff are a part of the Child Protection Team and reviews all CPS referrals. The Center also has a developed referral process and open communication with Child Welfare.

b. How is the juvenile justice system collaborating with other agencies?

Through the implementation of the Crossover Youth Practice Model, an MOU was developed between the courts, probation, SB 94, Child welfare, the Public Defender's office and District Attorney's office to assist in information sharing. The overarching purpose of the agreement is to reduce the number of youth placed in out of home care, the use of congregate care, the disproportionate representation of children of color, and the number of youth becoming dually-adjudicated. Within our community, children with a serious emotional disturbance make up a large portion of this crossover youth population.

While Gunnison County is still new to utilizing the Crossover Youth Model, the juvenile team here has been utilizing many of the Crossover practices efficiently for some time. The biggest piece is good communication- probation, human services, juvenile diversion, the district attorney, and the FAST coordinator all frequently meet, staff cases, and share pertinent information. The school district and local mental health center are good at sharing any concerns they see in their work with a youth. Our county is making strides at bringing all of the mentioned parties together to make one case plan for the youth that takes into account the youth's needs from various perspectives.

c. In what ways are the local schools and school district(s) involved in your system of care?

The project coordinator continues to meet with the school district counselors and psychologists on a by monthly basis to help identify, staff and coordinate referrals and services for at risk youth being served within the district. This increases coordination and communication between the school district, COACT services and the juvenile justice system to reduce duplication and fragmentation of services. We have also added the school Attendance Advocate to our FAST review table to help identify truant students who may have complex needs, including mental health or trauma related needs, and access to integrated services when appropriate.

d. How are child- and youth-serving agencies increasing trauma informed care?

Working collaboratively to create partnerships to coordinate care including identifying appropriate professionals and services, treatment planning and case management. Increase awareness through hosting meetings and trainings as well as attending trainings to stay informed and continue education and competence. Local training efforts continue to be focused on Trauma Informed Care. We hosted several community trainings including Mindful approaches in the workplace, Self-Harming behaviors in youth, and QPR Suicide Prevention Training. Gunnison COACT staff have also began participating in the newly formed local Mental Health Crisis Coalition focusing on data sharing, strengthening existing services, as well as identifying and filling gaps. In addition, multiple trauma informed care trainings have been offered through various locations, as well as trauma informed care being a routine part of conversations when working with families with a history of trauma.

Collaboration and planning has begun with the Early Childhood Council and Pyramid Plus Leadership team around the expansion of our target population to include birth to five year olds with a serious emotional disturbance. A representative from this area will be attending our weekly multidisciplinary staffing as we begin to expand our services.

Lastly, the project coordinator has joined the Crisis Mental health Community Coalition in an effort to enhance our emergency and prevention services across domains focused on mental health and substance abuse.

10. Does your community have flex funds available for families served in your system of care? If so, will system partners on your IOG continue to provide and support the use of flex funds after this grant?

    Yes

11. What concrete outcomes or successes can your community attribute to participation in this grant thus far?
    a. Provide service level outcomes such as family success stories.

    Family Success Story: We worked with a family that had many complex needs. There was a family with 8 children in the home ranging in age from 1-16 years old. When we began with this family the identified risks were legal involvement, child safety, permanency, school success, medical, mental health, and financial stability. At one point this family was receiving a multitude of services from 9 various agencies and community partners with very high related costs. Through our collaborative management process this family has stabilized, reduced the level of involvement to one agency and school and the children are all now in safe and stable environments working toward permanency, thriving in school and out of legal trouble. Professional services needed have been reduced dramatically and there are no outside costs associated. The success of this family is a direct reflection of collaboration through a multidisciplinary team and family engagement! The guardian now has the skill set to manage a complex household on her own, has a stable job and is reaching out for additional supports as needed (i.e. learning to read and volunteering at a local fitness center.)

    Other Successes:

    •Low numbers in out of home placement

    •Overall reduction in probation cases and technical violations.

•Overall reduction in open child welfare cases

•Noticeable decrease in number of juvenile cases seen by the District Attorney

•Very successful cost sharing among agencies working with the same family

•Ability to fill the gaps in services within the community and better meet the needs of the community through flexible resources.

•Overall deeper understanding of all agency and system roles within the community and understanding of processes and barriers.

b. Provide information on new services begun through the grant and how they will be sustained after the grant.

Although no new services have begun, the IOG voted to expand our target population to 0-21 for youth and families who would benefit from our existing multisystem integrated services. This will also include our top tier HF Wraparound services for those experiencing a serious emotional disturbance. This will help shift our efforts to the young child and transition aged youth population in our community. The IOG has also worked on refining our bylaws and policy and procedures looking specifically at the referral process and appropriate service level to the identified target population.

c. Provide infrastructure outcomes such as improving agency policies and practices to increase collaboration, etc.

Gunnison/Hinsdale System of Care efforts continue to focus on implementing the CLAS standards. We continue to promote efforts in the areas of governance, leadership and workforce across the partnering agencies. More bi lingual staff have been hired across agencies. More specifically, staff in Child Welfare and the Center for Mental Health continue to be utilized across entities for the purposes of language translation, engagement and assessment for families within our target population and participating in wraparound services. This has been helping to fill a need since we are still struggling to get an interpreter on staff or under contract due to county specific requirements including professional liability insurance and required certifications.

12. Is your IOG interested in or actively exploring options for continuing to finance system of care efforts? YES
Will any existing funds be leveraged, such as child welfare core dollars or SB94?

The braiding of funds continues from all partner agencies to provide direct service to families. Personnel sustainability efforts include fiscal contributions from CORE regional funds, SB 94, and HB 1451 incentive funds.

We currently have two pending funding requests that would specifically support our target population with flexible funding for direct services, a social/emotional group for kids, and general operating support.

The annual in kind support by members of our oversight group totals $34,000. This does not include the participation in Wraparound and MDT review meetings, just the oversight of the CMP and SOC efforts.

13. Please prioritize the programs, services, initiatives, and changes that your community is interested in sustaining.

High Fidelity Wraparound

Trauma Informed Screening and Trauma Informed Care

Continuing to collaborate around integrated care models between behavioral health and primary care.

Budget Form

Communities of Excellence-COACT Colorado System of Ca		
APPLICANT:	**Gunnison/Hinsdale County Interagency Oversigh**	
PROJECT:	**COACT - Community of Excellence**	
GRANT FUNDS REQUESTED:	**$40,057**	
FOR THE PERIOD:	October 1, 2015 - September 30, 2016	
Budget ~ Service Components	Total Funds Required	Sc Applicant and Others
Personnel Expenses:		
Project Coordinator	$4,236.00	
Wraparound Facilitator	$25,216.00	$12,608.00
Family Advocate	$21,970.00	$10,985.00
	$0.00	
	$0.00	
	$0.00	
Sub-total Personnel Expenses	$51,422.00	$23,593.00
Fringe Benefit Rate	$0.00	$0.00
Total Personnel Expenses	$51,422.00	$23,593.00
Contractual Services:		
Other Professional Services	$1,000.00	$1,000.00
	$0.00	
	$0.00	
	$0.00	
	$0.00	
Total Contractual Services	$1,000.00	$1,000.00
Operating Expenses:		
Office Supplies	$150.00	
postage	$30.00	
photocopies	$300.00	
advertising	$100.00	
Flex for families	$2,500.00	
Facilitator Training	$400.00	
Total Operating Expenses	$3,480.00	$0.00

Travel:			
Motor Pool		$1,000.00	
Meals		$275.00	
lodgining		$900.00	
		$0.00	
		$0.00	
		$0.00	
Total Travel Expenses		$2,175.00	$0.00
Equipment:			
Computer Services		$5,000.00	
Telephone Services		$336.00	
Cell Phone		$840.00	
		$0.00	
		$0.00	
		$0.00	
Total Equipment Expenses		$6,176.00	$0.00
SUBTOTAL of all EXPENSES		$64,253.00	$24,593.00
Indirect:			
Indirect Rate	1.00%	$642.53	$245.93
Total Indirect Expenses		$642.53	$245.93
Total Project Cost		$64,895.53	$24,838.93

Percent of in-kind match to total program cost

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

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

Match Funds Required* **(non-Federal)**

Source	Cash Match	In-Kind
Child Welfare		**2500**
Mental Health		**14850**
Education		**1556**
Juvenile Justice		**9000**
Substance Abuse		
Health		**4300**
Foundations		
Local Government		**1500**
Other (please describe)		
Total	**0**	**33706**

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

COACT COLORADO

Strong minds, strong futures.

are Initiative

ıt Group

ource of Funds
Grant Funds Requested
$4,236.00
$12,608.00
$10,985.00
$27,829.00
$0.00
$27,829.00
$0.00
$0.00
$150.00
$30.00
$300.00
$100.00
$2,500.00
$400.00
$3,480.00

$1,000.00
$275.00
$900.00
$2,175.00
$5,000.00
$336.00
$840.00
$6,176.00
$39,660.00
$396.60
$396.60
$40,056.60